ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response	Total burden (in hours)
Partner site staff	CCL Partner Site-Level Interview Guide.	45	1	1.5	22.5
Category B Case Study—SHD-Level Interview					
HD recipient staff	CQM HD Recipient Interview Guide	25	1	2	33.5
HD recipient staff	TBC HD Recipient Interview Guide	13	1	2	17.5
HD recipient staff	MTM HD Recipient Interview Guide	12	1	2	16
HD recipient staff	CCL HD Recipient Interview Guide	25	1	2	33.5
Category B Case Study SHD-Level Group Discussion Guide					
HD recipient staff	CQM HD Recipient Group Discussion Guide.	40	1	2.5	67
HD recipient staff	TBC HD Recipient Group Discussion Guide.	40	1	2.5	67
HD recipient staff	CCL HD Recipient Group Discussion Guide.	40	1	2.5	67
Category B Cost Study					
HD recipient staff	HD Recipient Resource Use and Cost Inventory Tool (Category B).	25	1	2.5	21
Partner site staff	Partner Site-Level Resource Use and Cost Inventory Tool (Category B).	50	1	2.5	42
Recipient-Led Evaluation Report Templates					
HD recipient staff	Category A EPMP Template	51	1	8	136
HD recipient staff	Category A—DDT Recipient-led Annual Evaluation Report Template(s).	51	1	8	408
HD recipient staff	Category B—DHDSP Recipient-led Evaluation Reporting Deliverable Template(s).	51	1	8	408
Total		1,792			2,303

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019–14301 Filed 7–3–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–19–19BHM; Docket No. CDC–2019–0056]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS)

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Understanding important issues in Ovarian Cancer Survivorship (OCS) project. The OCS project aims to better understand the needs of ovarian cancer survivors and how to more effectively develop interventions targeted to this population.

DATES: Written comments must be received on or before September 3, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0056 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: All public comment should be submitted through the Federal eRulemaking portal (*regulations.gov*) or by U.S. Mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–

D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses.

5. Assess information collection costs.

Proposed Project

Understanding the needs of Ovarian Cancer Survivors—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Ovarian cancer is the ninth most common cancer and the fifth leading cause of cancer death among women in the United States. Over 20,000 women are diagnosed with ovarian cancer each year. Due to the lack of a recommended screening test, ovarian cancer is often diagnosed at late stages, leading to low five-year survival rates. While previous studies are able to identify some of the needs of ovarian cancer survivors, particularly related to physical complications and side effects, additional research is needed to further understand the experiences and needs of survivors.

The National Academies of Sciences, Engineering, and Medicine released their report, Ovarian Cancers: Evolving Paradigms in Research and Care, which identified key priorities for researchers, including recommending research on the ''supportive care needs of ovarian cancer survivors throughout the disease trajectory''. In order to address these research gaps and supplement current knowledge of the ongoing needs of survivors, including how to implement programs and interventions to improve their health, CDC has supported a survey of ovarian cancer survivors.

The goal of this project is to better understand the needs of ovarian cancer survivors and how to more effectively develop interventions targeted to this population. To achieve this goal, multiple recruitment methods will be utilized to recruit this unique population of women for the study. By using state cancer registries, social media advertisements, and respondent-driven sampling (RDS), the study will ensure recruitment of a diverse population of women.

This study will focus on the following research questions:

1. What physical and mental conditions do ovarian cancer survivors experience?

2. What kinds of pharmacologic and non-pharmacologic interventions do ovarian cancer survivors utilize to manage their conditions?

3. What barriers to ovarian cancer survivors have in accessing and receiving appropriate diagnostic care, treatment, and follow-up care?

4. What unmet needs do ovarian cancer survivors have?

The overall sample design targets 1,500 completed interviews. We assume that approximately 80% of completed surveys will come from more traditional sampling utilizing lists from the state cancer registries (n=1,200). The remainder of the completed interviews will come through social media outreach and respondent-driven sampling (RDS) methods (n=300). This is a one year data collection period.

For the social media recruitment, individuals will be recruited to participate in the web survey through advertisements posted on social media sites. These ads are targeted toward the specific population of women we wish to complete the survey. Interested respondents who click on an ad will be routed to the survey landing page which will explain the purpose of the study and include consent language. If the respondent is eligible, she will complete the same survey as those recruited via the state cancer registries.

Each recruitment method (registry based or social media based) will have an opportunity to recruit other women into the study through respondent-driven sampling (RDS). We anticipate that the majority of completed interviews will be obtained through traditional sampling practices, RDS provides an efficient way to identify other potentially eligible respondents through a networked-based recruitment approach.

Participation is voluntary. There are no costs to respondents other than their time. The total estimated annual burden hours are 1,253.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Ovarian cancer survivors—state cancer registries.	Mail in or web-based questionnaire	1,200	1	50/60	1,000
Ovarian cancer survivors—social media recruitment.	Web-based questionnaire	195	1	50/60	163
Ovarian cancer survivors—Respondent Driven Sampling.	Web-based questionnaire	105	1	50/60	88
Ovarian cancer survivors recruited via social medial and RDS (ineligible).	Screener Only	100	1	2/60	3

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Total		1,600			1,253

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019–14302 Filed 7–3–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2017–D–4303]

Providing Regulatory Submissions in Electronic Format—Content of the Risk Evaluation and Mitigation Strategies Document Using Structured Product Labeling; Draft Guidance for Industry; Availability; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration is correcting a notice entitled ''Providing Regulatory Submissions in Electronic Format—Content of the Risk Evaluation and Mitigation Strategies Document Using Structured Product Labeling; Draft Guidance for Industry; Availability'' that appeared in the **Federal Register** of September 5, 2017. The document announced the availability of a guidance for industry. The document was published with the incorrect docket number. This document corrects that error. Previously submitted comments will be transferred to the correct docket number.

FOR FURTHER INFORMATION CONTACT: Lisa Granger, Office of Policy, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, Rm. 3330, Silver Spring, MD 20993–0002, 301–796–9115.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of Tuesday, September 5, 2017 (82 FR 41968), in FR Doc. 2017–18506, the following correction is made:

On page 41968, in the first column, in the header of the document, and in the second column, under *Instructions,* ''[Docket No. FDA–2017–E–4282]'' is corrected to read ''[Docket No. FDA–2017–D–4303].''

Dated: July 1, 2019.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2019–14362 Filed 7–3–19; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Nurse Anesthetist Traineeship Program Specific Data Forms, OMB No. 0915–0374—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than September 3, 2019.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Nurse Anesthetist Traineeship (NAT) Program Specific Data Forms (Application), OMB Number 0915–0374—Revision.

Abstract: HRSA provides advanced education nursing training grants to educational institutions to increase the numbers of Nurse Anesthetists through the NAT Program. NAT Program is authorized by Section 811 of the Public Health Service (PHS) Act (42 U.S.C. 296j). The NAT Tables request information on program participants such as the total number of enrollees, number of enrollees/trainees supported, total number of graduates, number of graduates supported, projected data on the number of enrollees/trainees, and the distribution of Nurse Anesthetists who practice in underserved, rural, or public health practice settings.

Need and Proposed Use of the Information: Funds appropriated for the NAT Program are distributed among eligible institutions based on a formula, as permitted by PHS Act section 806(e)(1). HRSA uses the data from the NAT Tables to: (1) Determine whether funding preferences or special considerations are met; (2) calculate award amounts; ensure compliance with programmatic and grant requirements; and (3) provide information to the public and Congress. NAT Tables currently collect one year of data, which allows HRSA to calculate award amounts for a single-year project period. For fiscal year 2020, HRSA is revising the forms that previously collected one year of data on prospective students to capture three years of data, thereby allowing HRSA to calculate award amounts for a multi-year project period. Table 1 will add an option to add year 2 and year 3 data for the number of prospective students. Table 2 will not be changed.

Likely Respondents: Respondents will be applicants to HRSA's NAT program.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train