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; and
4. Minimize the burden of the collection of information on those who are to 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**

Qualitative Information Collection on Emerging Diseases among the Foreign-born in the U.S. (OMB Control no. 0920–0987, Exp. 12/31/2019)—Extension—Division of Global Migration and Quarantine (DGMQ), National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), requests approval for an extension of the current generic information collection Qualitative Information Collection on Emerging Diseases among the Foreign-born in the U.S.

This qualitative data collection is needed by DGMQ because foreign-born individuals are considered hard-to-reach populations and are often missed by routine information collection systems in the United States. As a consequence, limited information is available about the health status, knowledge, attitudes, health beliefs and practices related to communicable diseases and other emerging health issues (*e.g.,* tuberculosis, parasitic diseases, lead poisoning, and mental health issues) among foreign-born populations in the United States. Foreign-born populations are very diverse in terms of countries of origin, socio-demographic, cultural and linguistic characteristics and geographic destinations in the U.S. Data is especially limited at the local level.

The purpose of the extension is to continue efforts to improve the agency's understanding of the health status, risk factors for disease, and other health outcomes among foreign-born individuals in the United States. Numerous types of data will be collected under the auspices of this generic information collection. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and health information needs and sources.

Under the terms of this generic, CDC will employ focus groups and key informant interviews to collect information. Depending on the specific purpose, the information collection may be conducted either in-person, by telephone, on paper, or online. For each generic information collection, CDC will submit to OMB the project summary and information collection tools.

CDC requests a total of 450 burden hours annually. The respondents to these information collections are foreign-born individuals in the United States. There is no cost to respondents other than the time required to provide the information requested.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| Foreign-born from specific country of birth in the United States. | Screeners for focus groups (assuming 2 screenings for each recruited participant in focus groups) (150 × 2 = 300). | 300 | 1 | 10/60 | 50 |
| Foreign-born from specific country of birth in the United States. | Focus Groups (Approximately 15 focus groups/year and 10 participants per focus group). | 150 | 1 | 2 | 300 |
| Foreign-born community leaders and staff from organizations serving those communities. | Key informant interviews (Approximately 100 interviews/year). | 100 | 1 | 1 | 100 |
| Total | | | | | 450 |

**Jeffrey M. Zirger,**

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

[FR Doc. 2019–16963 Filed 8–7–19; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–19–0457]**

### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Aggregate Reports for Tuberculosis Program Evaluation'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on April 23, 2019 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project.

The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

**Proposed Project**

Aggregate Reports for Tuberculosis Program Evaluation (OMB Control No. 0920–0457, Exp. 2/29/2020)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

To ensure the elimination of tuberculosis in the United States, CDC's Division of Tuberculosis Elimination (DTBE) provides cooperative agreement funding to tuberculosis (TB) control programs located in state and local health departments. Key program activities include finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected, and providing therapy for latent tuberculosis infection (LTBI).

In 2000, CDC began collecting two aggregate reports from cooperative agreement awardees: The Follow-up and Treatment for Contacts of Tuberculosis Cases Form and the Targeted Testing and Treatment for Latent Tuberculosis Infection Form. These reports contain only de-identified, summary information without client-level identifying information. Awardees submit the reports to CDC on an annual basis, primarily utilizing the National Tuberculosis Indicators Project (NTIP), a secure web-based system. No other federal agency collects this type of national tuberculosis data. CDC uses the information to monitor awardee activities, plan national TB control strategy, and estimate funding needs. CDC also provides ongoing assistance in the preparation and utilization of these reports at the local and state levels of public health jurisdiction, as well as technical support for the NTIP software.

In this Revision request, CDC proposes minor changes to the report forms, data definitions, and reporting instructions. All tuberculosis control programs will discontinue manual data compilation methods and will completely transition to electronic information submission through the NTIP. In addition, three optional questions will be added to each form as recommended by the Association Council for the Elimination of Tuberculosis. The optional questions on nativity, diagnostic tests, and drug regimens will improve understanding of the epidemiology of tuberculosis, the adoption of new diagnostic tests, and the effectiveness of new short-course drug regimens in increasing the initiation and completion of preventive treatment. These changes will help programs assess high-risk populations served and will also address a shift in the national strategies for TB control and prevention, which emphasize treatment of individuals with LTBI and at high risks of progression to TB disease.

OMB approval is requested for three years. Participation in aggregate reporting for tuberculosis program evaluation is required by the cooperative agreement. The number of funded health departments will decrease from 68 to 67. The revised estimated burden per response for each aggregate form is 2 hours and the total estimated annualized burden hours are 268, an increase of 42 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| Health Department Awardee (state, local, city, or other jurisdiction). | Follow-up and Treatment of Contacts to Tuberculosis Cases Form. | 67 | 1 | 2 |
| | Targeted Testing and Treatment for Latent Tuberculosis Infection. | 67 | 1 | 2 |

**Jeffrey M. Zirger,**

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

[FR Doc. 2019–16961 Filed 8–7–19; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Proposed Information Collection Activity; Provision of Child Support Services in IV–D Cases Under the Hague Child Support Convention; Federally Approved Forms (OMB #0970–0488)

**AGENCY:** Office of Child Support Enforcement, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF) is requesting a three-year extension of the Hague Child Support Forms (OMB #0970–0488, expiration 4/30/2020). There are no changes requested to the form.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *infocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* On January 1, 2017, the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance entered into force for the United States. This multilateral Convention contains groundbreaking provisions that, on a worldwide scale, establish uniform, simple, fast, and inexpensive procedures for the processing of international child support cases. Under the Convention, U.S. states process child support cases with other countries that have ratified the Convention under the requirements of the Convention and Article 7 of the Uniform Interstate Family Support Act (UIFSA 2008). In order to comply with the Convention, the U.S. implements the Convention's case processing forms.

State and Federal law require states to use federally approved case processing forms. Section 311(b) of UIFSA 2008, which has been enacted by all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, requires states to use forms mandated by Federal law. 45 CFR 303.7 also requires child support programs to use federally approved forms in intergovernmental IV–D cases unless a country has provided alternative forms as a part of its chapter in a Caseworker's Guide to Processing Cases with Foreign Reciprocating Countries.

*Respondents:* State agencies administering a child support program under title IV–D of the Social Security Act.

ANNUAL BURDEN ESTIMATES

| Instrument | Total number of respondents | Total number of responses per respondent | Average burden hours per response | Total burden hours |
|---|---|---|---|---|
| Annex I: Transmittal form under Article 12(2) | 54 | 45 | 1 | 2,430 |
| Annex II: Acknowledgment form under Article 12(3) | 54 | 90 | .5 | 2,430 |
| Annex A: Application for Recognition and Enforcement, including restricted information on the applicant | 54 | 18 | .5 | 486 |
| Annex A: Abstract of Decision | 54 | 4 | 1 | 216 |
| Annex A: Statement of Enforceability of Decision | 54 | 18 | 0.17 | 165 |
| Annex A: Statement of Proper Notice | 54 | 4 | .5 | 108 |
| Annex A: Status of Application Report—Article 12 | 54 | 36 | .33 | 642 |
| Annex B: Application for Enforcement of a Decision Made or Recognized in the Requested State, including restricted information on the applicant | 54 | 18 | .5 | 486 |
| Annex B: Status of Application Report—Article 12 | 54 | 36 | .33 | 642 |
| Annex C: Application for Establishment of a Decision, including restricted information on the Applicant | 54 | 4 | .5 | 108 |
| Annex C: Status of Application Report—Article 12 | 54 | 9 | .33 | 160 |
| Annex D: Application for Modification of a Decision, including Restricted Information on the Applicant | 54 | 4 | .5 | 108 |
| Annex D: Status of Application Report—Article 12 | 54 | 9 | .33 | 160 |
| Annex E: Financial Circumstances Form | 54 | 45 | 2 | 4,860 |

*Estimated Total Annual Burden Hours:* 13,001.

*Comments:* The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

**Authority:** 42 U.S.C. 654(20) and 666(f).

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2019–16968 Filed 8–7–19; 8:45 am]

**BILLING CODE 4184–41–P**