

funded under the Overdose Data to Action (OD2A) cooperative agreement program. OMB approval is requested for three years.

Drug overdose deaths in the United States increased by 18% per year from 2014 to 2016. Opioid overdose deaths have increased five-fold from 1999 to 2016, and in 2017, there were more than 47,000 deaths attributed to opioids. In 2017, the opioid epidemic was declared a public health emergency by the U.S. Department of Health and Human Services (HHS).

The purpose of the Overdose Data to Action cooperative agreement program, administered by the Centers for Disease Control and Prevention (CDC), is to support state and local public health jurisdictions in obtaining high quality, complete, and timely data on opioid prescribing and overdoses, and to use this data to inform prevention and response efforts. There are two required components of this award: A

surveillance component and a prevention component. The intent is to ensure that funded grantees are well equipped to do rigorous work under both components.

CDC requests OMB approval to collect information from 66 funded jurisdictions about the resources, plans, and activities needed to control the epidemic of fatal and nonfatal overdoses caused by opioids and other drugs. Awardees will submit to CDC an evaluation and performance measurement plan using a preformatted template; an organizational capacity assessment using an online tool; and an electronic activity progress report and work plan tool. Burden per response will be highest for the first year of funding during initial population of each electronic reporting form. In subsequent years, burden per response will decrease as awardees will only need to update the information requested on each form. CDC will also

collect a one-time Surveillance Data Dissemination Plan which is not part of the annual reporting requirement.

The information collected will provide crucial data to CDC for program monitoring and budget tracking, to improve CDC-recipient communications, and to inform technical assistance and guidance documents produced by CDC to support program implementation among funded grantees. It will also provide CDC with the capacity to respond in a timely manner to requests for information about the program from HHS, the White House, Congress, and other sources. The data will be analyzed using descriptive, summary statistics, and qualitative summaries.

Participation in this information collection is required for funded awardees. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 1,342.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Overdose Data to Action funded jurisdictions (State, territories, counties and cities) and their Designated Delegates.	Evaluation and Performance Measuring Plan Template—Initial Population.	22	1	12
	Evaluation and Performance Measuring Plan Template—Annual reporting.	66	1	4
	Organizational Capacity Assessment—Initial Population.	22	1	1
	Organizational Capacity Assessment—Annual Reporting.	66	1	1
	Activity Progress Report and Work Plan Tool—Initial Population.	22	1	20
	Activity Progress Report and Work Plan Tool—Annual Reporting.	66	1	4
	Surveillance Data Dissemination Plan Tool ...	22	1	1

Jeffrey M. Zirger,

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

[FR Doc. 2019-23999 Filed 11-1-19; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-20-0841; Docket No. CDC-2019-0101]

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 the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Management Information Systems for Comprehensive Cancer Control Programs. This information collection aims to facilitate the monitoring of National Comprehensive Cancer Control Program awardee performance and submission of timely and accurate responses to inquiries from Congress and other stakeholders.

DATES: CDC must receive written comments on or before January 3, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2019-0101 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: Submit all comments 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: 404-639-7118; 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 the 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; 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

Management Information Systems for Comprehensive Cancer Control Programs (OMB Control No. 0920-0841, Exp. 6/30/2019)—Reinstatement with Change—National Center for Chronic Disease and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2017, 66 awardees, representing all 50 states, the District of Columbia, seven United States Association Pacific Islands and territories, and eight tribes and tribal organizations, were selected for funding under NOFO (DP171701DP17-1701, “Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations”). Under this cooperative agreement, awardees implement cancer prevention and control programs to reduce cancer morbidity, mortality, and disparities. To facilitate program monitoring, performance assessment, and evaluation, a web-based management information system is needed for collection and abstraction of information about program resources, partnerships, work plan activities, and evaluation efforts.

CDC is requesting OMB approval for the continued use of the Management Information System to collect, store, retrieve, share, and report accurate and timely information. OMB approval is requested for the term of three years, which coincides with the last three years of the program. All 66 awardees will submit information on data elements in the Management Information System annually for a total estimated burden of 66 hours. Information collected will be analyzed and used in aggregate to describe program efforts. Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
Program Director for State-, Tribal-, or Territorial-based Cancer Prevention and Control Program.	Data Elements for All CPC Programs: Annual Reporting.	66	1	1	66
Total	66

Jeffrey M. Zirger,

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

[FR Doc. 2019-24004 Filed 11-1-19; 8:45 am]

BILLING CODE 4163-18-P