

*Background and Brief Description*

In order to accurately monitor trends in cancer incidence and evaluate control measures among the U.S. fire service, Congress passed the Firefighter Cancer Registry Act of 2018. Under this legislation, CDC/NIOSH was directed to create a registry of U.S. firefighters for the purpose of monitoring cancer incidence and risk factors among the current U.S. fire service. Funding of the project was authorized through this legislation for five years as of fiscal year

2019. NIOSH is requesting a three year approval for the package.

The main goal of the National Firefighter Registry (NFR), according to the Firefighter Cancer Registry Act of 2018, is, “to develop and maintain a voluntary registry of firefighters to collect relevant health and occupational information of such firefighters for purposes of determining cancer incidence.” Results from the NFR will provide information for decision makers within the fire service and medical or public health community to devise and implement policies and procedures to lessen cancer

risk and/or improve early detection of cancer among firefighters.

The below table outlines the estimated time burden for participants enrolling in the NFR. There are three corresponding documents to be completed as part of the enrollment process; the Informed Consent, User Profile, and Enrollment Questionnaire. The estimated time burden for the Informed Consent and User Profile are five minutes each, and an estimated twenty minute burden for enrollment questionnaire and 33,354 in burden hours.

**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)
U.S. Firefighters .....	Informed Consent .....	66,666	1	5/60	5,566
U.S. Firefighters .....	NFR User Profile (web-portal registration) .....	66,666	1	5/60	5,566
U.S. Firefighters .....	NFR Enrollment Questionnaire .....	66,666	1	20/60	22,222
<b>Total .....</b>	.....	.....	.....	.....	<b>33,354</b>

**Jeffrey M. Zirger,**

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

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**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Meeting of the Community Preventive Services Task Force (CPSTF)**

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

**ACTION:** Notice of meeting.

**SUMMARY:** The Centers for Disease Control and Prevention within the Department of Health and Human Services announces the next meeting of the Community Preventive Services Task Force (CPSTF) on June 10–11, 2020.

**DATES:** The June meeting will be held on Wednesday, June 10, 2020, from 8:30 a.m. to 6:00 p.m. EDT and Thursday, June 11, 2020, from 8:30 a.m. to 5:00 p.m. EDT. Wednesday, June 10, 2020 will be a closed session to conduct internal CPSTF business related to its 2020 process for priority topics for 2021–2025.

**ADDRESSES:** The June CPSTF meeting will be held via web conference. Information regarding meeting logistics will be available on the Community Guide website ([www.thecommunityguide.org](http://www.thecommunityguide.org)) closer to the date of the meeting.

**FOR FURTHER INFORMATION CONTACT:** Onslow Smith, Office of the Associate Director for Policy and Strategy; Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-E-69, Atlanta, GA 30329, phone: (404)498-6778, email: [CPSTF@cdc.gov](mailto:CPSTF@cdc.gov).

**SUPPLEMENTARY INFORMATION:**  
*Meeting Accessibility:* The June CPSTF meeting will be held virtually. The first day will consist of internal CPSTF business related to its 2020 process for establishing its priority topics for 2021–2025 and is closed to the public. The second day will consist of deliberations on systematic reviews of literature and is open to the public. All participants who would like to attend the second day must register by 5:00 p.m. EDT on Friday, June 5, 2020. Participants will receive registration confirmation with web conference meeting instructions within two days before the meeting.

To register for the second day, individuals should send an email to [CPSTF@cdc.gov](mailto:CPSTF@cdc.gov) and include the following information: name, title, organization name, organization address, phone, email. CDC will email web conference information from the

[CPSTF@cdc.gov](mailto:CPSTF@cdc.gov) mailbox. Additional logistical information regarding this virtual meeting will be available on the Community Guide website ([www.thecommunityguide.org](http://www.thecommunityguide.org)) closer to the date of the meeting.

*Public Comment:* Individuals who would like to make public comments for the June meeting must indicate their desire to do so with their registration by providing their name, organizational affiliation, and the topic to be addressed (if known). The requestor will receive instructions for the public comment process for this virtual meeting after the request is received. A public comment period follows the CPSTF’s discussion of each systematic review and is limited to one minute per person. Public comments will become part of the meeting summary.

*Background on the CPSTF:* The CPSTF is an independent, nonfederal panel whose members are appointed by the CDC Director. CPSTF members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health. The CPSTF was convened in 1996 by the Department of Health and Human Services (HHS) to identify community preventive programs, services, and policies that increase healthy longevity, save lives and dollars, and improve Americans’ quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the CPSTF. During its

meetings, the CPSTF considers the findings of systematic reviews on existing research and practice-based evidence and issues recommendations. CPSTF recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and stakeholders can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The CPSTF's recommendations, along with the systematic reviews of the evidence on which they are based, are compiled in the *The Community Guide*.

*Matters proposed for discussion:*

Information regarding any changes to the start and end times for the meeting, if required, and the agenda topics will be available on the Community Guide website ([www.thecommunityguide.org](http://www.thecommunityguide.org)) closer to the dates of the meeting.

The meeting agendas are subject to change without notice.

All meeting attendees must register by the dates outlined under *Meeting Accessibility*.

Dated: April 21, 2020.

**Sandra Cashman,**

*Executive Secretary, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-20-1175]

#### 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 "Environmental Public Health Tracking Network (Tracking Network)" 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 February 10, 2020 to obtain comments from the public and affected agencies. CDC received three 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. 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

Environmental Public Health Tracking Network (Tracking Network) (OMB Control No. 0920-1175, Exp. 04/30/2020)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

In September 2000, the Pew Environmental Health Commission issued a report entitled "America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network." In this report, the Commission documented that the existing environmental health systems were inadequate and fragmented and recommended a "Nationwide Health

Tracking Network for disease and exposures." In response to the report, Congress appropriated funds in the fiscal year 2002's budget for the CDC to establish the National Environmental Public Health Tracking Network (Tracking Network).

Continuously since 2008, and at the national level, the program collects data from (1) other CDC programs such as the National Center for Health Statistics, (2) other federal agencies such as the Environmental Protection Agency, (3) publicly accessible systems such as the Census Bureau, and (4) funded and unfunded state and local health departments (SLHD). These data are integrated into and disseminated from the Tracking Network and used for analyses which can inform national programs, interventions, or policies; guide further development and activities within the Tracking Program; or advance the practice and science of environmental public health tracking. The Tracking Program also collects information from funded SLHD to monitor their progress related to their funding and for program evaluation. This information collection request (ICR) is focused on data and information gathered by the Tracking Program from SLHD. The CDC requests a three-year approval to revise the "Environmental Public Health Tracking Network (Tracking Network)" (OMB Control No. 0920-1175; Expiration Date 04/30/2020). Specifically, CDC seeks to make the following changes:

1. For Tracking Data, minor changes are requested for the Radon Testing Form—removed 33 elements and added four elements.

2. For Program Data, minor changes are requested for the following instruments:

a. EPHT Work Plan—added ten keyword questions.

b. Public Health Action Report—added four questions.

c. Performance Measurement Strategy Report—removed two questions/elements and reduce reporting to once a year.

d. Communication Plan Template and Guide—streamlined template for more efficient reporting.

e. Partnership Plan Template and Guide—partnership plan was separated from communication plan for clarity.

f. Website Analytics Template—created an excel reporting template with one cell for each question.

3. Add four respondents to the 26 SLHDs currently funded to account for the data voluntarily received from unfunded SLHDs and to allow for potential program growth over the next three years.