

^b Weighted mean hourly wage for obstetrician-gynecologists (\$113.10; occupation code 29–1064; 30%); nurse-midwives (\$49.83; occupation code 29–1161; 30%); registered nurses (\$35.36; occupation code 29–1161; 20%); and nurse practitioners (\$51.86; occupation code 29–1171; 20%).

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 13, 2020.

Virginia L. Mackay-Smith,
Associate Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; Alzheimer's and Dementia Program Data Reporting Tool (ADP–DRT) OMB #0985–0022

AGENCY: Administration for Community Living, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of information listed above. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish a notice in the **Federal Register**

concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the Proposed Revision and solicits comments on the information collection requirements related to Alzheimer's and Dementia Program Data Reporting Tool (ADP–DRT).

DATES: Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by September 14, 2020.

ADDRESSES: Submit electronic comments on the collection of information to: Erin Long (Erin.Long@acl.gov). Submit written comments on the collection of information to Administration for Community Living, Washington, DC 20201, Attention: Erin Long.

FOR FURTHER INFORMATION CONTACT: Erin Long, Administration for Community Living, Washington, DC 20201, Erin.Long@acl.gov, 202–795–7389.

SUPPLEMENTARY INFORMATION: Under the 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. “Collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR

1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, ACL invites comments on our burden estimates or any other aspect of this collection of information, including:

(1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions,

including whether the information will have practical utility;

(2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine burden estimates; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Older American's Act requires ACL to evaluate “demonstration projects that support the objectives of this Act, including activities to bring effective demonstration projects to scale with a prioritization of projects that address the needs of underserved populations, and promote partnerships among aging services, community-based organizations, and Medicare and Medicaid providers, plans, and health (including public health) systems. (Section 201 (42 U.S.C. 3011) Sec. 127. Research and Evaluation).

To fulfill the evaluation requirements and allow for optimal federal and state-level management of ACL's Alzheimer's Disease Program, specific information must be collected from grantees.

The current reporting tool is set to expire June 22, 2020. The Alzheimer's and Dementia Program (ADP) Project Officer has reviewed the current data collection procedures to ensure the acceptability of these items as appropriate and thorough evaluation of the program, while minimizing burden for grantees.

The result of this process is the proposed modifications to the existing data collection tool. ACL is aware that different grantees have different data collection capabilities. It is understood that, following the approval of the modified data collection tool, ACL will work with its grantees to offer regular training to ensure minimal burden.

The proposed data collection tools may be found on the ACL website for review at <https://nadrc.acl.gov/node/226>.

Estimated Program Burden: ACL estimates the burden associated with this collection of information as follows:

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Local Program Site	180	2	3.03	1,090.8
Grantee	90	2	6.93	1,247.4
Total				2,338.2

Dated: July 8, 2020.
Mary Lazare,
Principal Deputy Administrator.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Request for Information on Federal Coordination To Promote Economic Mobility for All Americans

AGENCY: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services (HHS).

ACTION: Request for Information.

SUMMARY: HHS is publishing this Request for Information (RFI) to seek public input on the development of a federal interagency Council on Economic Mobility (Council). HHS and the Council will analyze information collected in this RFI to gather feedback from our stakeholders to better inform the Council’s priorities and how the Council can promote economic mobility, recovery, and resilience.

DATES: Submit written comments at the address provided below no later than October 2, 2020.

ADDRESSES: Written comments should be submitted to *CouncilTeam@hhs.gov*. HHS encourages the early submission of comments.

FOR FURTHER INFORMATION CONTACT: The ASPE Council team at *CouncilTeam@hhs.gov*.

SUPPLEMENTARY INFORMATION: *Invitation to Comment:* HHS invites comments regarding the questions included in this notice. To ensure that your comments are clearly stated, please identify the specific question, or other section of this notice, that your comments address.

1.0 Background

As announced in HHS’s 2020 Congressional Justification, HHS is leading the development and establishment of an interagency Council on Economic Mobility (Council). The Council is composed of the heads of member agencies (HHS; the U.S.

Departments of Agriculture, Education, Labor, Housing and Urban Development [HUD], and Treasury; the Social Security Administration [SSA]; and the Council of Economic Advisors [CEA]) or their delegates. HHS will also serve as the first Council chair.

As an administratively established group, the Council is constrained to activities and authorities contained in current law. As an interagency group, the Council is focusing on areas that are crosscutting, issues that cannot be accomplished by a single agency on its own, seeking to create an accountable and effective structure for interagency collaboration and using federal authorities to promote family-sustaining careers and economic mobility for low-income Americans. The Council aims to promote economic recovery and build resilience in the face of the COVID–19 pandemic, learning from the response to build a more integrated and effective long-term federal strategy to promote economic mobility and help individuals sustain their economic success.

Many federal workforce and work support programs and services are overseen by the Council member agencies, such as the Child Care and Development Fund, Medicaid, Supplemental Nutrition Assistance Program Employment and Training, the Family Self-Sufficiency program, the Jobs Plus program, Vocational Rehabilitation programs, and Workforce Innovation and Opportunity Act programs, among others. For examples of more potential programs, go to <https://tinyurl.com/CouncilonEconomicMobility>.

2.0 Request for Information

Through this RFI, HHS and its interagency partners (Agriculture, Education, Labor, HUD, Treasury, SSA, CEA, the Office of Management and Budget, and the Domestic Policy Council) seek to gather feedback from our stakeholders—state and local government agencies, local program operators, and the people that we serve. The information gathered in response to the RFI will be used to better inform the Council’s priorities, working group activities, stakeholder engagement, and federal programs. Council members and the entire U.S. government are

committed to a healthy and resilient America. COVID–19 has touched individuals and families in every corner of America—with communities across the country experiencing the pandemic in different ways. Feedback on the specific economic mobility, recovery, and resilience challenges in local communities in the short, medium, and long term is welcome.

3.0 Key Questions

3.1 What priorities would you identify for the new federal Council on Economic Mobility?

3.2 As a state, community, or provider, what are your suggestions for how to make federal workforce and work support programs work better together in your state or community at this time and in the long-term? Please share any examples of effective federal program coordination.

3.3 As a state, community, or provider, what do you think are the immediate barriers preventing federal workforce and work support programs from collaborating in your state or community? What are the long-term barriers?

3.4 How can federal agencies collaborate and coordinate to help program operators foster participant economic mobility, recovery, and resilience, using administrative authorities such as joint communications, technical assistance, and program guidance? What are specific examples based on your experience?

3.5 How are program cliff effects and high effective marginal tax rates impacting the economic mobility of individuals and families in your community? What methods are being used to address these challenges?

NOTE: An effective marginal tax rate is the proportion of new earnings owed in taxes or needed to offset reductions in program benefits and quantifies the share of new earnings not available to families. For example, if a family earns an additional \$400 during the year which prompts a \$200 reduction in program benefits, this is an effective marginal tax rate of 50 percent on their new earnings. A program “cliff effect” refers to a marginal tax rate of 100 percent or more. This results from a loss