The purpose of this study is to conduct an epidemiologic, mixed-methods evaluation of OUD treatment in real-world outpatient settings. Client recruitment for this study was originally scheduled to take place between 5/1/2018 and 8/31/2019, however patient recruitment levels were lower than originally anticipated. The recruitment period was extended to 11/30/2019 to enable to recruit additional patients. Because the follow-up period for this study is 18 months, patients recruited during the extended recruitment period (8/31/2019 to 11/30/2019) will need to complete their final 18-Month Patient Questionnaire between 2/28/2021 and 5/31/2021, which is after the current OMB expiration date. The extended time period is only needed for one of the data collection instruments, thus there is a reduction in burden of 3839 hours.

The study uses a mixed-method approach using quantitative methods such as multilevel latent growth models, propensity score matching, latent class analysis and advance mediation analysis and qualitative methods such as interactive coding and analysis for common themes. There are no costs to respondents other than their time. The only cost to respondents will be time spent responding to the survey/screener. CDC requests approval for 300 annualized burden hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Patients	Client Questionnaire 18-Month Follow-up.	400	1	45/60	300
Total					300

Jeffrey M. Zirger,

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

[FR Doc. 2020–18997 Filed 8–27–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–20–20QN; Docket No. CDC–2020–0085]

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 efforts 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 ''Availability, Use, and Public Health Impact of Emergency Supply Kits among Disaster-Affected Populations.'' The goal of this study is to determine the efficacy and public health impact of emergency supply kits among disaster-affected populations to understand how emergency supply kits are used during and after a natural disaster, if public health outcomes are associated with access to emergency supply kits, and what the most useful items to include in an emergency supply kit are across different types of disasters.

DATES: Written comments must be received on or before October 27, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2020–0085 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey 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. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go 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 Jeffry 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; 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

Availability, Use, and Public Health Impact of Emergency Supply Kits Among Disaster-Affected Populations—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC)

Background and Brief Description

The National Center for Environmental Health (NCEH) is requesting a new information collection request (ICR) with two years of approval. An all-of-society approach to disaster risk reduction emphasizes inclusion and engagement in preparedness activities. A common recommendation is to promote household preparedness through the preparation of an emergency supply kit that can be used to shelter-in-place or during evacuation. Lack of household preparedness is a public health concern, especially in medically frail populations, because it consumes first responders' time, taking them away from relief and recovery efforts, and can easily deplete community health resources. The Federal Emergency Management Agency (FEMA) states that individuals or households are prepared for a disaster if they have thought about and planned for the types of disaster for which they are at most risk, have developed a family communication and evacuation plan in the event of a disaster, and have assembled a complete disaster (emergency) supply kit. However, the prevalence of emergency supply kits across households in the United States ranges considerably from a community-level low of 10% to a regional high of 68%. This lack and variation of emergency supply kits across households makes household disaster preparedness a public health concern.

Self-sufficiency (defined as the ability to shelter-in-place without needing to leave your home or call for outside assistance for ~3 days following a disaster) can help reduce the demands placed on first responders during critical times, which has downstream public health impacts. Among persons with an existing physical or mental health condition at the time of the disaster, having an adequate supply of prescription and over-the-counter medications and medical supplies allows people to maintain treatment and prevent worsening or exacerbation of their existing condition or illness. It also can reduce their need for emergency medical services following a disaster. The FEMA definition of an emergency supply kit is one that can sustain each member of a household with food, water, and medication for up to three days. However, there are several knowledge gaps and challenges related to emergency supply kit use and effectiveness, including whether the current recommendations are adequate or need expansion. We identified the following gaps:

- *Lack of consistency for what supplies to include in an emergency supply kit:* While the public can access information on what contents are likely important to include in emergency supply kits, there is a lack of information as to whether there is a standard set of supplies that is consistently needed across disaster types
- Lack of a standard tool for evaluation of emergency supply kit use and effectiveness
- *Lack of information on how emergency supply kit items are used during or following disasters:* Currently we lack detailed information on how households use emergency supply kit items during or following disasters and what, if any, are barriers to their use
- *Lack of information on effectiveness of emergency supply kits in preventing adverse outcomes:* To our knowledge, there is no information on whether the use of emergency supply items prevents adverse health outcomes. Among individuals with health conditions, it remains unclear whether preparing an emergency supply kit with adequate medications and medical supplies prevents the worsening of conditions or the need for emergency medical services
- *Lack of data to support emergency supply kit recommendations:* It is unclear whether having essential supplies improves self-sufficiency and lessens the need for outside assistance

This general lack of research on the efficacy and use of emergency supply kits impedes our ability to make data-driven recommendations regarding emergency supply kit promotion. The cross-sectional disaster survey and focus group(s) on the public's knowledge, preparedness, and use of emergency supply kits will identify and inform public health officials about the most useful items to include in an emergency supply kit, ideally across two different types of disasters. Data collection is anticipated to be between September 2020 and April 2022, depending upon disaster occurrence. Parameters for site selection include a major or state-level disaster declaration for a natural disaster that affects a mid- to high-density area (*e.g.,* population of 100,000 people) within the United States.

Survey participants will be selected via address-based sampling in the defined geographic area impacted by the disaster and given the choice to complete the survey via paper (*i.e.,* Teleform) or online via a web-based instrument. Survey participants will also be recruited using an existing, nonprobability web panel and be directed to the online, web-based instrument to create a larger, more cost-effective dataset. Focus group participants will be randomly selected among survey respondents and/or recruited via targeted social media (*e.g.,* Facebook, Craigslist) to provide context and enhancement to the survey.

The estimated annualized burden is 464 hours. The estimated burden is based on conducting the survey in two sites, taking 15-minutes per respondent via the web or 45 minutes via paper survey, and up to two focus groups in each site taking approximately 120 minutes. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annualized burden (in hours)
General Public Household Member ..	Web Survey	667	1	15/60	166
	Paper Survey	333	1	45/60	250
	Focus Group	24	1	120/60	48
Total					464

Jeffrey M. Zirger,

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

[FR Doc. 2020–18996 Filed 8–27–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–0621]

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 National Youth Tobacco Survey 2021–2023 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 January 23, 2020 to obtain comments from the public and affected agencies. CDC received six 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.* 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

National Youth Tobacco Survey 2021–2023 (OMB Control No. 0920–0621, Exp. 4/30/2021)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)

Background and Brief Description

Tobacco use is the leading cause of preventable disease and death in the United States, and nearly all tobacco use begins during youth and young adulthood. A limited number of health risk behaviors, including tobacco use, account for the overwhelming majority of immediate and long-term sources of morbidity and mortality. Because many health risk behaviors are established during adolescence, there is a critical need for public health programs directed towards youth, and for information to support these programs.

Since 2004, the Centers for Disease Control and Prevention (CDC) has periodically collected information about tobacco use among adolescents (National Youth Tobacco Survey (NYTS) 2004, 2006, 2009, 2011, 2012, 2013–2020, OMB Control No. 0920–0621, Exp. 04/30/2021). This surveillance activity builds on previous surveys funded by the American Legacy Foundation in 1999, 2000, and 2002.

At present, the NYTS is the most comprehensive source of nationally representative tobacco data among students in grades 9–12. Moreover, the NYTS is the only source of such data for students in grades 6–8. The NYTS has provided national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, and information about racial and ethnic disparities in tobacco-related topics. Information collected through the NYTS is used to identify trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

CDC plans to request OMB approval to conduct additional cycles of the NYTS in 2021, 2022, and 2023. The survey will be conducted among nationally representative samples of students attending public and private schools in grades 6–12 and will be administered to students as a digitally-based survey programmed onto tablets. Information supporting the NYTS also will be collected from state-, district-, and school-level administrators and teachers. During the 2021–2023 timeframe, changes will be incorporated that reflect CDC's ongoing collaboration with FDA and the need to measure progress toward meeting strategic goals established by the Family Smoking Prevention and Tobacco Control Act. Information collection will occur annually and may include a number of new questions, as well as increased representation of minority youth.

The survey will examine the following topics: Use of e-cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, roll-your own-cigarettes, pipes, snus, dissolvable tobacco, bidis, heated tobacco products, and nicotine pouches; knowledge and attitudes; media and advertising; access to tobacco products and enforcement of restrictions on access; secondhand smoke and e-cigarette aerosol exposure; provision of school- and community-based interventions, and cessation.

Results of the NYTS will continue to be used to inform and evaluate the National Comprehensive Tobacco Control Program; provide data to inform the Department of Health and Human Service's Tobacco Control Strategic Action Plan, and provide national benchmark data for state-level Youth Tobacco Surveys. Information collected through the NYTS also is expected to provide multiple measures and data for monitoring progress on seven tobacco-related objectives for Healthy People 2030.

OMB approval will be requested for three years. There are no costs to respondents other than their time. The total annualized burden is estimated to be 18,733 hours.