

which visit data are collected through submission of EHRs with the approved 2019 sample size, and for subsequent survey years when deemed necessary. The annualized 2021–2023 NAMCS sample size is projected to be 6,000 office-based physicians and 92 CHCs. Questions on the traditional office-based physician survey will be modified for clarification and to keep current with medical practice and terminology. In

2020 we are also seeking to include the potential for experiments involving physician incentives for some office-based physicians. In 2021, data collection for CHCs will transition from manual abstraction to be sent through EHRs. A set-up fee will be allotted to sampled CHCs to offset the cost of this new data collection method. With this transition, a new CHC facility interview will be implemented and personally

identifiable information (PII) will be collected from both the CHCs, and physicians who submit EHR data. For both the traditional office-based physicians and CHCs, we will continue COVID–19 questions in 2021 and for subsequent data years where information is pertinent. We will also begin to conduct methodological work to improve upon the survey. Estimated annualized burden is 9,272 hours.

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.)
Office-based Physicians or Staff (Abstraction) ...	Physician Induction Interview (2020) .....	500	1	30/60	250
	Pulling, re-filing medical record forms (FR abstracts) (2020).	500	30	1/60	250
CHC Executive/Medical Directors .....	CHC Facility Induction Interview (2020) .....	17	1	30/60	9
CHC Providers .....	Provider Induction Interview (2020) .....	52	1	30/60	26
CHC Provider Staff .....	Pulling, re-filing medical record forms (FR abstracts).	52	30	1/60	26
Office-based Physicians (Abstraction) and CHC Providers.	Reinterview Study (2020) .....	33	1	15/60	8
Office-based Physicians or Staff (Abstraction) ...	Physician Induction Interview (2021–2023) .....	3,000	1	30/60	1,500
	Pulling, re-filing medical record forms (FR abstracts) (2021–2023).	3,000	30	1/60	1,500
Office-based Physician Staff (EHR Submission)	Physician Facility Interview (PFI) (2021–2023) ..	3,000	1	45/60	2,250
	Pulling, re-filing medical record forms (EHR Onboarding) (2021–2023).	3,000	1	60/60	3,000
CHC Staff .....	CHC Facility Interview (2021–2023) .....	92	1	15/60	23
	Prepare and transmit EHR for Visit Data (quarterly) (2021–2023).	92	4	60/60	368
Office-based Physicians (Abstraction) .....	Reinterview Study (2021–2023) .....	250	1	15/60	63
Total .....	.....	.....	.....	.....	9,272

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–21–20PM]

**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 *Oral Health Basic Screening Survey for Children* 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 July 2, 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**

Oral Health Basic Screening Survey for Children—Existing Collection in use without an OMB Control Number—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Dental caries (tooth decay) is one of the most common chronic diseases among children in the United States and can lead to pain, infection, and diminished quality of life throughout the lifespan. Dental sealants are a cost-effective measure to prevent caries but remain underutilized.

To address states' critical need for state-level oral health surveillance data on dental caries and sealants, the Association of State and Territorial Dental Directors (ASTDD) developed and released an oral health screening survey protocol referred to as the Basic Screening Survey (BSS) in 1999 in collaboration with the Ohio Department of Health and with technical assistance from the CDC's Division of Oral Health.

BSS is a non-invasive visual observation of the mouth performed by trained screeners including dental and non-dental health professionals (e.g., dentists, hygienists, school nurses). The BSS data collection is not duplicative of any other federal collection. Though the National Health and Nutrition Examination Survey (NHANES) collects national data on oral health status including dental caries and sealants based on clinical examination, it is not designed to provide state-level data. BSS is designed to be easy to perform while being consistent and aligned with the oral health Healthy People objectives, which are based on NHANES measures. BSS is the only data source

that provides state-representative data on oral health status based on clinical examination. BSS is also used to monitor state progress toward key national oral health objectives.

The BSS is a state-tailored survey administered and conducted by individual states. CDC has supported some of the 50 states to build and maintain their oral health surveillance system and ASTDD to provide technical assistance to states through state and partner cooperative agreements since 2001. Conducting BSS for third graders is a key component of that support.

The target populations include school children in grades K–3 and children enrolled in Head Start in 50 states and Washington, DC. ASTDD and CDC recommend that states conduct BSS at minimum for third graders at least once every five years. Individual states determine how often to conduct BSS and which grade or grades to target based on their program needs and available resources. Forty-seven states have conducted BSS for children, and all 47 conducted Third Grade BSS. Thirty-two states also have conducted BSS in one or more other grades (K–2) or in Head Start Programs. CDC estimates that approximately 34 states, including 20 states currently funded by CDC, will conduct one BSS, at least for third grade, during the period for which this approval is being sought.

State health departments administer the survey by determining probability

samples, arranging logistics with selected schools or Head Start sites, gaining consent, obtaining demographic data, training screeners, conducting the oral health screening at schools or Head Start sites. Screeners record four data points either electronically or on a paper form: (1) Presence of treated caries, (2) presence of untreated tooth decay, (3) urgency of need for treatment, and (4) presence of dental sealants on at least one permanent molar tooth.

State programs enter, clean and analyze the data; de-identify it; and respond to ASTDD's annual email request for state-aggregated prevalence of dental caries and sealants. ASTDD reviews the data to ensure that both survey design and data meet specific criteria before sending it to CDC for publication on the CDC's public-facing Oral Health Data website ([www.cdc.gov/oralhealthdata](http://www.cdc.gov/oralhealthdata)).

BSS for children serves as a key state oral health surveillance data source and facilitates state capacity to (1) monitor children's oral health status, trends, and disparities, and compare with other states; (2) inform planning, implementation and evaluation of effective oral health programs and policies; (3) measure state progress toward Healthy People objectives; and (4) educate the public and policy makers regarding cross-cutting public health programs. CDC also uses the data to evaluate performance of CDC oral health funding recipients.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Child .....	Screening form .....	150,370	1	5/60
Parent/caretaker .....	Consent .....	150,370	1	1/60
Screener .....	Screening form .....	301	1	666/60
School/site .....	Participation form .....	2,890	1	68/60
State Official .....	Data Submission form .....	34	1	32,742/60

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30Day-21-1243]**

**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 "Rapid Response Suicide Investigation Data

Collection" 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 October 13, 2020 to obtain comments from the public and affected agencies. CDC received one comment 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