contracting officer when they purchase foreign supplies, in order to determine whether the supplies should be duty-free. The notice shall identify the foreign supplies, estimate the amount of duty, and the country of origin. The contractor is not required to identify foreign supplies that are identical in nature to items purchased by the contractor or any subcontractor in connection with its commercial business, and segregation of these supplies to ensure use only on Government contracts containing duty-free entry provisions is not economical or feasible. In addition, all shipping documents and containers must specify Start Printed Page 8915certain information to assure the duty-free entry of the supplies.

e. Construction provisions and clauses:

- 52.225–9, Buy American—Construction Materials
- 52.225–10, Notice of Buy American Requirement—Construction Materials
- 52.225–11, Buy American—Construction Materials Under Trade Agreements
- 52.225–12, Notice of Buy American Requirement—Construction Materials under Trade Agreements
- 52.225–21, Required Use of American Iron, Steel and Manufactured Goods—Buy American—Construction Materials
- 52.225–23, Required Use of American Iron, Steel and Manufactured Goods—Buy American—Construction Materials Under Trade Agreements

The listed provisions and clauses provide that an offeror or contractor requesting to use foreign construction material due to unreasonable cost of domestic construction material shall provide adequate information to permit evaluation of the request.

C. Annual Burden

Respondents: 16,478.
Total Annual Responses: 69,165.
Total Burden Hours: 43,469.

D. Public Comment

A 60-day notice was published within the proposed FAR rule (2021–008, Amendments to the FAR Buy American Act Requirements) in the **Federal Register** at 86 FR 40980, on July 30, 2021. The proposed FAR rule included information collection requirements that were additional to the paperwork burden previously approved under OMB Control Number 9000–0024 as well as a new information collection requirement that would have required clearance under a new OMB Control Number (i.e., ''Domestic Content Reporting Requirement''). However, as explained in the published final FAR rule at 87 FR 12780, on March 7, 2022, the FAR will not be implementing the information collection for domestic content reporting until a future FAR rule but the final rule did proceed with the information collection requirements that are additional to the paperwork burden previously approved under OMB Control Number 9000–0024. As such, the Regulatory Secretariat Division is proceeding with seeking OMB approval of the revised information collection requirements under OMB Control Number 9000–0024 but has withdrawn its request for approval of a new information collection requirement concerning ''Domestic Content Reporting Requirement.''

No comments to the 60-day notice specifically cited this OMB Control Number but two respondents did comment on the requirement for offerors to identify whether any of their end products/construction material contain critical components.

a. One respondent commented that the establishment of a separate representation process can create administrative burden and cost for vendors, as associated compliance mechanisms will be required to assure the accuracy of such separate representations. The respondent did not appear to be aware that the FAR Council acknowledged the additional burden associated with this new representation and sought an increase to the estimated burdens associated through this clearance. Since no feedback was provided on the FAR Council's proposed calculations for the associated burden, no revisions are being made to the estimates previously provided.

b. One respondent commented that contractors are unable to comply with the ''reporting requirements.'' Since no feedback was provided on the FAR Council's proposed calculations for the associated burden, no revisions are being made to the estimates previously provided.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202–501–4755 or emailing *GSARegSec@gsa.gov.* Please cite OMB Control No. 9000–0024, Buy American, Trade Agreements, and Duty-Free Entry.

Janet Fry,

Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2022–25236 Filed 11–18–22; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2022–0024]

CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS), announces the availability of the *CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022* (2022 Clinical Practice Guideline). The 2022 Clinical Practice Guideline updates and expands the *CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016* (2016 Guideline) and provides evidence-based recommendations for clinicians who provide pain care, including those prescribing opioids, for outpatients age 18 years and older with: acute pain (duration less than 1 month), subacute pain (duration of 1–3 months), or chronic pain (duration of more than 3 months). The recommendations in the 2022 Clinical Practice Guideline do not apply to pain management related to sickle cell disease, cancer-related pain treatment, palliative care, or end-of-life care. The 2022 Clinical Practice Guideline finalizes the draft clinical practice guideline issued on February 10, 2022.

DATES: The 2022 Clinical Practice Guideline is available November 21, 2022.

FOR FURTHER INFORMATION CONTACT: Arlene I. Greenspan, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE, MS S106–9, Atlanta, GA 30341; Telephone: 770–488–4696. Email: *opioids@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background

In the 2016 Guideline, CDC communicated the intent to evaluate and reassess evidence and recommendations for opioid prescribing for adult patients as new evidence became available and to determine when new evidence would prompt an update. To achieve these aims, CDC funded the Evidence-based Practice Centers at the Agency for Healthcare Research and Quality (AHRQ) to conduct systematic reviews of the scientific evidence in the following five areas: (1) noninvasive (*e.g.,* exercise, physical therapy, psychological therapies), nonpharmacological treatments for chronic pain; (2) nonopioid pharmacologic treatments for chronic pain; (3) opioid treatments for chronic pain; (4) treatments for acute pain; and (5) acute treatments for episodic migraine. Based on the evidence described in these reviews, an update to the 2016 Guideline was warranted.

CDC developed the 2022 Clinical Practice Guideline recommendations using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) framework, which specifies the systematic review of scientific evidence and offers a transparent approach to grading quality of evidence and strength of recommendations. Recommendations were made based on systematic reviews of the available scientific evidence while considering benefits and harms; patient, caregiver, and clinician values and preferences for pain treatment; and resource allocation (*e.g.,* costs to patients or health systems, including clinician time). CDC drafted recommendation statements in the 2022 Clinical Practice Guideline to assist clinicians in determining whether or not to initiate opioids for pain, selecting opioids and determining opioid dosages, deciding duration of initial opioid prescription and conducting follow-up, and assessing risk and addressing potential harms of opioid use.

The 2022 Clinical Practice Guideline includes recommendations for primary care clinicians (including physicians, nurse practitioners, and physician assistants) as well as for outpatient clinicians in other specialties (including those managing dental and postsurgical pain in outpatient settings and emergency clinicians providing pain management for patients being discharged from emergency departments).

The 2022 Clinical Practice Guideline is not a regulation or a law. It is a set of voluntary recommendations intended to support clinicians as they work in consultation with their patients to address pain. It is intended to be flexible to support, not supplant, clinical judgment and individualized, patient-centered decision-making. It *is not* intended to be applied as inflexible standards of care across patient populations by healthcare professionals, health systems, third-party payers, organizations, or governmental jurisdictions. The 2022 Clinical Practice Guideline is intended to achieve the following: improved communication between clinicians and patients about the risks and benefits of pain treatment, including opioid therapy for pain; improved safety and effectiveness for pain treatment, resulting in improved function and quality of life for patients experiencing pain; and reduction in the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death.

To help ensure the 2022 Clinical Practice Guideline's integrity, credibility, and consideration of patient, caregiver, and clinician values and preferences, CDC obtained input through individual conversations with patients, caregivers, experts, clinicians, through public comment opportunities, and a federally chartered advisory committee, the Board of Scientific Counselors of the National Center for Injury Prevention and Control (BSC/NCIPC). CDC also obtained feedback from a panel of external peer reviewers who are experts in topics related to opioid prescribing.

Summary of Public Comment and CDC Response

On February 10, 2022, CDC published a notice in the **Federal Register** announcing the availability of the draft clinical practice guideline (87 FR 7838). The notice gave the public an opportunity to submit comments by April 10, 2022. CDC received approximately 5,500 unique comments (including one comment submitted with 28,322 additional signatories) from the public, including patients with acute and chronic pain, caregivers, and clinicians. Comments also included organizational perspectives from medical associations, professional organizations, academic institutions, state and local governments, and advocacy and industry groups.

CDC carefully catalogued, reviewed, and qualitatively analyzed all comments submitted by members of the public. All public comments were carefully reviewed and considered when revising the draft clinical practice guideline. Most comments submitted to the public docket for the draft clinical practice guideline were submitted by individuals living with pain and their caregivers, families, and friends.

CDC highly values insights gained from these public comments and especially thanks those patients living with pain who shared their personal experiences in this public forum.

Themes from the comments included: (1) concerns about the 2016 Guideline; (2) overall considerations for the 2022 Clinical Practice Guideline; (3) considerations for Recommendation Statements in the 2022 Clinical Practice Guideline; and (4) suggestions for scientific articles to include in supporting rationales to supplement information from the systematic reviews about acute and chronic pain management.

(1) Concerns about the 2016 Guideline

Respondents shared their personal experiences with pain care, including with misinterpretation and misapplication of the 2016 Guideline. In particular, they mentioned issues with misapplication related to prescribed dosing limits and forced tapers.

CDC Response

- CDC added language to the 2022 Clinical Practice Guideline emphasizing that it provides voluntary clinical practice recommendations that are not intended to be inflexible standards of care or implemented as absolute limits of policy or practice for patients by clinicians, healthcare systems, or government entities.
- CDC added language throughout the document that further emphasizes that both the benefits and the risks of continuing opioid therapy should be considered by clinicians when providing pain care for patients.
- CDC added discussion throughout the document pertaining to changes related to dosage thresholds and appropriate application. For example, the following was added to the Rationale:

Importantly, to discourage the misapplication of opioid pain medication dosage thresholds as inflexible standards, revised recommendation statement language emphasizes principles such as avoiding increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients. More specific considerations related to dosage have been moved to implementation considerations that follow each recommendation statement, where more nuance is offered to inform clinical decision-making and individualized patient care.

(2) Overall Considerations for the 2022 Clinical Practice Guideline

Respondents focused on the importance of clinician judgment that promotes flexible opioid prescribing practices focused on the individual patient. They were appreciative of CDC's inclusion of language emphasizing open communication between patients and clinicians and updated language to discourage forced tapers. Regarding the latter, respondents encouraged CDC to further emphasize and strengthen this language.

Many respondents expressed concern that mention of specific morphine milligram equivalents in the 2022 Clinical Practice Guideline would lead to hard limits on opioid prescriptions. Respondents also were concerned that specific pain conditions were called out as conditions to which the draft clinical practice guideline was not applicable while others went unmentioned.

Respondents noted that the length of the draft clinical practice guideline was a barrier to end users. However, respondents also noted that several organizational features of the draft clinical practice guideline were helpful, such as a call-out box that summarizes its intended use, including conditions for which it is not applicable. Respondents suggested that additional detail in these boxes would be beneficial for those who may not read beyond this content. In addition, professional organizations suggested the development of supplemental one-pagers and supporting materials to further increase the utility of the document.

Finally, some respondents providing comments on behalf on individuals with non-pain related conditions that use opioids for treatment (*e.g.,* ostomy-related conditions and restless leg syndrome [RLS]) proposed that the 2022 Clinical Practice Guideline title should be adjusted to better reflect its content and intended use.

CDC Response

- CDC added language throughout the document to emphasize that the 2022 Clinical Practice Guideline provides voluntary clinical practice recommendations that are not intended to be inflexible standards of care or implemented as absolute limits of policy or practice for patients by clinicians, healthcare systems, or government entities.
- CDC added discussion throughout the document pertaining to changes related to dosage thresholds and appropriate application. For example, the following was added to the Rationale:

Importantly, to discourage the misapplication of opioid pain medication dosage thresholds as inflexible standards, revised recommendation statement language emphasizes principles such as avoiding increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients. More specific considerations related to dosage have been moved to the Implementation Considerations that follow each recommendation statement, where more nuance is offered to inform clinical decision-making and individualized patient care.

- CDC revised language in the scope and audience section to further emphasize that all types of pain need effective treatment:

Although some principles in this clinical practice guideline might be helpful in the management of pain related to sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care, some recommendations might not be relevant for pain management in these contexts. Other guidelines more specifically address pain management in these situations; therefore, this clinical practice guideline does not apply to patients experiencing pain associated with these conditions or types of care. This does not imply that any other types of pain are more or less worthy of effective treatment, only that clinicians are referred to existing clinical guidelines that more specifically address unique considerations for management of pain related to sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care.

- CDC added call-out boxes to the document to highlight critical information:
  - Box 1. Executive summary of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain–United States, 2022
  - Box 2. Intended use of CDC's Clinical Practice Guideline for Prescribing Opioids for Pain–United States, 2022
  - Box 3. Recommendations for prescribing opioids for outpatients with pain, excluding pain management for sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care; recommendation categories; and evidence types, CDC Clinical Practice Guideline for Prescribing Opioids for Pain–United States, 2022
  - Box 4. Guiding principles for implementation of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain–United States, 2022 recommendations
  - Box 5. Areas for additional research to build the evidence base for optimal pain management
- CDC is developing translation and communication materials to support accurate implementation of the 2022 Clinical Practice Guideline. These resources will be short references and ''at-a-glance'' materials to support appropriate application and interpretation.
- CDC changed the name of the document from the *CDC Clinical Practice Guideline for Prescribing Opioids* to the *CDC Clinical Practice Guideline for Prescribing Opioids for Pain* to further emphasize its focus on prescription opioids for the treatment of pain.

(3) Considerations for Recommendation Statements in the 2022 Clinical Practice Guideline

Respondents noted that frequent follow-up appointments, office visits, and drug screening requirements were barriers to care and health equity. They also expressed concern about stigma related to toxicology testing.

CDC Response

- CDC added language to address health equity and additional considerations and context related to health equity, such as language about using virtual follow-up visits for patients for whom virtual visits are part of standard care (*e.g.,* in remote areas where distance or other context makes follow-up visits challenging) or for patients for whom in-person follow-up visits are challenging (*e.g.,* frail patients) under Recommendation 7's implementation considerations and supporting text.
- The second sentence of Recommendation 7 has been changed from ''Clinicians should evaluate benefits and risks of continued therapy with patients every 3 months or more frequently'' to ''Clinicians should regularly reevaluate benefits and risks of continued opioid therapy with patients.'' Of note, the more specific ''3-month'' time frame is still discussed in the Implementation Considerations and Supporting Rationale, where more nuanced considerations for flexibility are discussed.
- CDC augmented language in the implementation considerations for Recommendation 10 to state:

Toxicology testing should not be used in a punitive manner but should be used in the context of other clinical information to inform and improve patient care. Clinicians should not

dismiss patients from care on the basis of a toxicology test result. Dismissal could have adverse consequences for patient safety, potentially including the patient obtaining opioids or other drugs from alternative sources and the clinician missing opportunities to facilitate treatment for substance use disorder.

(4) Suggestions for Scientific Articles About Acute and Chronic Pain Management

Some respondents submitted scientific articles about acute and chronic pain management for CDC to consider citing as additional informative references in the supporting rationales. CDC carefully reviewed each submitted comment and made edits or added additional citations to the draft clinical practice guideline where appropriate. Some examples of recommended sources and revisions are below.

- To demonstrate the undertreatment of sickle cell disease due to stigma and racism, the organization Sick Cells recommended that CDC cite this reference: Phillips S, Chen Y, Masese R, Noisette L, Jordan K, et al. (2022) Perspectives of individuals with sickle cell disease on barriers to care. PLOS ONE 17(3): e0265342. *https://doi.org/10.1371/journal.pone.026534.*
- The Michigan Opioid Prescribing Engagement Network suggested that CDC cite its OPEN Prescribing Recommendations as an additional reference for Recommendation 1. This reference was already included in the document: Michigan Opioid Prescribing Engagement Network. Prescribing recommendations. Ann Arbor, MI: Michigan Opioid Prescribing Engagement Network. *https://michigan-open.org/prescribing-recommendations.*
- The American Geriatric Society noted that a reference to its 2009 *American Geriatric Society Recommendations for Chronic Pain Medications in Older Adults* (AGS Guideline) was not current and recommended CDC cite different sources for its discussion of the use of acetaminophen for the treatment of pain among adults aged 18 and over.
- The National Pain Advocacy Center stated that several studies finding adverse outcomes after opioid stoppage, dose reduction, or dose variation were not cited or were cited inaccurately.
- The American Academy of Addiction Psychiatry recommended the inclusion of the Alcohol Use Disorders Identification Consumption Test (AUDIT–C), as done by the Veterans Health Administration, instead of the full Alcohol Use Disorders Identification Test (AUDIT).
- The American College of Obstetrics and Gynecology (ACOG) recommended that other critical concepts regarding family planning and contraceptive counseling from additional resources be included in the document. ACOG also recommended an additional reference with safety data regarding buprenorphine/naloxone combination use in pregnancy: Link HM, Jones H, Miller L, Kaltenbach K, Seligman N. Buprenorphine-naloxone use in pregnancy: a systematic review and metaanalysis. Am J Obstet Gynecol MFM. 2020 Aug;2(3):100179. doi: 10.1016/j.ajogmf.2020.100179. Epub 2020 Jul 3. PMID: 33345863.

CDC Response

- CDC included Phillips et. al. in the references section.
- CDC added a citation to the Open Prescribing Recommendations again in reference to Recommendation 1.
- CDC deleted reference to the 2009 American Geriatric Society Guideline throughout the document.
- CDC added the references from the National Pain Advocacy Center. Several recommended references were already included in the draft clinical practice guideline.
  - Hallvik SE, El Ibrahimi S, Johnston K, et al. Patient outcomes after opioid dose reduction among patients with chronic opioid therapy. Pain. 2022;163(1):83–90.
  - Binswanger IA, Glanz JM, Faul M, et al. The Association between Opioid Discontinuation and Heroin Use: A Nested Case-Control Study. Drug and Alcohol Dependence. 2020;217:108248.
  - Perez HR, Buonora M, Cunningham CO, Heo M, Starrels JL. Opioid Taper Is Associated with Subsequent Termination of Care: a Retrospective Cohort Study. J Gen Intern Med. 2020;35(1):36–42.
- CDC modified its inclusion from full AUDIT to AUDIT–C in the Supporting Rationale for Recommendation 7.
- CDC added additional family planning and contraceptive planning concepts and the following sources:
  - ACOG Committee Opinion No. 762. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e78–89.
  - Patient-Centered Contraceptive Counseling. Committee Statement No. 1. American College of Obstetricians and Gynecologists. Obstet Gynecol 2022;139:349–53.
  - Interpregnancy care. Obstetric Care Consensus No. 8. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e51–72.
- CDC added Link. et al.

For more information about CDC's response to peer reviewers' and public comments, please see the Supporting & Related Materials tab of this docket.

For more information about the 2022 Clinical Practice Guideline or the process of updating it, please visit *https://www.cdc.gov/opioids/guideline-update/index.html.*

Supporting and Related Material in the Docket

The docket contains the following supporting and related materials: (1) the 2022 Clinical Practice Guideline; (2) the GRADE tables; (3) CDC's response to peer review of the draft clinical practice guideline; (4) CDC's response to public comments on the draft clinical practice guideline; (5) the draft clinical practice guideline released for public comment on February 10, 2022; (6) the Opioid Workgroup (OWG) Report, prepared at the request of the BSC/NCIPC and which the BSC/NCIPC unanimously voted to have CDC adopt, and CDC's response to observations outlined in the OWG Report; and (7) an Overview of Community Engagement and Public Comment Opportunities, which describes key themes that emerged about participant values and preferences regarding pain management, as well as CDC's response to input obtained from these efforts.

The GRADE tables include clinical evidence review ratings of the evidence for the key clinical questions. The OWG Report describes the workgroup's findings and observations about an initial draft clinical practice guideline presented to the BSC/NCIPC at a public meeting on July 16, 2021. The OWG, comprising three BSC/NCIPC members in accordance with federal advisory committee policy, as well as patients with pain, caregivers, and family members of patients with pain, and clinicians and subject matter experts with a variety of relevant pain management expertise, was designed to provide independent, broad, external, and transparent input to the BSC/NCIPC on the diverse and complex issues addressed in the draft clinical practice guideline. OWG meetings were coordinated by an NCIPC subject matter expert who served as the Designated Federal Official. CDC's response to the OWG Report reflects and describes how CDC incorporated OWG observations and comments in the revised draft clinical practice guideline.

The *Overview of Community Engagement and Public Comment Opportunities* document provides a summary of efforts implemented throughout the clinical practice

guideline update process to better understand the lived experiences and perspectives of community members and to ensure additional input from patients, caregivers, clinicians, and the public. This document also summarizes CDC's response to the themes and findings that emerged throughout the community engagement and public comment opportunities and describes how CDC carefully considered and incorporated diverse perspectives and input from multiple sources into the draft clinical practice guideline that was posted for public comment.

Availability of the 2022 Clinical Practice Guideline

The *CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022* can be found in the Supporting & Related Materials tab of this docket on the Federal eRulemaking Portal: identified by Docket No. CDC–2022–0024 and at *https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w.*

Angela K. Oliver,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2022–25264 Filed 11–18–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–1163]

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 ''CDC Fellowship Programs Assessments'' 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 August 22, 2022, to obtain comments from the public and affected agencies. CDC received one non-substantive 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 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

Data Collection for CDC Fellowship Programs (OMB Control No. 0920–1163, Exp. 3/31/2023)—Extension—Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC's mission is to protect America from health, safety, and security threats, both foreign and in the U.S. To ensure a competent, sustainable, and empowered public health workforce prepared to meet these challenges, CDC plays a key role in developing, implementing, and managing a large number of fellowship programs. A fellowship is defined as a training or work experience lasting at least one month and consisting of primarily experiential (*i.e.,* on-the-job) learning, in which the trainee has a designated mentor or supervisor. CDC fellowships are intended to develop public health professionals, enhance the public health workforce, and strengthen collaborations with partners in public health and healthcare organizations, academia, and other stakeholders in governmental and non-governmental organizations. Assessing fellowship activities is essential to ensure that the public health workforce is equipped to promote and protect the public's health.

CDC requests a three-year extension of a Generic Clearance to collect data about its fellowship programs, as they relate to public health workforce development. Data collections will allow for ongoing, collaborative, and actionable communications between CDC fellowship programs and stakeholders (*e.g.,* fellows, supervisors/mentors, alumni). These collections might include short surveys, interviews, and focus groups. Intended use of the resulting information is to:

- inform planning, implementation, and continuous quality improvement of fellowship activities and services;
- improve efficiencies in the delivery of fellowship activities and services; and
- determine to what extent fellowship activities and services are achieving established goals.

Collection and use of information about CDC fellowship activities will help ensure effective, efficient, and satisfying experiences among fellowship program participants and partners.

This Extension ICR contains a change in burden estimate from the previously approved package. This change is the result of a review and evaluation of CDC programming and fellowship needs. CDC estimates that annually, approximately one quarter of all CDC fellowships (23 of 91) will conduct a GenIC under this umbrella. This estimate reflects the usage rate for CFPA in its most recent approval period. Burden estimates assume that a given fellowship program will conduct one query each with one of the three respondent groups: fellowship applicants or fellows; mentors, supervisors, or employers; and alumni.

OMB approval is requested for three years. CDC requests OMB approval for an estimated 1,546 annual burden hours. There are no costs to respondents other than their time.