POPULATION, INTERVENTION, COMPARATOR, OUTCOME, TIMING, SETTING/STUDY DESIGN (PICOTS)—Continued

	Inclusion	Exclusion
KQ3&5:	*Psychological symptoms:* depression, anxiety, quality of life, partner satisfaction. *Safety outcomes:* breast cancer, breast cancer recurrence or progression, breast tenderness, cardiovascular risk, endometrial cancer (KQ5), post-menopausal bleeding (KQ5), endometrial hyperplasia (KQ5), endometrial thickness (KQ5). *Adverse events:* worsening or onset of urinary, genital, or sexual symptoms: vaginal burning, vaginal bleeding, vaginal discharge, vaginal scarring, vaginal stenosis; pelvic pain; dyspareunia; urethral strictures; meatal stricture/stenosis.. *Systemic adverse events:* chronic pain, stroke; VTE (DVT or PE); death; hot flashes; headache; breast pain; cramps; bloating; nausea; vomiting.	
Timing:		
All KQ	Intervention: any. Outcomes: any.	
Setting:		
All KQ	Any.	
Study design:		
KQ1	RCTs and prospective observational studies with concurrent comparison group and analytic techniques to control for sample selection bias; systematic reviews of these study designs that assessed ROB of included studies using validated tools.	
KQ2	RCTs or systematic review of RCTs that assessed ROB of included studies using validated tools.	
KQ3	RCTs and prospective observational studies with concurrent comparison group and analytic techniques to control for sample selection bias; systematic reviews of these study designs that assessed ROB of included studies using validated tools.	
KQ4	RCTs or systematic review of RCTs that assessed ROB of included studies using validated tools.	
KQ5	RCTs and prospective observational studies with concurrent comparison group and analytic techniques to control for sample selection bias; systematic reviews of these study designs that assessed ROB of included studies using validated tools.	
Language	English only (due to resource limitations).	
Geographic Location.	Any.	
Study size	N = 20 or more participants analyzed per study arm for RCTs.	
Publication date	Any.	

Abbreviations: CO_2 = carbon dioxide; DHEA = dehydroepiandrosterone; DVT = deep venous thromboembolism; GSM = Genitourinary Syndrome of Menopause; KQ = key question; PE = pulmonary embolism; PFMT = pelvic floor muscle training; RCT = randomized controlled trial; SERM = selective estrogen receptor modulator; VTE = venous thromboembolism.

Dated: March 3, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–04800 Filed 3–8–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Docket No. 0970–0558]

Proposed Information Collection Activity; Generic for Administration for Children and Families Program Monitoring Activities (Office of Management and Budget)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) intends to request from the Office of Management and Budget (OMB) an extension of approval for an umbrella generic clearance for information collections related to ACF program office monitoring activities. ACF programs promote the economic and social well-being of families, children, individuals, and communities. The Generic for ACF Program Monitoring Activities allows ACF program offices to collect standardized information from recipients that receive federal funds to ensure oversight, evaluation, support purposes, and stewardship of federal funds. There are no changes proposed to the terms of the generic. Burden estimates have been updated.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Program monitoring is a post-award process through which ACF assesses a recipient's programmatic performance and business management performance. Monitoring activities are necessary to ensure timely action by ACF to support grantees and protect federal interests. Program offices use information collected under this generic clearance to monitor funding recipient activities and to provide support or take appropriate action, as needed. The information gathered is or will be used primarily for internal purposes, but aggregate data may be included in public materials such as Reports to Congress or program office documents. Following standard OMB requirements, ACF will submit a request for each individual data collection activity under this generic clearance. Each request will include the individual form(s) or instrument(s), a justification specific to the individual information collection, and any supplementary documents. OMB is requested to review requests within 10 days of submission.

Respondents: ACF funding recipients.

Annual Burden Estimates: This request will extend approval of currently approved monitoring forms. Currently approved forms and related burden can be found here: *https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202009-0970-001.*

Burden estimates for the next 3 years have been updated to reflect trends in use over the past 3 years. These are based on averages and actual individual requests will vary based on program office need.

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)
New Program Monitoring Forms	1,600	2.5	10	40,000

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

John M. Sweet, Jr,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–04878 Filed 3–8–23; 8:45 am]

BILLING CODE 4184–79–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; State Plan for Independent Living Instrument and Instructions OMB Control Number 0985–0044

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under section 506(c)(2)(A) of the Paperwork Reduction Act of 1995. This 30-day notice collects comments on the information collection requirements related to the State Plan for Independent Living Instrument and Instructions.

DATES: Submit written comments on the collection of information by April 10, 2023.

ADDRESSES: Submit written comments and recommendations for the proposed information collection within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find the information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. By mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW, Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Peter Nye, Administration for Community Living, Washington, DC 20201, (202) 795–7606 or *OILPPRAComments@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance. The Administration for Community Living (ACL) is requesting approval to collect data for the State Plan for Independent Living Instrument and Instructions.

Legal authority for the State Plan for Independent Living (SPIL) is contained in chapter 1 of title VII of the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act ([the Act], Pub. L. 113–128). Section 704 of the Rehabilitation Act requires that, to be eligible to receive financial assistance under chapter 1, ''a State shall submit to the Department, and obtain approval of, a State plan containing such provisions as the Department may require.'' ACL approval of the SPIL is required for states to receive Federal funding for both the Independent Living Services State grants and Centers for Independent Living (CIL) programs. Federal statute and regulations require the collection of this information every three years. The current three-year approval period for the SPIL expires March 31, 2023. The SPIL Instrument is the template for SPILs; the SPIL Instructions explain the Instrument and give tips about how to draft SPILs.

The Office of Independent Living Programs (OILP) is proposing minor revisions based on OILP and the technical assistance provider revising the Instrument and Instructions to resolve issues that SILCs have reported having with their SPILs, and to increase the Instrument's and Instructions' clarity, conciseness, and precision. For example,

- The revised Instrument and Instructions correct grammatical and punctuation errors.
- The revised Instructions add lines for each core service.
- The revised Instrument and Instructions clarify the definition, and example, of state match.

These updates were recommended by the technical assistance provider and analyzed by all the independent living project officers who work directly with SPILs and the issues that they plan for.

The SPIL is jointly developed by the chairperson of the Statewide Independent Living Council and the directors of the CILs in the state, after receiving public input from individuals throughout the State, and signed by the chairperson of the SILC, acting on behalf of—and at the direction of—the SILC, the director of the designated State entity, and not less than 51 percent of the directors of the CILs in the State. ACL reviews the SPIL for compliance with the Rehabilitation Act and 45 CFR part 1329 and approves the SPIL. The SPIL serves as a primary planning document for continuous monitoring of, and technical assistance to, the state independent living (IL) programs to ensure appropriate planning, financial support and coordination, and other assistance to appropriately address, statewide, needs for the provision of IL services in the state.

The proposed data collection tools may be found on the ACL website for review at *https://www.acl.gov/about-acl/public-input.*