ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| Physician | Chronic Q fever Enhanced Surveillance Report Form—Initial Consult. | 50 | 1 | 20/60 |
| Physician | Chronic Q fever Enhanced Surveillance Report Form—Follow-up. | 50 | 2 | 10/60 |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2023–20759 Filed 9–25–23; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–23–23IE; Docket No. CDC–2023–0077]**

### 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 effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Social and Economic Barriers to Receiving Optimal Services Along the Cancer Care Continuum. This mixed methods data collection effort will help CDC understand the social and economic barriers that colorectal, breast, and cervical cancer survivors and their caregivers face at each stage of the cancer care continuum, from screening through survivorship, and how these barriers may vary by population.

**DATES:** CDC must receive written comments on or before November 27, 2023.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2023–0077 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

*Please note:* Submit all comments through the Federal eRulemaking portal (*www.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 Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 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 the 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;

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; and

5. Assess information collection costs.

**Proposed Project**

Social and Economic Barriers to Receiving Optimal Services Along the Cancer Care Continuum—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)

**Background and Brief Description**

The purpose of this project is to: (1) examine and better understand social and economic barriers faced by colorectal, breast, and cervical cancer survivors and their caregivers at each stage of the Cancer Care Continuum (CCC); and (2) quantify the impact of individual and compounded barriers on health outcomes along the CCC for survivors. CDC will use a mixed methods data collection approach.

First, CDC plans to pull our sample from cancer registry data in California, North Carolina, and Texas based on inclusion criteria (received first cancer diagnosis of either breast, cervical or colorectal cancer in 2021; 18–75 years of age at time of diagnosis; are non-Hispanic Black/African American, non-Hispanic White, or Hispanic; alive at the time of data extraction/sample selection). Then, CDC will administer a Wave 1 (baseline) and Wave 2 (follow-up) survey to cancer survivors, as well as a survey to their caregivers. Additionally, CDC will conduct interviews with survivors and caregivers as well as focus groups with

representatives from patient/survivor advocacy organizations. CDC will incorporate cancer registry data into the quantitative data analysis, and triangulate findings from the quantitative and qualitative data collection efforts. Results will be used to inform efforts aimed at increasing access to cancer care services, reducing the burden of cancers and closing the disparities gap.

CDC requests OMB approval for an estimated 1,681 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| Wave 1 Survivor Survey Respondents. | W1 Survey Instrument | 3,000 | 1 | 20/60 | 1,000 |
| Wave 2 Survivor Survey Respondents. | W2 Survey Instrument | 1,200 | 1 | 20/60 | 400 |
| Survivor Interviewees | Survivor Interview Guide | 20 | 1 | 1 | 20 |
| Caregiver Survey Respondents | Caregiver Survey Instrument | 900 | 1 | 15/60 | 225 |
| Caregiver Interviewees | Caregiver Interview Guide | 20 | 1 | 1 | 20 |
| Patient Advocacy Group—Focus Group Participants. | Advocacy Representatives Focus Group Guide. | 16 | 1 | 1 | 16 |
| Total | | | | | 1,681 |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

**[CFDA Number: 93.568]**

### Proposed Reallotment of Fiscal Year 2022 Funds for the Low Income Home Energy Assistance Program

**AGENCY:** Office of Community Services, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice of public comment.

**SUMMARY:** The Administration for Children and Families (ACF), Office of Community Service (OCS), Division of Energy Assistance announces a preliminary determination that funds from the Federal fiscal year (FFY) 2022 Low Income Home Energy Assistance Program (LIHEAP) are available for reallotment to States, Territories, Tribes, and Tribal organizations that received FFY 2023 direct LIHEAP grants. The purpose of this award is to redistribute FFY 2022 annual LIHEAP funds that grant recipients were unable to obligate or carry over to FFY 2023. No sub-recipients of these grant recipients or other entities may apply for these funds.

**DATES:** Comments are due by: October 26, 2023.

**ADDRESSES:** Comments may be submitted to: Peter Edelman, Program Analyst, Office of Community Services, Administration for Children and Families, 330 C Street SW, 5th Floor; Mail Room 5425; Washington, DC 20201 or via email: *peter.edelman@acf.hhs.gov.* Comments may also be faxed to 202–401–5661.

**FOR FURTHER INFORMATION CONTACT:** Akm Rahman, Program Operations Branch Chief, Division of Energy Assistance, Office of Community Services, 330 C Street SW, 5th Floor; Mail Room 5425; Washington, DC, 20201. Telephone: 202–401–5306; email: *Akm.Rahman@acf.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** After receiving Federal Financial Reports (FFRs) and Carryover and Reallotment Reports (CRRs) from FFY 2022 LIHEAP recipients, ACF has determined that $21,985,238 in FFY 2022 LIHEAP funds were available for reallotment for FFY 2023. This determination was based on the reports of 73 recipients, the total obligations of 3 recipients, and minor corrections to certain amounts available for carryover. LIHEAP recipients submitted the FFY 2022 CRRs to OCS, as required by regulations applicable to LIHEAP at 45 CFR 96.81(b).

The LIHEAP statute allows grant recipients who have funds unobligated at the end of the FFY for which they are awarded to request that they be allowed to carry over up to 10 percent of their full-year allotments to the next FFY (42 U.S.C. 8626(b)(2)). Funds in excess of this amount must be returned to the U.S. Department of Health and Human Services and are subject to reallotment under 42 U.S.C. 8626(b)(1).

FFY 2022 funds appropriated under the American Rescue Plan Act of 2022 (Pub. L. 117–2) were not subject to 42 U.S.C. 8626(b)(2)(B), which caps carryover at 10 percent. Therefore, these funds were not included in the reallotment calculation.

In accordance with 42 U.S.C. 8626(b)(3), ACF notified each of the 76 recipients that reported or, in the absence of reporting, had potentially $21,985,238 of unobligated funds above their carryover caps. In these notices, ACF told each about the amount it returned for de-obligation and the amount that will be redistributed to FFY 2023 grant recipients as part of the reallotment. It also gave each recipient 30 calendar days to provide comments directly to ACF.

If funds are reallotted, then they will be allocated in accordance with 42 U.S.C. 8623 and must be treated by LIHEAP grant recipients that receive them as an amount appropriated for FFY 2023. As FFY 2023 funds, they will be subject to all requirements of the LIHEAP statute, including 42 U.S.C. 8626(b)(2), which requires that a grantee obligate at least 90 percent of its total block grant allocation for a fiscal year by the end of the fiscal year for which the funds are appropriated; that is, by September 30, 2023.

All LIHEAP grant recipients that receive a portion of these funds will be notified of the final reallotment amount redistributed to them for obligation in FFY 2023. This decision will also be published in the **Federal Register** and in a Dear Colleague Letter that is posted to