opportunity to submit written materials to the Council in support of, or in opposition to, designation or rescission of designation. The collection of information under 12 CFR 1320.12 affords FMUs an opportunity to contest a proposed determination of the Council by requesting a hearing and submitting written materials (or, at the sole discretion of the Council, oral testimony and oral argument). The collection of information in 12 CFR 1320.14 affords FMUs an opportunity to contest the Council's waiver or modification of the notice, hearing, or other requirements contained in 12 CFR 1320.11 and 1320.12 by requesting a hearing and submitting written materials (or, at the sole discretion of the Council, oral testimony and oral argument). The information collected from FMUs under 12 CFR 1320.20 will be used by the Council to determine whether to designate an additional FMU or to rescind the designation of a designated FMU.

*Form:* None.

*Affected Public:* Businesses or other for-profit and not-for-profit institutions.

*Estimated Number of Respondents:* 9.[1]

*Frequency of Response:* On Occasion.

*Estimated Total Number of Annual Responses:* 11.[2]

*Estimated Time per Response:* 50 hours, 20 hours, 10 hours, 10 hours.[3]

*Estimated Total Annual Burden Hours:* 440.

*Request for Comments:* Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information has practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

*Authority:* Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

Dated: December 19, 2023.

**Samantha MacInnis,**

*Director of Operations, Financial Stability Oversight Council.*

[FR Doc. 2023–28246 Filed 12–21–23; 8:45 am]

**BILLING CODE 4810–AK–P**

[1] This estimate refers to the eight FMUs currently designated as systemically important under title VIII, as well as one additional respondent for purposes of illustrating the burden associated with 12 CFR 1320.11, 12 CFR 1320.12, and 12 CFR 1320.14.

[2] This estimate refers to the eight FMUs currently designated as systemically important under title VIII, as well as three additional responses for purposes of illustrating the burden associated with 12 CFR 1320.11, 12 CFR 1320.12, and 12 CFR 1320.14.

[3] The hour estimates refer, respectively, to information collections for respondents associated with 12 CFR 1320.20, 12 CFR 1320.11, 12 CFR 1320.12, and 12 CFR 1320.14.

## GENERAL SERVICES ADMINISTRATION

**[FMR Bulletin C–2024–01]**

### Guidelines for Safety Station Programs in Federal Facilities

**AGENCY:** Department of Health and Human Services and General Services Administration.

**ACTION:** Notice.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) and the U.S. General Services Administration (GSA) jointly issue this Federal Management Regulation (FMR) bulletin titled ''*Guidelines for Safety Station Programs in Federal Facilities.*'' These guidelines were prepared, in part, in response to congressional direction contained in materials that accompanied the Consolidated Appropriations Act, 2023 (Pub. L. 117–328). See the **SUPPLEMENTARY INFORMATION** section for further details.

**DATES:** December 22, 2023.

**FOR FURTHER INFORMATION CONTACT:** For further clarification of content, contact Christopher Coneeney, Supervisory Realty Specialist, Office of Government-wide Policy, U.S. General Services Administration, 1800 F Street NW, Washington, DC 20405; at 202–208–2956; or *chris.coneeney@gsa.gov.*

**SUPPLEMENTARY INFORMATION:** A provision in House of Representatives Report No. 117–393, which accompanied the bill making appropriations for Financial Services and General Government for the fiscal year ending September 30, 2023 (the House Report), directed GSA, in coordination with HHS as the lead agency with health policy expertise, to update the FMR bulletin on *Guidelines for Public Access Defibrillation Programs in Federal Facilities,* which became effective on August 14, 2009 (the 2009 Bulletin), to reflect advances in automated external defibrillator (AED) technologies and to examine whether AEDs should be required in Federally owned buildings under the custody and control of GSA. The report may be found at *https://www.congress.gov/117/crpt/hrpt393/CRPT-117hrpt393.pdf.* The House Report acknowledged that sudden cardiac arrest is a leading cause of death for Americans and that early intervention and timely use of an AED significantly improves the chances of survival. It further noted that, in 2001, Congress required the creation of a public access defibrillator (PAD) program that included voluntary guidelines for deployment of AEDs in Federal buildings and that, in 2009, GSA and HHS issued the above-referenced FMR bulletin.

In addition to the House Report, the joint explanatory statement accompanying division E—Financial Services and General Government Appropriations Act, 2023, of the Consolidated Appropriations Act, 2023 (the Joint Explanatory Statement), directed HHS and GSA to examine whether AEDs should be required in federally owned buildings under the custody and control of GSA and to issue an updated FMR bulletin no later than one year after enactment of the Consolidated Appropriations Act, 2023. The link to the Joint Explanatory Statement can be found at *https://www.appropriations.senate.gov/imo/media/doc/Division%20E%20-%20FSGG%20Statement%20FY23.pdf.*

Accordingly, this bulletin cancels and replaces in its entirety the 2009 Bulletin and provides updated information for establishing an agency safety station program, including public access AEDs, in Federally owned buildings under the jurisdiction, custody and control of GSA.

The revised guidelines provide a general framework and basic information for the essential elements of designing and implementing a safety station program in Federal facilities and includes the latest updates in (a) PAD programs and AED technologies since the 2009 Bulletin issuance, (b) opioid reversal agents and (c) hemorrhagic control. Safety station program configurations are flexible and can be designed to accommodate all types of Federal facilities. The configurations are modular in nature and usually include bystander-empowered components with opioid reversal agents (such as naloxone) or hemorrhagic control (such as Stop the Bleed® kits), or both, in addition to AED technologies. The guidelines do not exhaustively address or cover all aspects of a safety station program. They are aimed at outlining

the key elements of a safety station program so that facility-specific detailed plans and programs can be developed in an informed manner. Safety station programs are voluntary and are not mandatory for Federal facilities. The costs and expenses to establish and operate a safety station program are the responsibility of the occupant agency or agencies sponsoring the program and not GSA or HHS, except to the extent GSA or HHS, or both, are sponsoring a program in a facility where they are occupant agencies.

The importance of keeping opioid reversal agents easily accessible has been highlighted by the U.S. Surgeon General and the Centers for Disease Control and Prevention (CDC). On April 5, 2018, Surgeon General Jerome Adams issued an advisory recommending that more individuals keep naloxone on hand. The link to the advisory can be found at *https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html.* On October 5, 2018, the CDC's National Institute for Occupational Safety and Health (NIOSH) issued the fact sheet ''Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers'' to assist workplace decision makers in establishing a naloxone availability and use program. The link to the white paper can be found at *https://www.cdc.gov/niosh/docs/2019-101/pdfs/2019-101.pdf.* The Surgeon General advisory and the CDC NIOSH fact sheet highlight the importance of having opioid reversal agents in public spaces for quick access and why they should be included in an agency's safety station program.

**Krystal J. Brumfield,**

*Associate Administrator, Office of Government-wide Policy, U.S. General Services Administration.*

**Rachel L. Levine,**

*Assistant Secretary for Health, U.S. Department of Health and Human Services.*

[FR Doc. 2023–28207 Filed 12–21–23; 8:45 am]

**BILLING CODE 6820–14–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–24–1074; Docket No. CDC–2023–0100]**

### 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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Colorectal Cancer Control Program (CRCCP) Monitoring Activities. CDC is requesting an Extension to OMB Control No. 0920–1074 to continue information collection via an annual survey, a clinic-level data collection instrument, and a quarterly recipient-level program update survey.

**DATES:** CDC must receive written comments on or before February 20, 2024.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2023–0100 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: 404–639–7118; 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**

Colorectal Cancer Control Program (CRCCP) Monitoring Activities (OMB Control No. 0920–1074, Exp. 03/31/2024)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Colorectal cancer (CRC) is the second leading cause of death from cancer in the United States among cancers that affect both men and women. There is substantial evidence that CRC screening reduces the incidence of, and death from the disease. Screening for CRC can detect disease early when treatment is more effective, and can prevent cancer by finding and removing precancerous