November 27, 2023. No comments were received.

Obtaining Copies of Proposals: 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 ''Information Collection 3090–0322'', in all correspondence.

Jeffrey Koses,

Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2024–02040 Filed 1–31–24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Inpatient Severe Maternal Morbidity Measure Technical Specifications

AGENCY: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services.

ACTION: Notice of Request for Information.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) Center for Quality Improvement and Patient Safety (CQuIPS) Division of Quality Measurement and Improvement (QMI) invites public comment in response to this Request for Information (RFI). The AHRQ Quality Indicators (QI) program maintains inpatient quality indicators (*https://qualityindicators.ahrq.gov/measures/IQI_TechSpecTechSpec*) and patient safety indicators (*https://qualityindicators.ahrq.gov/measures/PSI_TechSpec*), several of which are relevant to maternal health care. Specifically, the QI program maintains measures of obstetric trauma, birth trauma, and cesarean delivery calculated at the hospital level using administrative data. However, severe maternal morbidity during an inpatient stay may result from a host of complications, such as sepsis, cardiac failure, stroke, respiratory distress, and renal failure. While state-level rates of severe maternal morbidity are available from AHRQ (*https://datatools.ahrq.gov/hcup-fast-stats/?tab=special-emphasis&dash=92*), experts have noted some shortcomings of this measure. This RFI seeks comments on the usability, feasibility, and likely uptake of a measure of severe maternal morbidity to be validated, refined, and maintained by the QI program, with the goal of providing data for maternal health service improvements. While a measure of severe maternal morbidity is currently available from AHRQ and the Health Resources and Service Administration (HRSA), several experts have suggested that this algorithm could benefit from refinements.

DATES: Comments on this notice must be received at the address provided below within 30 days of publication of this notice, no later than March 4, 2024.

ADDRESSES: Interested parties may submit comments electronically to *askahrq@ahrq.hhs.gov.* When submitting comments or requesting information, please include the document identifier number and project title ''Inpatient Severe Maternal Morbidity Measure Technical Specifications'' for reference.

FOR FURTHER INFORMATION CONTACT: Questions may be addressed to Judy George, Program Lead for the AHRQ Quality Indicators, *Judy.george@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: Maternal health, including maternal behavioral health, is a national priority in the United States. Strengthening data collection and evaluation is part of the first goal of the White House Blueprint for Addressing the Maternal Health Crisis (*https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf*), which is to increase access to and coverage of comprehensive high-quality maternal health services, including behavioral health services. Unexpected complications and outcomes around labor and delivery may lead to short- or long-term consequences to women's health (*https://pubmed.ncbi.nlm.nih.gov/27560600/*), which have been defined as severe maternal morbidity (*https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.htmlhtml*). National and state rates of severe maternal morbidity are currently available on AHRQ's Healthcare Cost and Utilization Project (HCUP) Fast Stats dashboard (*https://datatools.ahrq.gov/hcup-fast-stats/?tab=special-emphasis&dash=92*). However, there are measurement concerns for some of indicators included in this measure (eclampsia, disseminated intravascular coagulation, and blood transfusions) and additional validation and refinement may be warranted.

In collaboration with federal partners from the Department of Health and Human Services, AHRQ is exploring potential refinements to this measure of severe maternal morbidity for use at an area level (*e.g.,* county, state) using administrative data. AHRQ aims to assess the validity and reliability of potential refinements to this severe maternal morbidity measure. In addition, AHRQ is considering incorporating a measure of severe maternal morbidity into its measure portfolio, including the production of technical specifications and the dissemination of software to calculate this measure through the AHRQ QI program.

Many users of quality measures, such as state and local governments, largely rely on administrative data that lack the robust clinical information found in electronic health records (EHRs). For example, Centers for Medicaid and Medicare Services (CMS) has developed Electronic Clinical Quality Measures (ECQMs) for severe obstetric complications which relies upon EHR data. AHRQ aims to provide measurement resources that are broadly accessible across organizations, including for those lacking access to extensive clinical data.

To support measurement resources that are broadly accessible across organizations, AHRQ requests public comment on the usability, feasibility, and likely uptake of an inpatient severe maternal morbidity measure, produced through the QI program using administrative data, with the intent of promoting maternal health service improvements at an area level (*e.g.,* county, state). AHRQ invites stakeholders representing consumers, state/regional/local health departments, accountable care organizations, community health centers, birthing centers, providers/health systems, critical access/rural hospitals, professional associations, payers, rural and community health groups, community health workers, doulas, maternal health advocacy groups, researchers, and other members of the public to comment.

Specific questions of interest include, but are not limited to:

1. If you are currently measuring severe maternal morbidity in your organization, what measure(s) are you or your organization using? How do you use these measures? What data sources are you using? Please specify organization type in your answer.

2. If you or your organization are not currently measuring severe maternal morbidity, what quantitative data would you need to make maternal health service improvements? Please specify organization type in your answer.

3. At what level—state, county, or some other level—would information be

most helpful for improving maternal health services? In what ways?

4. The measure currently used by AHRQ for severe maternal morbidity uses 21 indicators (*https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm*) identified with ICD–10CM10CM/PCS codes in administrative data. Considering these indicators,

a. What codes might be missing? Are there changes you would you recommend?

b. In what ways would the changes that you propose make a severe maternal morbidity measure more useful to your organization?

c. Would a measure with the refinements you propose be useful for surveillance? Population health management? Clinical quality improvement? Program evaluation? Research? Public reporting or accountability programs? In what ways?

5. What other measures of maternal health and/or morbidity would your organization find useful/effective for improving maternal health services, including any potential measures for use in either the prenatal or postpartum time periods?

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed. It is helpful to identify the question to which a particular answer corresponds.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. AHRQ will use the information submitted in response toto this RFI at its discretion and will not provide comments to any respondent's submission. However, responses to this RFI may be reflected in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports.

Dated: January 29, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–02021 Filed 1–31–24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Reorganization of the National Center for Environmental Health

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

ACTION: Notice.

SUMMARY: CDC has modified its structure. This notice announces the reorganization of the National Center for Environmental Health (NCEH). NCEH retitled three branches and established the Environmental Public Health Tracking Branch.

DATES: This reorganization was approved by the Director of CDC on January 26, 2024 and became effective January 26, 2024.

FOR FURTHER INFORMATION CONTACT: D'Artonya Graham, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Office of the Director, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS TW–2, Atlanta, GA 30329; Telephone 770–488–4401; Email: *reorgs@cdc.gov.*

SUPPLEMENTARY INFORMATION: Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 88 FR 69188–69190, dated October 5, 2023) is amended to reflect the reorganization of the National Center for Environmental Health, Centers for Disease Control and Prevention. Specifically, the changes are as follows:

I. Under Part C, Section C–B, Organization and Functions, make the following changes:

- Update the functional statements and retitle all references to the Asthma and Community Health Branch (CNCC) to the Asthma and Air Quality Branch (CNCC)
- Update the functional statements and retitle all references to the Lead Poisoning Prevention and Environmental Health Tracking Branch (CNCD) to the Lead Poisoning Prevention and Surveillance Branch (CNCD)
- Update the functional statements and retitle the Emergency Management, Radiation, and Chemical Branch (CNCE) to the Emerging Environmental Hazards and Health Effects Branch (CNCE)

II. Under Part C, Section C–B, Organization and Functions, after the Emerging Environmental Hazards and Health Effects Branch insert the following organizational unit:

- Environmental Public Health Tracking Branch (CNCG)

III. Under Part C, Section C–B, Organization and Functions, insert the following:

Asthma and Air Quality Branch (CNCC) (1) develops, implements, and evaluates asthma programs and strategies that are part of the National Asthma Control Program to reduce asthma morbidity and mortality; (2) conducts epidemiologic research and investigations of asthma morbidity and mortality; (3) develops program, conducts epidemiologic analysis and supports other activities to address social determinants of health related to asthma disparities; (4) supports surveillance activities for asthma, and other respiratory diseases, as appropriate, to quantify burden and guide programs; (5) identifies the evidence for, promotes, and tracks interventions that reduce the burden of asthma, focusing on populations with a disproportionate burden of the disease; (6) develops and disseminates training, tools, communication products, and other resources to strengthen and sustain asthma control activities and technical capacity among national, state, tribal, local, territorial and other program partners; (7) provides technical consultation to state, local, private, international, and other federal agencies on asthma control, surveillance, epidemiology, and evaluation (including economic evaluation; (8) disseminates and promotes information from surveillance and health studies related to asthma control; (9) conducts epidemiologic research and investigations of the potential health effects of ambient air pollutants, including wildfire smoke; (10) designs and evaluates behavioral, communication, policy, technological, and community design interventions to reduce exposures to air pollution and improve health; (11) supports activities to reduce indoor air pollution; (12) develops and coordinates training and decision support tools to strengthen and sustain air pollution activities and technical capacity among national, state, tribal, local, and territorial program partners; (13) provides technical consultation to federal, state, tribal, local, territorial, private, and international agencies on environmental issues related to air pollutants; (14)