(1) Within 30 days after execution of a novation agreement or within 30 days after modification of the contract to include FAR clause 52.219–28 if the novation agreement was executed prior to inclusion of this clause in the contract.

(2) Within 30 days after a merger or acquisition of the contractor that does not require novation or within 30 days after modification of the contract to include the clause at 52.219–28 if the merger or acquisition occurred prior to inclusion of this clause in the contract;

(3) For long-term contracts—

(i) Within 60 to 120 days prior to the end of the fifth year of the contract; and

(ii) Within 60 to 120 days prior to the date specified in the contract for exercising any option thereafter.

(b) When contracting officers explicitly require it for an order issued under a multiple-award contract.

The collected information is used by the Small Business Administration, Congress, Federal agencies and the general public for various reasons such as determining if agencies are meeting statutory goals, set-aside determinations, and market research.

C. Annual Burden

Respondents: 3,482.
Total Annual Responses: 5,098.
Total Burden Hours: 2,549.
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. 9000–0163, Small Business Size Rerepresentation.

Janet Fry,

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

[FR Doc. 2024–02009 Filed 1–31–24; 8:45 am]

BILLING CODE 6820–EP–P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0322; Docket No. 2023–0001; Sequence No. 10]

Submission for OMB Review; General Services Administration Acquisition Regulation; Prohibition on Certain Supply Chain Services or Equipment Under Lease Acquisitions and Commercial Solution Openings

AGENCY: Office of the Chief Acquisition Officer, General Services Administration (GSA).

ACTION: Notice of request for comments.

SUMMARY: Under the provisions of the Paperwork Reduction Act, the Regulatory Secretariat Division will be submitting to the Office of Management and Budget (OMB) a request to review and approve a revision of a previously approved information collection requirement for Prohibition to Certain Telecommunications and Video Surveillance Services or Equipment under Lease Acquisitions and Commercial Solution Openings. The revision now includes new information to be collected related to supply chain risk information sharing and exclusion or removal orders consistent with the Federal Acquisition Supply Chain Security Act of 2018.

DATES: Submit comments on or before March 4, 2024.

ADDRESSES: Written comments and recommendations for this 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 Review—Open for Public Comments''; or by using the search function.

FOR FURTHER INFORMATION CONTACT: Mr. Stephen Carroll, Procurement Analyst, General Services Acquisition Policy Division, 817–253–7858 or via email at *gsarpolicy@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. Purpose

There are two purposes. The first (''889'') supports implementation of section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Pub. L. 115–232) under lease acquisitions and commercial solution openings. This section prohibits agencies from procuring, obtaining, extending or renewing a contract with contractors that will provide or use covered telecommunication equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system on or after August 13, 2020 unless an exception applies.

The second (''FASCSA Orders'') supports implementation of supply chain risk information sharing and exclusion or removal orders consistent with the Federal Acquisition Supply Chain Security Act of 2018 and a final rule issued by the Federal Acquisition Security Council. The implementation of supply chain risk information sharing and exclusion or removal orders FAR interim rule requires complying with exclusion or removal orders (''FASCSA Orders'') and sharing certain supply chain risk information with the Federal Acquisition Security Council (FASC) when applicable FASCSA orders are issued from one or a combination of the following FASCSA orders-issuing agencies: Department of Homeland Security (DHS), the Department of Defense (DoD), and/or the Office of the Director of National Intelligence (DNI). Only DHS may issue orders applicable to GSA (*i.e.,* civilian agencies).

For 889, the requirement is implemented in the Federal Acquisition Regulation (FAR) through the provision at FAR 52.204–24, Representation Regarding Certain Telecommunications and Video Surveillance Services or Equipment and the clause at FAR 52.204–25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment.

For FASCSA Orders, the requirement is implemented in the FAR through the provision at FAR 52.204–29, Federal Acquisition Supply Chain Security Act Orders-Representation and Disclosures and the clause at FAR 52.204–30, Federal Acquisition Supply Chain Security Act Orders-Prohibition.

B. Annual Reporting Burden

1. FAR 52.204–24 for GSA Lease Acquisitions

Respondents: 3,100.
Responses Per Respondent: 1.
Total Responses: 3,000.
Hours per Response: 1.5.
Total Burden Hours: 4,650.

2. FAR 52.204–25 for GSA Lease Acquisitions

Respondents: 62.
Responses per Respondent: 1.
Total Responses: 62.
Hours per Response: 1.5.
Total Burden Hours: 93.

3. FAR 52.204–29 for GSA Lease Acquisitions

Respondents: 186.
Responses per Respondent: 1.
Total Responses: 186.
Hours per Response: 2.
Total Burden Hours: 372.

4. FAR 52.204–30 for GSA Lease Acquisitions

Respondents: 124.
Responses per Respondent: 1.
Total Responses: 124.
Hours per Response: 2.
Total Burden Hours: 248.

Note: GSA solicits and awards so few CSO procurements (on average less than 5 per year), the burden is negligible and therefore not included in this estimate.

C. Public Comments

A 60-day notice was published in the **Federal Register** at 88 FR 82894 on

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]

BILLING CODE P

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