Statutory authority for the collection of information associated with the CBPA is contained in Sections 154(i), 307, 308, 309, and 319 of the Communications Act of 1934, as amended, the Community Broadcasters Protection Act of 1999, and the Middle Class Tax Relief and Job Creation Act of 2012.

Total Annual Burden: 460 hours.

Annual Cost Burden: $41,725.

Needs and Uses: The FCC Form 2100, Schedule F is used by Low Power TV (LPTV) stations that seek to convert to Class A status; existing Class A stations seeking a license to cover their authorized construction permit facilities; and Class A stations entering into a channel sharing agreement. The FCC Form 2100, Schedule F requires a series of certifications by the Class A applicant as prescribed by the Community Broadcasters Protection Act of 1999 (CBPA). Licensees will be required to provide weekly announcements to their listeners: (1) informing them that the applicant has applied for a Class A license and (2) announcing the public's opportunity to comment on the application prior to Commission action.

On December 11, 2023, the Commission adopted a Report and Order, FCC 23–112, to implement the Low Power Protection Act (LPPA or Act), which was enacted on January 5, 2023. The LPPA provides certain low power television (LPTV) stations with a limited window of opportunity to apply for primary spectrum use status as Class A television stations. The Report and Order establishes the period during which eligible stations may file applications for Class A status, eligibility and interference requirements, and the process for submitting applications. The Report and Order provides that applications to convert to Class A status under the Low Power Protection Act must be filed using FCC Form 2100, Schedule F. The application form requires certifications by the applicant as prescribed by the LPPA. This submission is being made to OMB for approval of the modified FCC Form 2100, Schedule F. In addition, LPTV stations that file an application to convert to Class A status must provide local public notice of the filing of the application pursuant to 47 CFR 73.3580(c). Specifically, the station must both broadcast on-air announcements and give online notice. This submission also reflects the burden associated with that information collection and is also being made to request Office of Management and Budget (OMB) approval of that collection.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2024–06603 Filed 3–27–24; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Fiber Intake and Laxation Outcomes

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for supplemental evidence and data submission.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Fiber Intake and Laxation Outcomes,* which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before April 29, 2024.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857

FOR FURTHER INFORMATION CONTACT: Kelly Carper, Telephone: 301–427–1656 or Email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Fiber Intake and Laxation Outcomes.* AHRQ is conducting this review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on *Fiber Intake and Laxation Outcomes.* The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/fiber-intake/protocol.*

This is to notify the public that the EPC Program would find the following information on *Fiber Intake and Laxation Outcomes* helpful:

- A list of completed studies that your organization has sponsored for this topic. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*
- *For completed studies that do not have results on ClinicalTrials.gov,* a summary, including the following elements, if relevant: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.
- *A list of ongoing studies that your organization has sponsored for this topic.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including, if relevant, a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.
- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted,

please sign up for the email list at: *https://effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Question (KQ)

KQ 1: What is the association between fiber intake and laxation/gut motility in apparently healthy individuals?

KQ 1a: How does the association vary among people in different life stages?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

STUDY ELIGIBILITY CRITERIA BASED ON POPULATION, INTERVENTION, COMPARATOR, OUTCOME (PICO), AND OTHER ELEMENTS

Element	Inclusion criteria	Exclusion criteria
Population	• Individuals of any age, including pregnant or lactating women. • General population, including individuals with overweight/obese and those at elevated cardiometabolic disease risk. ○ Overweight/obese. ○ Hyperglycemia and related conditions, including type 2 diabetes. ○ Dyslipidemia. ○ Hypertension/high blood pressure.	• Those with diseases/health-related conditions or taking medications that could impact gut motility/laxation (*e.g.,* irritable bowel syndrome; chronic constipation; lactose intolerance; use of medications that stimulate laxation or cause constipation). • Those with chronic constipation (100% of study population), including functional constipation. • Study eligibility criteria includes ''abnormal laxation'' as defined by either a minimum or maximum number of defecations per week (or equivalent). • Those with other gastrointestinal-related conditions, symptoms, diagnoses; ○ Including diverticulosis. • Those with diseases/health-related conditions or taking medications that could alter the gut microbiota composition/diversity (*e.g.,* antibiotics). • Those with cancer, gastrointestinal disease, undernutrition, or who have had gut resection or bariatric surgery. • Those with acute illness or injury. • Pre-term babies (gestational age <37 weeks), babies with low birth weight (<2,500 g) or small for gestational age (per study criteria). • Enteral/tube fed. • Animal, *in vitro,* or other non-human studies.
Interventions	• Fiber intake, including different types and sources of fiber. • Fiber naturally occurring in food, enriched in food, dietary supplements, and diets that can be defined on the basis of fiber content. ○ Must specify quantity of fiber intake.	• Diets (or other interventions or exposures) where the fiber intake has not been quantified or explicitly specified. • Combinations of fiber (from food or dietary supplements) and other entities with a purported effect on motility, digestion, or microbiota (*e.g.,* psyllium + probiotic). • Combinations of fiber supplements and other entities (*e.g.,* minerals, vitamins).
Comparators	• Different levels (dosages) of fiber. • No added fiber or placebo. • Different types or sources of fiber. • Different formulations of fiber.	• Other entities with a purported effect on motility, digestion, or microbiota (*e.g.,* probiotic). • Alternative food group diets (*e.g.,* red meat, fish, high protein).
Interventions vs. Comparators.	• Fiber (supplement) vs. no fiber (supplement). • Higher fiber (diet) vs. lower fiber (diet). • Fiber vs. alternative fiber. • Fiber vs. alternative fiber dose. • Fiber vs. alternative fiber formulation.	• Fiber + probiotic (etc.) vs. no intervention or placebo. • Fiber + probiotic (etc.) vs. same probiotic (etc.). • Fiber vs. probiotic (etc.). • High-fiber diet vs. red meat diet (etc.).
Outcomes	• Laxation (*i.e.,* gut motility). ○ Fecal frequency (*e.g.,* number of defecations per week). ○ Gastrointestinal transit time. ■ Bristol stool scale (stool consistency). ■ Dye, marker studies. ○ Fecal output, weight/bulk (g/day). ○ Ease of defecation (*e.g.,* constipation).	• Other disease or health outcomes. • Flatulence, eructation, bloating, etc.
Subgroups of interest	• Specific life stages: ○ Infants. ○ Children and adolescents. ○ Adults (19–64). ○ Older adults (≥65). ○ Pregnant or postpartum. ○ Sex (male, female).	None.
Design	• Randomized controlled trials. ○ Parallel or cross-over. • N ≥10/group.	• Observational studies. • All other study designs.

STUDY ELIGIBILITY CRITERIA BASED ON POPULATION, INTERVENTION, COMPARATOR, OUTCOME (PICO), AND OTHER ELEMENTS—Continued

Element	Inclusion criteria	Exclusion criteria
Timing	• Minimum duration of intervention: 2 weeks. • In cross-over studies, any change in outcome measure must exclude data from the first week after end of any prior treatments. This may be accomplished by a washout period of at least 1 week.	None.
Setting	• General population.	• Hospital or other acute care settings.
Publication	• English language. • Published in peer-reviewed journals.	• Non-English language text. • Conference abstracts and other non-peer-reviewed data.

Dated: March 18, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–06595 Filed 3–27–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–R–38 and CMS–10400]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by May 28, 2024.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number: ____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–R–38 Conditions for Certification for Rural Health Clinics and Conditions for Coverage for Federally Qualified Health Centers in 42 CFR 491

CMS–10400 Establishment of Qualified Health Plans and American Health Benefit Exchanges

Under the 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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Reinstatement of a previously approved collection; *Title of Information Collection:* Conditions for Certification for Rural Health Clinics and Conditions for Coverage for Federally Qualified Health Centers in 42 CFR 491; *Use:* The Conditions for Medicare Certification (CfCs) for Rural Health Clinics (RHCs) are based on criteria prescribed in law and designed to ensure that each RHC has properly trained staff to provide appropriate care and to assure a safe physical environment for patients. The information collection requirements described herein are needed to implement the Medicare and Medicaid CfCs for a total of 5,349 RHCs. These requirements are similar in intent to standards developed by industry organizations such as the Joint Commission on Accreditation of Hospitals, and the National League of Nursing/American Public Association, and merely reflect accepted standards of management and care to which rural health clinics must adhere.