retrieval of the records) and selects a new password;

iii. *Login.gov* retrieves the user's verified personal information (full name, date of birth, postal address, and Social Security Number);

iv. These attributes are then encrypted with the user's new password.

d. When *Login.gov* is performing fraud investigation and redress, the following retrieval practices occur:

i. Only trained *Login.gov* fraud operations personnel have access to records maintained specifically for fraud prevention purposes. This includes Device IDs and usage patterns associated with personal identifiers and risk scores as described in the Categories of Records in the System.

ii. *Login.gov* fraud operations personnel retrieve personal information (full name, date of birth, postal address and Social Security Number) from third-party identity proofing services while completing a manual review of a user's identity proofing transaction.

e. When GSA is conducting studies into enhancements to the secure sign-in service, data from voluntary participants' surveys and identity-proofing transactions are retrieved by GSA and third-party contractors to conduct statistical analysis of the performance of new technologies. Data from *Login.gov'* s active service is not retrieved during these studies.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

Retention and disposal policies and practices vary based on the type or category of record in the system.

a. Records related to active user authentication and validated user identities will be retained and disposed of in accordance with NARA's General Records Schedule (GRS) 3.2, item 30 ''System access records'' covering records such as user profiles, log-in files, password files, audit trail files and extracts, system usage files, and cost-back files used to assess charges for system use.'' The guidance instructs, ''Destroy when business use ceases.''

b. Records related to identity verification attempts, including personal information entered by the user, may be retained by *Login.gov* in accordance with NARA's General Records Schedule (GRS) 3.2, item 30 to aid in fraud investigation, redress, or product improvement.

c. Records related to fraud prevention operations, such as Device IDs and user behaviors with associated identity attributes and risk scores, are maintained by a third party on behalf of GSA for up to three years.

d. For studies commissioned by GSA, third-party proofing services will discard any information collected within 24 hours of collection. GSA will maintain the information for the duration of the study after which it will be preserved for 6 years as required by the GSA's retention schedule for Customer Research and Reporting Records, DAA–0269–2016–0013–0002.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

Records in the system are protected from unauthorized access and misuse through a combination of administrative, technical, and physical security measures. Administrative measures include but are not limited to policies that limit system access to individuals within an agency with a legitimate business need, and regular review of security procedures and best practices to enhance security. Technical security measures within GSA include restrictions on computer access to authorized individuals, required use of passphrases and regular review of security procedures and best practices to enhance security. Access to the *Login.gov* database is maintained behind an industry-standard firewall and information in the database is encrypted. As noted above, other than email address, neither the system nor the system operators can retrieve the user's personal account information without the user supplying a password or recovery code. Trained and cleared *Login.gov* fraud operations personnel are able to cross-reference personal information used by third party or Federal agency identity proofing services to validate a user's identity attributes as part of a manual review of identity proofing transactions. Records related to studies are kept separate from records related to *Login.gov* 's active users.

RECORD ACCESS PROCEDURES:

If an individual wishes to access any data or record pertaining to him or her in the system after it has been submitted, that individual should consult the GSA's Privacy Act implementation rules available at 41 CFR part 105–64.2.

CONTESTING RECORD PROCEDURES:

During identity proofing, an individual can use the *Login.gov* fraud operations redress mechanism to contest records used by third party identity proofing services. After identity proofing or participating in a study, individuals wishing to contest the content of records about themselves contained in this system of records should contact the system manager at the address above. See 41 CFR part 105–64, subpart 105–64.4 for full details on what to include in a Privacy Act amendment request.

NOTIFICATION PROCEDURES:

If an individual wishes to be notified at his or her request if the system contains a record pertaining to him or her after it has been submitted, that individual should consult the GSA's Privacy Act implementation rules available at 41 CFR part 105–64.4.

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

HISTORY:

This system was previously published in the **Federal Register**: 82 FR 6552; 82 FR 37451; 87 FR 70819.

Richard Speidel,

Chief Privacy Officer, Office of the Deputy Chief Information Officer, General Services Administration.

[FR Doc. 2024–10404 Filed 5–10–24; 8:45 am]

BILLING CODE 6820–AB–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–0950; Docket No. CDC–2024–0037]

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 National Health and Nutrition Examination Survey (NHANES). NHANES produces descriptive statistics, which measure the health and nutrition status of the general United States population.

DATES: CDC must receive written comments on or before July 12, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0037 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

The National Health and Nutrition Examination Survey (NHANES), (OMB No. 0920–0950, Exp. 04/30/2025)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k) authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, collect statistics on subjects in the United States, such as the extent and nature of illness and disability of the population; environment, social, and other health hazards; determinants of health; health resources; and utilization of healthcare. The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically between 1970 and 1994, and continuously since 1999 by the National Center for Health Statistics, CDC.

NHANES produces descriptive statistics, which measure the health and nutrition status of the general population. With personal interviews, physical examinations, and laboratory assessments, NHANES studies the relationship between diet, nutrition, and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors and is used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time.

In 2025–2026, the Program is not considering any substantial changes to NHANES content or procedures. As in previous years, the base sample will remain at approximately 5,000 interviewed and examined individuals annually. Children 0–17 years of age, persons 65 years of age or older, and non-Hispanic Black persons will be oversampled in the 2025–2026 survey. NCHS collects personally identifiable information (PII). Participant level data items will include basic demographic information, name, address, social security number, Medicare number and participant health information to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services.

A variety of agencies sponsor data collection components on NHANES. In the 2025–2026 clearance proposal, the Program modified, added, or removed various components that were included in the August 2021-August 2023 NHANES to update and modernize processes for data collection. NHANES staff conducted a thorough review of the sample person and household questionnaire content and made changes to focus on retaining questions that are to be used in combination with specific exam or lab data collected in the survey, as independent prevalence estimates, or as covariates in statistical analyses (*e.g.,* sociodemographic characteristics). Further review of all data collection instruments was done to update wording, update age restrictions for the respondent universe, align wording across instruments, eliminate duplicate questions, improve interview flow, and reduce respondent burden.

With the construction of a new fleet of five mobile examination centers (MECs) with updated designs, the 2025–2026 exam components will include post consent-questions, anthropometry, oscillometer measurements, venipuncture, urine collection, MEC ACASI questions, body composition, respiratory health, audiometry, visual acuity and ophthalmology, oral health, HPV oral rinse and DNA genital swab collection, and water fluoride testing. Liver elastography, urine testing for several sexually transmitted infections, serology testing for HPV and CMV antibodies, and MEC follow-up questionnaires were dropped.

First Dietary Recall interviews, the Flexible Consumer Behavior Survey, and the Second Dietary Recall interviews will be conducted via telephone either before or after the MEC visit, which is a new approach for the 2025–2026 survey. If the participant does not schedule their dietary interviews at the end of their household interview, the MEC staff will attempt to schedule these appointments at the end of the examination. This option provides more flexibility to complete the interviews, which may improve completion rates. Program staff will monitor response rates closely to assess whether scheduling dietary interviews after the household interviews has an impact on response rates for dietary interviews and/or MEC exams.

Although a few laboratory tests are new or have been removed in 2025–2026, most remain but have been modified. Predominantly, modifications are the result of adjustments in age eligibility. Several laboratory tests that

have not been modified include CBC, hemoglobin variants, HIV, cadmium, and lead. RBC folate forms, LDC cholesterol, and chlamydia are examples of tests that have been removed for 2025–2026. New laboratory tests include B vitamins, choline and metabolites, and aldosterone. The biospecimens collected for laboratory tests include urine and blood. Serum, plasma, DNA, and urine specimens will be stored for future testing if the participant provides consent.

NHANES may conduct developmental projects during NHANES 2025–2026, with a focus on planning for NHANES 2027 and beyond. These may include activities such as tests of new equipment, crossover studies between current and proposed methods, test of different study modes, settings or technology, outreach materials, incentive strategies, sample storage and processing or sample designs.

Burden for individuals in 2025–2026 NHANES will vary based on their level of participation. For example, infants and children tend to have shorter interviews and exams than adults. This is because young people may have fewer health conditions or medications to report so their interviews take less time or because certain exams are only conducted on sample persons 18 and older. In addition, adults often serve as proxy respondents for young people in their families. Participation in NHANES is voluntary and confidential. The Program is requesting a three-year approval, with 36,540 annualized hours of burden in this clearance request.

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)
Individuals in households	Screener	6,398	1	7/60	747
Individuals in households	Home Interview	5,882	1	1	5,882
Individuals in households	MEC Interview & Examination	5,000	1	2	10,000
Individuals in households	Day 1 Telephone Dietary Recall, Dietary Supplements, & Flexible Consumer Behavior Survey Phone Follow-up.	5,882	1	1	5,882
Individuals in households	Day 2 Telephone Dietary Recall & Dietary Supplements.	5,882	1	36/60	3,529
Individuals in households	Developmental Projects & Special Studies.	3,500	1	3	10,500
Total					36,540

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. 2024–10357 Filed 5–10–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Advisory Council for the Elimination of Tuberculosis

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the Advisory Council for the Elimination of Tuberculosis (ACET). This meeting is open to the public, limited only by the number of audio and web conference lines (1,000 lines are available). Time will be available for public comment (registration is required to provide oral comment).

DATES: The meeting will be held on June 25, 2024, from 9:30 a.m. to 4:30 p.m., EDT, and June 26, 2024, from 10 a.m. to 12 p.m., EDT.

Written comments must be submitted by July 2, 2024. Registration to make oral comments must be submitted by June 18, 2024.

ADDRESSES: The telephone access number is 1–669–254–5252, Webinar ID: 160 567 2365, and the Passcode is 53696016. The web conference access is *https://cdc.zoomgov.com/j/1605672365?pwd=Vjd0N0JIdjR3ZTZUZ21kaTcvMHVTZz09*, and the Passcode is 9?A=EB8b. The number of available audio and web conference lines is 1,000.

FOR FURTHER INFORMATION CONTACT: Marah Condit, M.S., Committee Management Lead, Office of Policy, Planning, and Partnerships, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop US8–6, Atlanta, Georgia 30329–4027. Telephone: (404) 639–3423; Email: *nchhstppolicy@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Purpose: The Advisory Council for the Elimination of Tuberculosis is charged with providing advice and recommendations regarding the elimination of tuberculosis (TB) to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, Centers for Disease Control and Prevention (CDC). Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; provides guidance and review on CDC's Tuberculosis Prevention Research portfolio and program priorities; and reviews the extent to which progress has been made toward eliminating TB.

Matters to be Considered: The agenda will include discussions on: (1) CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention Update; (2) CDC's Division of Tuberculosis Elimination Update; (3) TB in New Arrivals; (4) Regulation of Laboratory Developed Tests and the Impact on TB Testing in the United States; (5) National Tuberculosis Coalition of America Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings; (6)