considerations, such as quality, cost, availability, service and reputation, and not on the receipt of special favors.'' The Policy requires, among other things, transactions to be supported by appropriate documentation; no entry be made in our books and records that intentionally hides or disguises the nature of any transaction or of any of our liabilities, or misclassifies any transactions as to accounts or accounting periods; HISA Representatives comply with our system of internal controls; no cash or other assets be maintained for any purpose in any unrecorded or ''off-the-books'' fund; no HISA Representative may take or authorize any action that would cause our financial records or financial disclosures to fail to comply with generally accepted accounting principles or other applicable laws, rules, and regulations; and all HISA Representatives must cooperate fully with our finance staff, as well as our independent public accountants and legal counsel, and respond to their questions with candor and provide them with complete and accurate information to help ensure that our records are accurate and complete. Any HISA Representative who becomes aware of any departure from these standards has a responsibility to report his or her knowledge promptly to the CEO or Chair of the Board. A copy of the Policy is available to the public on the Authority's website.

[8] A modification of the Racetrack Safety Rule was approved by the Commission by Order dated June 7, 2024.

[9] In 2023, the HISA Accreditation Team completed accreditation visits at 21 racetracks.

[FR Doc. 2024–19468 Filed 8–28–24; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0035; Docket No. 2024–0053; Sequence No. 14]

Information Collection; Claims and Appeals

AGENCY: Department of Defense (DoD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, and the Office of Management and Budget (OMB) regulations, DoD, GSA, and NASA invite the public to comment on an extension concerning claims and appeals. DoD, GSA, and NASA invite comments on: whether the proposed collection of information is necessary for the proper performance of the functions of Federal Government acquisitions, including whether the information will have practical utility; the accuracy of the estimate of the burden of the proposed information collection; ways to enhance the quality, utility, and clarity of the information to be collected; and ways to minimize the burden of the information collection on respondents, including the use of automated collection techniques or other forms of information technology. OMB has approved this information collection for use through March 31, 2025. DoD, GSA, and NASA propose that OMB extend its approval for use for three additional years beyond the current expiration date.

DATES: DoD, GSA, and NASA will consider all comments received by October 28, 2024.

ADDRESSES: DoD, GSA, and NASA invite interested persons to submit comments on this collection through *https://www.regulations.gov* and follow the instructions on the site. This website provides the ability to type short comments directly into the comment field or attach a file for lengthier comments. If there are difficulties submitting comments, contact the GSA Regulatory Secretariat Division at 202–501–4755 or *GSARegSec@gsa.gov.*

Instructions: All items submitted must cite OMB Control No. 9000–0035, Claims and Appeals. Comments received generally will be posted without change to *https://www.regulations.gov,* including any personal and/or business confidential information provided. To confirm receipt of your comment(s), please check *www.regulations.gov,* approximately two-to-three days after submission to verify posting.

FOR FURTHER INFORMATION CONTACT: Zenaida Delgado, Procurement Analyst, at telephone 202–969–7207, or *zenaida.delgado@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. OMB Control Number, Title, and Any Associated Form(s)

9000–0035, Claims and Appeals.

B. Need and Uses

This clearance covers the information that contractors must submit to comply with the following Federal Acquisition Regulation (FAR) requirements:

FAR 52.233–1, Disputes. This clause requires contractors to submit a claim in writing to the contracting officer for a written decision. For any claim exceeding $100,000, contractors must provide a certification that (1) the claim is made in good faith; (2) supporting data are accurate and complete; and (3) the amount requested accurately reflects the contract adjustment for which the contractor believes the Government is liable. Contractors may appeal the contracting officer's decision by submitting written appeals to the appropriate officials.

If the contractor refuses the Government's offer to use alternative dispute resolution (ADR), the contractor must inform the contracting officer, in writing, of the contractor's specific reasons for rejecting the offer.

The contracting officer will use the information to decide the disposition of the claim.

C. Annual Burden

Respondents: 4,500.

Total Annual Responses: 13,500.

Total Burden Hours: 13,500.

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. 9000–0035, Claims and Appeals.

Janet Fry,

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

[FR Doc. 2024–19442 Filed 8–28–24; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2023–0093]

Reporting of Pregnancy Success Rates From Assisted Reproductive Technology (ART) Programs; Proposed Modifications to Data Collection Fields and Data Validation Procedures; Final Notice

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

ACTION: General notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) announces revised plans for data collection fields for reporting of pregnancy success rates from assisted reproductive technology (ART) programs and for data validation procedures. This reporting is required by the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA).

This notice also responds to public comments received in response to CDC's 2023 request for comment in a **Federal Register** notice.

DATES: The requirements for the additional data fields and validation requirements will be implemented for reporting year 2025.

FOR FURTHER INFORMATION CONTACT: Mithi Sunderam, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway NE, Mailstop S107–2, Atlanta, Georgia 30341. Telephone: 1–800–232–4636; email: *ARTinfo@cdc.gov.*

SUPPLEMENTARY INFORMATION: On November 28, 2023, CDC published a notice in **Federal Register** (88 FR 83131) requesting comments on a plan that proposed modifications to (1) data collection fields for reporting of pregnancy success rates from assisted reproductive technology (ART) programs; and (2) data validation procedures. Proposed modifications were the following:

(i) Remove the requirement for clinics to report dosage information for fertility medications including Clomiphene, Letrozole, and long-acting follicle stimulating hormone (FSH).

(ii) Remove the requirement for clinics to report information on research cycle study type.

(iii) Add the requirement for clinics to report date of cryopreservation for fresh embryos.

(iv) Not to pursue targeted validation of clinics and identification of major data discrepancies.

Public Comment Summary and Responses

CDC received seven public comments to the docket. One comment was outside the scope of the docket. Summaries of the six other comments and CDC's responses are provided below.

Proposed Modifications to Data Collection Fields

I. CDC proposal to remove the requirement for clinics to report dosage information for fertility medications, including Clomiphene, Letrozole, other oral medications, and long-acting follicle stimulating hormone: One commenter agreed, two commenters did not comment on this proposed change, and three commenters did not agree to the proposed change. Of those who did not agree, one commenter suggested that CDC should not stop collecting information on long-acting FSH medications as it may be the preferred approach to stimulating egg follicles among egg donors. Another commenter who disagreed suggested that many outcomes and side effects are dosage dependent, and CDC should not remove the requirement to report dosage. A third commenter who also disagreed suggested that follicle stimulating hormone medications have documented risks such as ovarian hyperstimulation and risks to both mother and infants such as ectopic pregnancy and birth defects.

Response: CDC thanks the commenters for providing these comments. CDC notes there may be variation in the type and dosage of medication used to stimulate follicular development, including the use of Clomiphene, Letrozole, and other oral medications. Established treatment protocols and dosage of medication may, on occasion, vary by patient and cycle type and may impact pregnancy success rates.

Based on these comments, CDC will not make proposed changes to remove the requirement for clinics to report dosage information for fertility medications, including Clomiphene, Letrozole, other oral medications described in **Federal Register** notice (88 FR 83131). However, CDC will stop collecting information on the use and dosage of long-acting FSH medications as they are not approved for use in the United States.

II. CDC proposal to remove the requirement for clinics to report information on research cycle study type: Among the six commenters, one commenter agreed, one commenter did not comment, and four commenters disagreed on this proposed change. Two of the commenters who disagreed stated that the low number of research cycles performed is not a justification for removing this reporting requirement. Two other commenters that disagreed noted the need for more regulation of research cycles as well as follow up of outcomes for patients and infants.

Response: CDC thanks the commenters for providing these comments. CDC proposed to remove the requirement for clinics to report information on the type of research cycle, not the requirement to report information on research cycles in general. CDC will continue to collect information on whether a research cycle was performed as described in the requirements for reporting of pregnancy success rates (80 FR 51811). Additional information on research cycle study type is not necessary.

Therefore, proposed changes to remove the requirement to report research cycle study type as described in **Federal Register** notice (88 FR 83131) will be made.

III. CDC proposal to add the requirement for clinics to report the date of cryopreservation for fresh embryos: Two commenters agreed, two commenters did not have any comments on this proposed change, one commenter suggested additional information should be provided on the need for this additional data collection, and one commenter had non-substantive responses to this CDC proposal. One commenter who agreed cautioned that the date of embryo cryopreservation could be captured only for the first time that an embryo was thawed but not if the embryo was refrozen again after additional culturing such as in some cases when performing pre-implantation genetic testing (PGT).

Response: CDC thanks the commenters for providing these comments. CDC agrees that under certain circumstances, frozen embryos may be thawed and refrozen for future use after additional days of culturing; however, this is rare. The date of first cryopreservation provides a good proxy of embryo stage even if the embryo was thawed and refrozen for future use. It will allow classification of embryo stage for frozen-embryo transfers and improve the reporting of factors that impact ART success rates.

Based on these comments, CDC will add the date of fresh embryo cryopreservation to the reporting requirements described in **Federal Register** notice (88 FR 83131).

Proposed Modifications to Data Validation Procedures

CDC proposed not to pursue implementation of a plan to conduct targeted validation of clinics and identification of major data discrepancies as described in the **Federal Register** published on November 28, 2023, (88 FR 83131) and to maintain validation procedures described in **Federal Register** notice published on August 26, 2015 (80 FR 51811). One commenter agreed with all changes proposed by CDC but did not have any specific comments regarding the modifications to data validation procedures. Five commenters disagreed with this proposed change stating that the validation process was necessary for data accuracy. Of those who disagreed, one commenter noted that the proposed changes would weaken the validation process and that patients deserved to get accurate data from clinics. One commenter who disagreed noted that validation was necessary to ensure clinics are not inflating success rates. One commenter who disagreed noted

that data discrepancies could be misleading to the public. One commenter suggested additional fields for targeted validation.

Response: CDC thanks the commenters for providing these comments and notes their feedback and suggestions. CDC strives to provide accurate data and maintains multiple mechanisms to ensure data accuracy: conducting data checks for logical errors and inconsistencies during the data entry stage, verification of data accuracy by clinics' medical directors, and additional data checks for logical errors and internal inconsistencies after submission. If any errors or inconsistencies are identified during these stages, CDC's contractor contacts the clinics and corrects the data.

In addition, CDC currently conducts annual site visits by selecting 5–10% of all reporting clinics and about 70–80 cycles per clinic for data validation as described in **Federal Register** notice (80 FR 51811). This data validation process involves comparing information for key variables from a patient's medical record with the data submitted to the National ART Surveillance System (NASS), the CDC data reporting system for ART procedures. This information is used to calculate discrepancy rates for these variables. Aggregate findings for validated data fields from all ART programs participating in validation are published annually. In addition, CDC will continue removing a clinic's reported success rates from annual ART reports if the clinic was selected for annual ART data validation but declined to participate, as described in the changes to data validation process published in **Federal Register** notice (86 FR 20496).

The targeted data validation and major discrepancy analysis were additional mechanisms that CDC was considering identifying any systematic problems that could cause data collection to be inconsistent or incomplete. The commenters' suggestions will be taken under consideration as CDC works toward further refining its data validation process while balancing potential gains in accuracy with additional burden to clinics. The details of any modifications to data validation will be published in a separate **Federal Register** notice before implementation.

At this time, changes proposed to data validation procedures described in **Federal Register** notice published on November 28, 2023, (88 FR 83131) will be made. Please see the revised Appendix below for the new requirements.

Appendix—Notice for Reporting of Pregnancy Success Rates From Assisted Reproductive Technology (ART) Programs—Modifications to Data Collection Fields and Data Validation Procedures

The purpose of this notice published August 29, 2024 is to announce revised data collection requirements and data validation procedures. This data collection is approved under Office of Management and Budget Control Number 0920–0556, expiration date: 12/31/2024. Effective for reporting year 2025, CDC is implementing the following changes to its data collection and data validation procedures.

Section III. What To Report

F. Stimulation and Retrieval

Deletion (if Medication Containing FSH Used)

CDC will remove the requirement for clinics to report dosage information for long-acting FSH as described in **Federal Register** notice 88 FR 83131.

G. Laboratory Information

Deletion (if Cycle was a Research Cycle)

CDC will remove the requirement for clinics to report the research cycle study type. This deletion will apply to all data fields for research study types: Device study, Protocol study, Pharmaceutical study, Laboratory technique, and Other research, as described in **Federal Register** notice 88 FR 83131.

H. Transfer Information

Addition (if Frozen Embryos Were Transferred)

CDC will add the requirement for clinics to report date of fresh embryo cryopreservation for all frozen embryo transfer procedures as described in **Federal Register** notice 88 FR 83131.

Data Validation

CDC will not conduct targeted validation of clinics and identification of major discrepancies during data validation, as described in **Federal Register** notice 83 FR 25353. CDC will continue conducting data validation using stratified random sampling of reporting clinics to assess discrepancy rates for key variables that are generalizable for all reporting clinics and provide feedback to clinics to improve the reporting of data used to report success rates as described in **Federal Register** notice 80 FR 51811. In addition, CDC will continue removing a clinic's reported success rates from annual ART reports if the clinic was selected for annual ART data validation but declined to participate, as described in **Federal Register** notice 86 FR 20496.

Noah Aleshire,

Chief Regulatory Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–19392 Filed 8–28–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–18F5 and CMS–287–22]

Agency Information Collection Activities: Submission for OMB Review; 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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate 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 on the collection(s) of information must be received by the OMB desk officer by September 30, 2024.

ADDRESSES: Written comments and recommendations for the proposed 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 30-day Review—Open for Public Comments'' or by using the search function.