

individuals throughout the United States.

This revision seeks approval to conduct changes to all three components of NAMCS. CDC plans to adjust the HC Component and Provider Survey Component sample sizes. In 2025 the goal is to sample 10,000 advanced practice providers and up to

151 HCs. In 2026 we plan to sample up to 10,000 physicians and up to 171 HCs if funds allow. If funds allow, in 2027 we will sample up to 10,000 advanced practice providers and up to 191 HCs. For 2025–2027, there will be an additional 3,000 providers sampled yearly for the Provider Electronic Component. Questions on the Provider

Facility Interview, Health Center Facility Interview, and the Ambulatory Care Provider Interview will also be modified.

CDC requests OMB approval for an estimated 22,107 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
HC's Staff	HC Facility Interview Questionnaire (Survey year: 2024).	84	1	45/60	63
	Prepare and transmit EHR for Visit Data (quarterly) (Survey year: 2024).	50	4	60/60	200
	Set-up Fee Questionnaire (Survey year: 2024).	17	1	15/60	4
Provider or Staff	ACPI (Survey year: 2026)	3,333	1	30/60	1,667
	Contact Tracing (Survey year: 2026)	3,333	1	10/60	556
Advanced Practice Provider or Staff	ACPI (Survey year: 2025 & 2027)	6,667	1	30/60	3,334
	Contact Tracing (Survey year: 2025 & 2027).	6,667	1	10/60	1,111
Ambulatory Care Provider's or Group's or Conglomerate's Staff.	PFI (Survey year: 2025–2027)	3,000	1	45/60	2,250
	Prepare and transmit Electronic Visit Data (quarterly) (Survey year: 2025–2027).	3,000	4	60/60	12,000
HC's Staff	HC Facility Interview Questionnaire (Survey year: 2025–2027).	221	1	45/60	166
	Prepare and transmit EHR for Visit Data (quarterly) (Survey year: 2025–2027).	188	4	60/60	752
	Set-up Fee Questionnaire (Survey year: 2025–2027).	17	1	15/60	4
Total	22,107

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–24AH]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Institutional Review Board Authorization Agreement for Human Research” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and

Recommendations” notice on October 30, 2023, to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Institutional Review Board Authorization Agreement for Human Research—New—Office of Science (OS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC Human Research Protection Office (HRPO) often receives requests from outside institutions seeking to rely

on the CDC Institutional Review Board (IRB) for review of a research study. This arrangement also allows multiple institutions to use, or rely on, the CDC IRB for centralized review and approval of research studies instead of review by the site-specific IRBs, which helps reduce duplication of effort, delays, and expenses. To meet regulatory requirements, institutions that elect to rely on the CDC IRB are required to complete a CDC IRB Authorization

Agreement for Human Research and a Local Context Survey. The goal is to use the agreement and survey to provide regulatory oversight for human subjects research, to maintain records, and to track those institutions that have elected to rely on the CDC IRB for review.

CDC requests OMB approval for an estimated 450 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Avg. burden per response (in hrs.)
Hospital/Academic Institutions/IRB Administrators.	CDC IRB Authorization Agreement for Human Research (for review, completion, and submission to CDC).	150	1	1
Hospital/Academic Institutions/IRB Administrators.	Local context survey (for completion and submission to CDC).	150	1	2

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day–24–1365; Docket No. CDC–2024–0069]

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 proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Program Evaluation of CDC's Core State Injury Prevention Program. This project allows CDC to collect information from awardees funded under the Core State Injury Prevention Program.

DATES: CDC must receive written comments on or before November 19, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0069 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

Program Evaluation of CDC's Core State Injury Prevention Program (OMB Control No. 0920–1365, Exp. 7/31/2025)—Revision—National Center for Injury Prevention and Control (NCIPC),