

e.g., permitting electronic submissions of responses.

- 5. Assess information collection costs.

**Proposed Project**

Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) (OMB Control Number 0920–0931, expires 05/31/2018)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The overarching goal of the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) is to support healthy homes surveillance activities at the state and national levels. CDC is requesting an 18-month extension to collect data from up to 40 state and local Healthy Homes Childhood Lead Poisoning Prevention Programs (CLPPP) and the state-based Adult Blood Lead Epidemiology and Surveillance (ABLES) programs. The state programs will report information (e.g., presence of lead paint, age of housing, occupation of adults and type of housing) to the CDC under a one-year cost extension of the Fiscal Year 2014 Funding Opportunity Announcement (Funding Opportunity Announcement Number CDC–RFA–14–

1408) titled “(PPHF) Childhood Lead Poisoning Prevention.” The 18-month extension will allow CDC to collect data for the third-year supplement, which represents the fourth and final year of awardee blood lead surveillance data under this program announcement.

Over the last three years, seven states have adopted the HHLPPS and 13 are in beta-testing. Since October 2014, CDC has funded up to 40 state and local blood lead surveillance programs. All of these programs or their subcontractors at the local level are submitting lead surveillance data for an additional year.

The objectives for this surveillance system remain two-fold. First, the HHLPSS allows CDC to track, systematically, how the state and local programs conduct case management and follow-up of residents with housing-related health outcomes. Second, the system allows for identification and collection of information on other housing-related risk factors. Childhood and adult lead poisoning is just one of many adverse health conditions related to common housing deficiencies. Multiple hazards in housing (e.g., mold, vermin, radon and the lack of safety devices) continue to affect, adversely, the health of residents. HHLPSS offers a coordinated, comprehensive, and

systematic public health approach to eliminate multiple housing-related health hazards.

HHLPSS enables flexibility to evaluate housing where the risk for lead poisoning is high, regardless of whether children less than 6 years of age currently reside there. Thus, HHLPSS supports CDC efforts for primary prevention of childhood and adult lead poisoning. Over the past several decades, there has been a remarkable reduction in environmental sources of lead, improved protection from occupational lead exposure, and an overall decreasing trend in the prevalence of elevated blood lead levels (BLLs) in U.S. adults. As a result, the U.S. national BLL geometric mean among adults was 1.2 µg/dL during 2009–2010. Nonetheless, lead exposures continue to occur at unacceptable levels. Current research continues to find that BLLs previously considered harmless can have harmful effects in adults, such as decreased renal function and increased risk for hypertension and essential tremor at BLLs <10 µg/dL.

There is no cost to respondents other than their time. The total estimated time burden is 640 hours. There are no changes to the requested burden hours or the data collection.

**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)
State, Local, and Territorial Health Departments.	Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) Variables.	40	4	4	640
Total .....	.....	.....	.....	.....	640

**Leroy A. Richardson,**  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–18–17ADT]

**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 “Who’s at Risk: From Hazards to Communities—An Approach for Operationalizing CDC Guidelines to Determine Risks, and Define, Locate, and Reach At-Risk Populations in Public Health Emergencies” 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 May 18, 2017 to obtain comments from the public and affected agencies. CDC did not receive comments 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 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). 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**

*Who's at Risk: From Hazards to Communities—An Approach for Operationalizing CDC Guidelines to Determine Risks, and Define, Locate, and Reach At-Risk Populations in Public Health Emergencies—New—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).*

**Background and Brief Description**

The Risk Assessment, Mapping, and Planning (RAMP) tool is currently being developed by CDC for public health and medical emergency planners (especially Public Health Emergency Preparedness and Hospital Preparedness Program awardees) to assess and quantify risk, identify and map at-risk populations, and to determine response objectives for hazard-specific public health emergency plans at all jurisdictional levels in the United States.

To assist in developing this tool, CDC will conduct key informant interviews/ focus groups with public health and emergency management professionals from across the United States. To understand the needs of at-risk populations, CDC will also administer an anonymous survey to respondents from Los Angeles County Department of Public Health clinics.

CDC seeks to obtain subject matter expertise and feedback for pilot testing the RAMP tool and anonymous demographic information from LA County DPH clinic guests. CDC will use the data to develop the RAMP tool.

Public health and emergency manager respondents in pre-identified partner

jurisdictions will participate in the interview and focus groups.

CDC will offer Los Angeles Department of Public Health Clinic guests the Community Emergency Preparedness Survey in order to determine community perspectives on several emergency preparedness and response topics. CDC will offer the Community Emergency Preparedness Survey anonymously to three separate types of community members: LA County Public Health Center Clients, LA County Community Partner Stakeholders, and LA County Community Residents.

CDC will collect information with the use of paper surveys. CDC will enter the information from the paper survey into a secured database. CDC will lock all paper surveys in the secure offices of the Los Angeles County Department of Public Health Emergency Preparedness and Response Division. CDC will disseminate and report results in aggregate form only. The total number of estimated annual burden hours is 226. There are no costs to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Public Health and Medical Emergency Planners.	Focus Group Questionnaire .....	100	1	1
LA County Public Health Center Guests .....	Community Emergency Preparedness Survey.	500	1	5/60
LA County Community Partner Stakeholders	Community Emergency Preparedness Survey.	500	1	5/60
LA County Community Residents .....	Community Emergency Preparedness Survey.	500	1	5/60

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-10653]

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid 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 (the

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