

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
	Survey Pre-tests .....	30	1	45/60	23
	Testing Activities .....	300	1	10/60	50
Total .....	.....	.....	.....	.....	18,733

Jeffrey M. Zirger,

Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.

[FR Doc. 2020-01042 Filed 1-22-20; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-20-1030; Docket No. CDC-2020-0003]

#### 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 Developmental Studies to Improve the National Health Care Surveys. The purpose of this generic information collection request is to conduct developmental studies on survey design and data collection activities that are part of the National Health Care Surveys (NHCS).

**DATES:** CDC must receive written comments on or before March 23, 2020.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2020-0003 by any of the following methods:

- *Federal eRulemaking Portal:* 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-D74, Atlanta, Georgia 30329.

**Instructions:** All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to Regulations.gov.

**Please note:** Submit all comments through the Federal eRulemaking portal (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-D74, Atlanta, Georgia 30329; phone: 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; and

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.

5. Assess information collection costs.

#### Proposed Project

Developmental Studies to Improve the National Health Care Surveys (OMB Control No. 0920-1030, Exp. 04/30/2020)—Extension—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), as amended, authorizes the Secretary of Health and Human Services (DHHS), acting through the Division of Health Care Statistics (DHCS) within NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The DHCS conducts the National Health Care Surveys, a family of nationally representative surveys of encounters and health care providers in inpatient, ambulatory, and long-term care settings. This information collection request (ICR) is for the extension of a generic clearance to conduct developmental studies to improve this family of surveys. This three-year clearance period will include studies to evaluate and improve upon existing survey design and operations, as well as to examine the feasibility of, and address challenges that may arise with, future expansions of the National Health Care Surveys.

Specifically, this request covers developmental research with the following aims: (1) To explore ways to refine and improve upon existing survey designs and procedures; and (2) to explore and evaluate proposed survey designs and alternative approaches to data collection. The goal of these

research studies is to further enhance DHCS existing and future data collection protocols to increase research capacity and improve health care data quality for the purpose of monitoring public health and well-being at the national, state and local levels, thereby informing the health policy decision-making process. The information collected through this generic ICR will not be used to make generalizable statements about the population of interest or to inform public policy; however, methodological findings may be reported.

This generic ICR would include studies conducted in person, via the telephone or internet, and by postal or electronic mail. Methods covered would include qualitative (*e.g.*, usability testing, focus groups, ethnographic studies, and respondent debriefing questionnaires) and/or quantitative (*e.g.*, pilot tests, pre-tests and split sample experiments) research methodologies. Examples of studies to improve existing survey designs and procedures may include evaluation of incentive approaches to improve recruitment and increase participation rates; testing of new survey items to obtain additional data on providers, patients, and their encounters while minimizing misinterpretation and human error in data collection; testing data collection in panel surveys; triangulating and validating survey responses from multiple data sources; assessment of the feasibility of data retrieval; and development of protocols that will locate, identify, and collect accurate survey data in the least labor-intensive and burdensome manner at the sampled practice site.

To explore and evaluate proposed survey designs and alternative approaches to collecting data, especially with the nationwide adoption of electronic health records, studies may expand the evaluation of data extraction of electronic health records and submission via continuity of care

documentation to small/mid-size/large medical providers and hospital networks, managed care health plans, prison-hospitals, and other inpatient, ambulatory, and long-term care settings that are currently either in-scope or out-of-scope of the National Health Care Surveys. Research on feasibility, data quality and respondent burden also may be carried out in the context of developing new surveys of health care providers and establishments that are currently out-of-scope of the National Health Care Surveys. Specific motivations for conducting developmental studies include: (1) Within the National Ambulatory Medical Care Survey (NAMCS), new clinical groups may be expanded to include dentists, psychologists, podiatrists, chiropractors, optometrists, mid-level providers (*e.g.*, physician assistants, advanced practice nurses, nurse practitioners, certified nurse midwives) and allied-health professionals (*e.g.*, certified nursing aides, medical assistants, radiology technicians, laboratory technicians, pharmacists, dietitians/nutritionists). Current sampling frames such as those from the American Medical Association may be obtained and studied, as well as frames that are not currently in use by NAMCS, such as state and organizational listings of other licensed providers. (2) Within the National Study of Long-Term Care Providers, additional new frames may be sought and evaluated and data items from home care agencies, long-term care hospitals, and facilities exclusively serving individuals with intellectual/developmental disability may be tested. Similarly, data may be obtained from lists compiled by states and other organizations. Data about the facilities as well as residents and their visits will be investigated. (3) In the inpatient and outpatient care settings, the National Hospital Care Survey (NHCS) and the National Hospital Ambulatory Medical

Care Survey (NHAMCS) may investigate the addition of facility and patient information especially as it relates to insurance and electronic medical records.

Projects under development or in the planning stages include two projects related to opioid use: One that will investigate adding questions to NAMCS on physician understanding of guidelines for opioid use and one that will test the validation of an algorithm for identifying opioid-involved hospital visits. Another study will develop a Hospital-Based Victim Services Frame.

The National Health Care Surveys collect critical, accurate data that are used to produce reliable national estimates—and in recent years (when budget allows), state-level estimates—of clinical services and of the providers who delivered those services in inpatient, ambulatory, and long-term care settings. The data from these surveys are used by providers, policy makers and researchers to address important topics of interest, including the quality and disparities of care among populations, epidemiology of medical conditions, diffusion of technologies, effects of policies and practice guidelines, and changes in health care over time. Research studies need to be conducted to improve existing and proposed survey design and procedures of the National Health Care Surveys, as well as to evaluate alternative data collection approaches particularly due to the expansion of electronic health record use, and to develop new sample frames of currently out-of-scope providers and settings of care. There is no cost to respondents other than their time to participate. Average burdens are designed to cover 15–40 min interviews as well as 90-minute focus groups, longer on-site visits, and situations where organizations may be preparing electronic data files. The total estimated annualized burden hours are 7,085.

#### 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)
Health Care Providers and Business entities.	Interviews, surveys, focus groups, experiments (in person, phone, internet, postal/electronic mail).	6,667	1	1	6,667
Health Care Providers, State/local government agencies, and business entities.	Interviews, surveys, focus groups, experiments (in person, phone, internet, postal/electronic mail).	418	1	2.5	418
Total .....	.....	.....	.....	.....	7,085

Jeffrey M. Zirger,

Lead, Information Collection Review Office,  
Office of Scientific Integrity, 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

[60Day-20-20EN; Docket No. CDC-2019-  
0116]

### 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 “Identifying Information Needs  
and Communication Channels for  
Reaching At-Risk Populations During  
Emergencies”. This information  
collections aims to understand the  
preferences, needs, and challenges of  
persons with limited English  
proficiency (LEP) in accessing and  
understanding health protection  
information during an infectious disease  
emergency as well as persons who will  
likely help them navigate and  
understand health information during  
an outbreak: Family, physicians, staff at  
community-based organizations, and  
staff at local public health agencies.

**DATES:** CDC must receive written  
comments on or before March 23, 2020.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2019-  
0116 by any of the following methods:

- *Federal eRulemaking Portal:*  
*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-D74, Atlanta,  
Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. CDC will post, without

change, all relevant comments to  
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*Please note:* Submit all comments  
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**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the  
proposed project or to obtain a copy of  
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instruments, contact Jeffrey M. Zirger,  
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**SUPPLEMENTARY INFORMATION:** Under the  
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including the validity of the  
methodology and assumptions used;
3. Enhance the quality, utility, and  
clarity of the information to be  
collected; and
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.
5. Assess information collection costs.

### Proposed Project

Identifying Information Needs and  
Communication Channels for Reaching  
At-Risk Populations During  
Emergencies—New—Center for

Preparedness and Response (CPR),  
Centers for Disease Control and  
Prevention (CDC).

### Background and Brief Description

Nearly one tenth of the United States  
population over age five, or more than  
25.9 million people, have limited  
English proficiency (LEP). Persons with  
LEP are disproportionately vulnerable to  
negative health outcomes, particularly  
in infectious disease emergencies.  
Communicating with such persons  
quickly and effectively in an emergency  
is essential, as it can encourage them to  
take protective personal actions like  
hand-washing or vaccination. These  
actions can protect persons with LEP  
and their friends and family members  
while reducing the spread and scale of  
the outbreak.

Despite widespread recognition of  
risks for persons with LEP in outbreaks  
and the importance of effective  
emergency risk communication, current  
guidelines are insufficient. Further, the  
empirical evidence to develop such  
guidelines is extremely limited. There is  
little understanding of persons with  
LEP's communication needs in  
emergencies, particularly from their  
own perspective and in their own voice.  
There is little data about preferences for  
and trust in information sources,  
communication channels, or formats—  
particularly social media—nor data fully  
describing barriers in accessing  
information. There is also little  
discussion of how the sociocultural  
context or social determinants play a  
role. Without evidence-based guidelines  
that address such central issues, it can  
be extremely challenging to create a  
communication or behavior change  
strategy, drive related programming, or  
develop messages and materials. This is  
especially true in the high-pressure  
moments of infectious disease  
emergencies, where time is limited, the  
science is evolving, and organizations  
have competing priorities.

This research effort will provide CDC  
with information about the preferences,  
needs, and challenges of persons with  
LEP in accessing and understanding  
health protection information during an  
infectious disease emergency. The  
findings will be used to develop  
evidence-based emergency risk  
communication recommendations for  
CDC and state, local and territorial  
public health agencies. The results will  
be used to help ensure LEP-focused  
communications are effective, prevent  
delays, reduce inequities in health  
outcomes, and help contain infectious  
disease outbreaks that affect LEP  
communities and the broader public.  
The proposed study utilizes a rigorous