

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**

Data collection for the residential care community and adult day service center components of the National Post-Acute and Long-Term Care Study (OMB Control No. 0920-0943)—Reinstatement with Change—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 that the Secretary of Health and Human Services (DHHS), acting through NCHS, “shall collect statistics on health resources . . . [and] utilization of health care, including extended care facilities, and other institutions.”

NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the 5th National Post-Acute and Long-Term Care Study or NPALS (formerly known as the National Study of Long-Term Care Providers or NSLTCP). A two-year clearance is requested.

The NPALS is designed to (1) broaden NCHS’ ongoing coverage of paid,

regulated long-term care (LTC) providers; (2) merge with existing administrative data on LTC providers and service users (*i.e.*, Centers for Medicare and Medicaid Services (CMS) data on inpatient rehabilitation facilities and patients, long-term care hospitals and patients, nursing homes and residents, home health agencies and patients, and hospices and patients); (3) update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and timely monitoring of supply and use of these sectors over time.

Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 11,600 RCCs and 5,500 ADSCs in each wave. Data were collected in 2012, 2014, 2016, and 2018. The data to be collected in 2020 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and aggregate-level distributions of the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. For 2020, we plan to add seven questions that will ask about: (1) Number of COVID-19 cases among service users and among staff (2) number of hospitalizations and of deaths among

COVID-19 cases (3) availability of personal protective equipment, (4) shortages of COVID-19 testing, (5) use of telemedicine/telehealth, (6) restrictions on visitors, and (7) general infection control policies and practices.

Expected users of data from this collection effort include, but are not limited to; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation, the Administration for Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge, National Center for Assisted Living, American Seniors Housing Association, Argentum, and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer’s Association, the AARP Public Policy Institute, and the National Academies of Sciences, Engineering, and Medicine.

Expected burden from data collection for eligible cases is 30 minutes per respondent, except 5% of RCCs and ADSCs that will need five minutes of data retrieval. We calculated the burden based on a 100% response rate. A two-year clearance is requested to cover the collection of data. The burden for the collection is estimated to be 4,311 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 | Average burden per response (in hours) |
|---|--------------------------|-----------------------|------------------------------------|--|
| RCC Director/Designated Staff Member .....            | RCC Questionnaire .....  | 5,800                 | 1                                  | 30/60                                  |
| ADSC Director/Designated Staff Member .....           | ADSC Questionnaire ..... | 2,750                 | 1                                  | 30/60                                  |
| RCC and ADSC Directors/Designated Staff Members ..... | Data Retrieval .....     | 428                   | 1                                  | 5/60                                   |

**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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**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[60Day-20-1078; Docket No. CDC-2020-0081]**

**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 on Public Health Associate Program (PHAP) Alumni and Host Site Assessment. This project is designed to assess the quality and value of the Public Health Associate Programs. The collection of information will inform program improvements and future decision making.

**DATES:** CDC must receive written comments on or before September 28, 2020.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2020–0081, 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**

Public Health Associate Program (PHAP) Alumni and Host Site Assessment (OMB Control No. 0920–1078, Exp. 03/31/2021)—Extension—Center for State, Tribal, Local, and Territorial Support (CSTLTS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC) works to protect America from health, safety and security threats, both foreign and in the U.S. CDC strives to fulfill this mission, in part, through a competent and capable public health workforce. One mechanism to developing the public health workforce is through training programs like the Public Health Associate Program (PHAP).

The mission of the Public Health Associate Program (PHAP) is to train and provide experiential learning to early career professionals who contribute to the public health workforce. PHAP targets recent graduates with bachelors or masters degrees who are beginning a career in public health. Each year, a new cohort of up to 200 associates is enrolled in the program. Associates are CDC employees who complete two-year assignments in a host site (*i.e.*, a state, tribal, local, or territorial health department or non-profit organization). Host sites design their associates’ assignments to meet their agency’s unique needs while also providing on-the-job experience that prepare associates for future careers in public health. At host sites, associates are mentored by members of the public health workforce (referred to as “host site supervisors”). It is the goal of PHAP

that following participation in the two-year program, alumni will seek employment within the public health system (*i.e.*, federal, state, tribal, local, or territorial health agencies, or non-governmental organizations), focusing on public health, population health, or health care.

Efforts to systematically evaluate PHAP began in 2014 and continue to date. Evaluation priorities focus on continuously learning about program processes and activities to improve the program’s quality and documenting program outcomes to demonstrate impact and inform decision making about future program direction.

The purpose of this ICR is to collect information from two key stakeholder groups (host site supervisors and alumni) via two distinct surveys. The information collected will enable CDC to: a) learn about program processes and activities to improve the program’s quality, and b) document program outcomes to demonstrate impact and inform decision making about future program direction. The results of these surveys may be published in peer reviewed journals and/or in non-scientific publications such as practice reports and/or fact sheets.

The respondent universe is comprised of PHAP host site supervisors and PHAP alumni. Both surveys will be administered electronically; a link to the survey websites will be provided in the email invitation. The PHAP Host Site Supervisor survey will be deployed once every two years to all active PHAP host site supervisors. The total estimated burden is 20 minutes per respondent per survey.

The PHAP Alumni Survey will be administered at three different time points (one year post-graduation, three years post-graduation, and five years post-graduation) to PHAP alumni. Assessment questions will remain consistent at each administration (*i.e.*, one year, three years, or five years post-PHAP graduation). The language, however, will be updated for each survey administration to reflect the appropriate time period. The total estimated burden is eight minutes per respondent per survey. The total annualized estimated burden is 213 hours.

**ESTIMATED ANNUALIZED BURDEN HOURS**

| Type of respondents              | Form name                        | Number of respondents | Number of responses per respondent | Average burden per respondent (in hrs.) | Total burden (in hrs.) |
|----------------------------------|----------------------------------|-----------------------|------------------------------------|---|------------------------|
| PHAP Host Site Supervisors ..... | PHAP Host Site Supervisor Survey | 400                   | 1                                  | 20/60                                   | 133                    |

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Type of respondents | Form name                | Number of respondents | Number of responses per respondent | Average burden per respondent (in hrs.) | Total burden (in hrs.) |
|---------------------|--------------------------|-----------------------|------------------------------------|---|------------------------|
| PHAP Alumni .....   | PHAP Alumni Survey ..... | 600                   | 1                                  | 8/60                                    | 80                     |
| Total .....         | .....                    | .....                 | .....                              | .....                                   | 213                    |

**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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Dated: July 22, 2020.  
**Miguelina Perez,**  
*Program Analyst, Office of Federal Advisory Committee Policy.*  
 [FR Doc. 2020–16269 Filed 7–27–20; 8:45 am]  
**BILLING CODE 4140–01–P**

93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)  
 Dated: July 22, 2020.  
**Ronald J. Livingston, Jr.,**  
*Program Analyst, Office of Federal Advisory Committee Policy.*  
 [FR Doc. 2020–16261 Filed 7–27–20; 8:45 am]  
**BILLING CODE 4140–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Center for Scientific Review; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Center for Scientific Review, Special Emphasis Panel; Basic Mechanisms in Immunology.

*Date:* August 6, 2020.

*Time:* 1:00 p.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Deborah Hodge, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4207, MSC 7812, Bethesda, MD 20892, (301) 435–1238, [hodged@mail.nih.gov](mailto:hodged@mail.nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Center for Scientific Review; Notice of Closed Meeting**

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*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Small Business: Computational, Modeling, and Biodata Management.

*Date:* August 5, 2020.

*Time:* 1:00 p.m. to 2:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Allen Richon, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6184, MSC 7892, Bethesda, MD 20892, 301–379–9351, [allen.richon@nih.hhs.gov](mailto:allen.richon@nih.hhs.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844,

**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[Docket No. USCG–2020–0319]

**National Offshore Safety Advisory Committee**

**AGENCY:** U.S. Coast Guard, Department of Homeland Security.

**ACTION:** Notice of Federal Advisory Committee video teleconference meeting.

**SUMMARY:** The National Offshore Safety Advisory Committee (Committee) will meet via video teleconference to discuss Committee matters relating to the safety of operations and other matters affecting the offshore oil and gas industry.

**DATES:**

*Meeting:* The National Offshore Safety Advisory Committee will meet by video teleconference on Wednesday, August 26, 2020 from 10 a.m. to 2:30 p.m. Eastern Daylight Time. This video teleconference may close early if the Committee has completed its business.

*Comments and supporting documentation:* To ensure your comments are received by Committee members before the video teleconference, submit your written comments no later than August 21, 2020.

**ADDRESSES:** To join the video teleconference or to request special accommodations, contact the individual listed in the **FOR FURTHER INFORMATION CONTACT** section no later than 1 p.m. on August 21, 2020, to obtain the needed information. The number of the video teleconference lines are limited and will be available on a first-come, first served basis.