modules will not be included in the Phase 9 core modules. These questions are still available for jurisdictions to use as part of the standard modules.

The PRAMS infrastructure is uniquely suited for rapid adaption for information collection that would not be feasible with other surveillance methods. At times, jurisdictions may choose to implement (funded or unfunded) CDC-developed supplemental modules (pre-grouped questions on a select topic) to address emerging topics of interest. Supplemental modules for continued collection during Phase 8 of PRAMS include disabilities, marijuana use, prescription and illicit opioid use, COVID–19 experience, COVID–19 vaccine, and social determinants of health. Jurisdictions may elect to include these supplements during Phase 9, except for the disability supplement which is now integrated into the core. These supplements can be added for one or more birth years but can be discontinued at the end of a year of data collection. Core and standard questions remain the same for the entire questionnaire phase. New supplemental modules may be developed to address other emergent issues as they arise during implementation of Phase 9.

PRAMS can also be adapted to do call back surveys. Women who respond to the PRAMS survey may be re-contacted (opt-out consent process used) later (six months or more post-birth) to collect additional information about post-pregnancy experiences and infant and toddler health. No call back survey is currently being fielded or planned but call back surveys may be developed to address other emergent issues as they arise.

The stillbirth survey is currently administered just in the state of Utah. It only includes one survey instrument.

As part of the questionnaire development process, cognitive and field testing will be conducted prior to implementation of new supplemental modules and call back surveys, as well as before adding or substantively revising questions prior to a new phase of the PRAMS survey. Cognitive testing will be handled under a separate approval mechanism. Field testing will be conducted among women with infants one year or younger. Field testing is conducted to identify issues that may affect implementation or quality of the data collected.

For Phase 8 (which is in the final data collection year), information is collected 2–6 months after live birth or stillbirth by mail survey with telephone follow-up for non-responders. In 2022, five jurisdictions implemented an additional web mode for data collection for women with recent live birth. The web mode was collected simultaneously with the mail mode, with telephone follow up for non-responders. Based on data from the five jurisdictions, PRAMS plans to implement the additional web mode of data collection in all jurisdictions in 2023 (Phase 9).

OMB approval is requested for three years. The total estimated annual burden is 31,268 hours which is an increase of 1,503 hours. The change in overall burden results from: (1) a slightly reduced estimate of the number of responses to the PRAMS survey (core questions plus jurisdiction selected standard module) based on responses received in 2019 (decrease of 223 hours); (2) an increase in the anticipated number of supplemental modules and the time to complete each module from 5 to 8 min (increase of 1,959 hours) based on current supplemental modules being implemented by jurisdictions; (3) a decrease in the estimated annual burden for call back surveys (decrease of 586 hours) with current estimates based on responses to the most recent call back survey; (4) the addition of time spent by jurisdictions in creating the survey sample and uploading the sampled women's information; and (5) an increase in the amount of time allotted for each field testing interview resulting in an overall increase for field testing from 20 to 40 minutes (increase of 50 hours). There are no costs to 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)
Women who recently delivered a live birth.	PRAMS Phase 8/Phase 9 (Core Questions plus state selected standard modules).	51,556	1	26/60
	Supplemental Modules	52,984	1	8/60
	Call Back Surveys	2,790	1	30/60
	Field Testing	150	1	40/60
Women who recently delivered a stillbirth.	PRAMS Stillbirth Questionnaire	160	1	25/60
Jurisdictions	Submission of data file to CDC	50	12	30/60

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10556]

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 December 19, 2022.

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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medical Necessity and Contract Amendments Under Mental Health Parity; *Use:* Upon request, regulated entities must provide a medical necessity disclosure. Receiving this information will enable potential and current enrollees to make more educated decisions given the choices available to them through their plans and may result in better treatment of their mental health or substance use disorder (MH/SUD) conditions. States use the information collected and reported as part of its contracting process with managed care entities, as well as its compliance oversight role. In states where a Medicaid Managed Care Organization (MCO) is responsible for providing the full scope of medical/surgical and MH/SUD services to beneficiaries, the state will review the parity analysis provided by the MCO to confirm that the MCO benefits are compliant. CMS uses the information collected and reported in an oversight role of State Medicaid managed care programs. *Form Number:* CMS–10556 (OMB control number: 0938–1280); *Frequency:* Once and occasionally; *Affected Public:* Individuals and households, the Private sector, and State, Local, or Tribal Governments; *Number of Respondents:* 71,104,769; *Total Annual Responses:* 426,628; *Total Annual Hours:* 71,294. (For policy questions regarding this collection contact Matthew Rodriguez at 303–844–4724.)

Dated: November 11, 2022.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2022–25008 Filed 11–16–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Privacy Act of 1974; System of Records

AGENCY: Administration for Children & Families, Department of Health and Human Services.

ACTION: Notice of a modified system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is modifying an existing system of records maintained by the Administration for Children & Families (ACF), Office of Child Support Enforcement (OCSE): System No. 09–80–0389, ''OCSE Data Center General Support System, HHS/ACF/OCSE.''

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this Notice is applicable November 17, 2022, subject to a 30-day period in which to comment on the routine uses, described below. Please submit any comments by December 19, 2022.

ADDRESSES: The public should address written comments by mail or email to: Anita Alford, Senior Official for Privacy, Administration for Children & Families, 330 C St. SW, Washington, DC 20201, or *anita.alford@acf.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: General questions about this system of records should be submitted by mail or email to Venkata Kondapolu, Director, Division of Federal Systems, Office of Child Support Enforcement, at 330 C St. SW, 5th Floor, Washington, DC 20201, or *Venkata.Kondapolu@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Explanation of Changes to System of Records 09–80–0389

This system of records covers information maintained in a secure gateway system (the OCSE Data Center General Support System) established by OCSE. OCSE and (at their option) external partners use the system to facilitate electronic exchanges of information between (1) a state child support enforcement agency and (2) another external child support program partner, such as an employer, a health plan administrator, a financial institution, or a central authority in a foreign treaty country or a foreign country that is the subject of a declaration under 42 U.S.C. 659a, through OCSE. The system maintains information about individual participants in child support cases, including income withholding order information, medical support information, financial institution account information, levy file information, and details of child support disbursements transmitted between the United States and the authorized entity of the foreign treaty country or foreign country subject of a declaration under 42 U.S.C. 659a for distribution of the support payment by the foreign authority in accordance with the terms of the order. The following modifications have been made:

- The System Manager section has been revised to change the email address of the official serving as the System Manager, and to change the title of the official from ''Acting Commissioner'' to ''Director.''