Individuals who plan to attend in person and who require special assistance, such as sign language interpretation or other reasonable accommodations, should contact Laura E. Sinram, Secretary and Clerk, at (202) 694–1040 or *secretary@fec.gov,* at least 72 hours prior to the meeting date.

(Authority: Government in the Sunshine Act, 5 U.S.C. 552b)

Laura E. Sinram,

Secretary and Clerk of the Commission.

[FR Doc. 2024–12205 Filed 5–30–24; 4:15 pm]

BILLING CODE 6715–01–P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0291; Docket No. 2024–0001; Sequence No. 3]

Submission for OMB Review; Federal Funding Accountability and Transparency Act Sub-Award Reporting System (FSRS) Registration Requirements for Prime Grant Awardees

AGENCY: Office of the Integrated Award Environment, General Services Administration (GSA).

ACTION: Notice of request for public comments regarding an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995, the Regulatory Secretariat Division will be submitting to the Office of Management and Budget (OMB) a request to review and approve a renewal of the currently approved information collection requirement regarding FSRS Registration Requirements for Prime Grant Awardees.

DATES: Submit comments on or before July 3, 2024.

ADDRESSES: Written comments and recommendations for this 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 Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: Ms. Salomeh Ghorbani, Director, IAE Outreach and Stakeholder Engagement Division, at 703–605–3467 or *IAE_Admin@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. Purpose

The Federal Funding Accountability and Transparency Act (Pub. L. 109–282, as amended by section 6202(a) of Pub.

L. 110–252), known as FFATA or the Transparency Act, requires information disclosure of entities receiving Federal financial assistance through Federal awards such as Federal contracts, sub-contracts, grants and sub-grants, FFATA 2(a), (2), (i), (ii). The system that collects this information is called the FFATA Sub-award Reporting System (FSRS, *www.fsrs.gov*). This information collection requires information necessary for prime awardee registration in FSRS to create a user log-in and enable sub-award reporting for their entity. To register in FSRS for a user log-in, an entity is required to provide their Unique Entity Identifier (UEI). FSRS then pulls core data about the entity from their System for Award Management (SAM) registration to include the legal business name, physical address, mailing address and Commercial and Government Entity (CAGE) code. The entity completes the FSRS registration by providing contact information within the entity for approval.

If a prime awardee has already registered in FSRS to report contracts-related Transparency Act financial data, a new log-in will not be required. In addition, if a prime awardee had a user account in the Electronic Subcontract Reporting System (eSRS), a new log-in will not be required.

B. Annual Reporting Burden

Respondents: 2,488.
Responses per Respondent: 1.
Total annual responses: 2,488.
Hours per Response: .5.
Total Burden Hours: 1,244.

C. Public Comments

A 60-day notice published in the **Federal Register** at 89 FR 14842 on February 29, 2024. One paper with multiple comments was received.

Comment: GSA received a comment on whether the GSA's estimate of the public burden of this collection of information is accurate.

Response: This information collection is specific to the burden of reporting entities registering to report in FSRS, not the actual subaward reporting. The burden of this registration activity is reasonable for the activity of registering in FSRS.

Comment: GSA received a comment on ways to enhance the quality, utility, and clarity of the information to be collected to aid pass-through entities (PTEs) in submitting reliable, high-quality data in FSRS. The comment provided suggestions on (1) improving FSRS FAQs by including screenshot and step-by-step instructions for questions with complex answers, (2) explain how

to resolve ''Another contractor is already designated as the prime contractor for this contract.'' error and (3) provide dedicated technical support solely for FSRS and train support staff thoroughly on the FSRS system.

Response: FSRS and the Federal Service Desk have significant help materials and guides to assist users with reporting data into *FSRS.gov.* The Federal Service Desk has agents that can assist entities where they are unable to answer their question within the help content. GSA appreciates feedback on usability and user experience and considers it when making updates to the respective service or page so as to improve the site user experience.

Comment: GSA received a comment asking what are ways to minimize the burden of the collection of information.

Response: This information collection is specific to the burden of reporting entities registering to report in FSRS, not the actual subaward reporting. 2 CFR part 170 provides the regulatory guidance associated with reporting subawards that are input into FSRS.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 3090–0291, FSRS Registration Requirements for Prime Grant Awardees, in all correspondence.

Lois Mandell,

Director, Regulatory Secretariat Division, General Services Administration.

[FR Doc. 2024–12049 Filed 5–31–24; 8:45 am]

BILLING CODE 6820–WY–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

CDS Connect—Designing the Future of a National Hub for Clinical Decision Support: Request for Information

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice of Request for Information regarding a sustainment model for CDS Connect.

SUMMARY: Clinical decision support (CDS) enables providers and others to implement up-to-date research findings quickly into their practice. In 2016, the Agency for Healthcare Research and Quality (AHRQ) supported the development of (CDS) by establishing

CDS Connect, a platform to assist the healthcare community in creating and disseminating CDS artifacts. In 2023, AHRQ conducted a CDS Connect Challenge Competition to identify business models and platform enhancements that will allow CDS Connect to evolve its role as a national CDS hub. Based on the results of this Challenge Competition, AHRQ has issued the following Request for Information (RFI) to solicit ideas and identify possible collaborators for creating a new sustainment model (such as a Public Private Partnership [PPP] between AHRQ and a third-party organization) that ensures CDS Connect's future operations.

DATES: Comments on this notice must be received on or before July 31, 2024.

ADDRESSES: Interested parties may submit comments electronically to *clinicaldecisionsupport@ahrq.hhs.gov* with the subject ''CDS Connect RFI.''

FOR FURTHER INFORMATION CONTACT: Questions may be addressed to Mario Teran, MD, MSc, Division of Digital Healthcare Research in the Center for Evidence and Practice Improvement at AHRQ. Email: *mario.teran@ ahrq.hhs.gov.* Telephone: 301–427– 1498.

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality (AHRQ) seeks public comment about strategies and approaches to advancing shareable, interoperable, and reusable clinical decision support (CDS) resources. AHRQ seeks comment on models and possible partnerships to strengthen and sustain CDS Connect as a national hub for clinical decision support. CDS Connect enables the creation of standards-based CDS resources (sometimes called CDS ''artifacts'') and the integration of evidence-based care data into clinical practice through electronic health systems and applications.

Established in 2016, CDS Connect has steadily grown in functionality and use. It enjoys an active following of diverse stakeholders and users, including various electronic health record (EHR) developers, CDS developers, other health information technology (health IT), healthcare advocacy organizations, federal and local government representatives, clinicians, patients, and caregivers. CDS Connect offers a repository of CDS artifacts, a standards-based CDS Authoring Tool, and multiple open-source tools and resources (available on the CDS Connect Technical Resources web page).

In October 2023, AHRQ conducted a challenge competition to solicit innovative approaches and input on the future design and sustainability of CDS Connect. AHRQ obtained valuable insight and information from the competition, including identifying collaborative models that have the potential to sustain and further develop CDS Connect as a public resource. This Request for Information (RFI) incorporates vital takeaways from the challenge competition to help inform the public's responses to questions posed in the RFI. However, possible future models for CDS Connect are not limited to the ideas generated during the Challenge Competition; AHRQ encourages suggesting alternate and innovative approaches. AHRQ also welcomes information on any sustainment models that respondents feel are appropriate for AHRQ to consider, including collaborative relationships with industry, *e.g.,* public-private partnerships.

The challenge competition identified several possible CDS Connect enhancements:

• Enhancing the user experience, including mechanisms for users to obtain support and provide feedback.

• Additional educational or training resources should be provided to support a variety of users.

• Leveraging, facilitating, and promoting CDS and health information technology standards.

• Artificial intelligence (AI) is introduced into CDS Connect, ranging from AI-based mechanisms to develop CDS artifacts to using large language models (LLMs) and AI-based artifact maintenance.

• Creating processes, standards, and tools to assist and accelerate CDS development through successive levels of computability and readiness for real-world implementation.

• Developing and making available a more significant number of executable CDS artifacts.

• Expanding the number of CDS artifacts at all levels in the repository.

• Integrating directly within EHR systems.

• Creating a ''sandbox'' allows potential users to sample, test, and deploy CDS artifacts in real-time scenarios before selecting/purchasing them.

The Challenge Competition highlighted several possible business models to enable long-term sustainability.

• Removing the restriction that CDS artifacts in the Repository be made available free of charge, allowing for revenue opportunities through fee-based services.

• Adopting standardized and commercial-friendly licensing and compensation models (*e.g.,* licensing to EHR and other CDS vendors to integrate artifacts into their systems; subscription-based fees for access to CDS artifacts or applications).

• Developing enhanced functionality and subscription models for different types of users (*e.g.,* individuals, EHR vendors, CDS vendors, nonprofit organizations, for-profit organizations).

• Requiring a one-time or ad hoc payment to use CDS Connect's services or products (*e.g.,* to access artifacts in the Repository or use the Authoring Tool).

• Offering different tiers of service capabilities at different costs, such as a ''Freemium'' model allowing access to publicly funded CDS Connect artifacts and a basic form of the Authoring Tool without charge, but imposing a cost for additional services (*e.g.,* possible built-out features) and support.

• Establishing a payment incentive for independent individuals, developers, EHR vendors, CDS vendors, or others; in turn, content can be offered to end users at a cost.

AHRQ is exploring collaborative initiatives with private industry, academia, and nonprofit entities to identify potential sustainment paths. AHRQ is interested in exploring a PPP to continue CDS Connect's operation and expansion.

List of Questions/Components

AHRQ invites stakeholders and other interested parties to submit ideas on the future of shareable, interoperable, and reusable CDS resources, particularly on sustainment models for CDS Connect. Submissions should address the qualifications of potential partnering organizations, the proposed governance structure of a PPP, the content of improvements to the CDS Connect platform, the business model (including costs), and community engagement.

Responses can also address the following questions:

Questions Related to CDS Connect

General

1. What areas of expertise are essential for potential partnering organizations to possess in a PPP with AHRQ to grow and sustain CDS Connect?

2. If submitting as a potential partnering organization, what are the organization's interests and expertise in CDS, health information technology, and/or healthcare modernization?

Value Proposition

3. What is the value of a platform like CDS Connect?

4. What can be done to improve the value of CDS Connect to clinicians, patients, CDS developers, and other stakeholders?

Governance

5. What governance structure and framework does the submitting organization envision for the PPP (or other sustainment model)?

6. How would the PPP (or other sustainment model) operate, accounting for the involvement of AHRQ, other federal agencies, or other potential external partners?

Content

7. What suggestions (if any) would be proposed to modify or enhance the CDS Connect Repository, CDS artifacts within the CDS Connect Repository, and/or the CDS Connect Authoring Tool?

8. If submitting as an organization, what other suggestions does the submitting organization have to modify or enhance CDS Connect's content and/or capabilities?

9. What existing infrastructure can support these suggested modifications or enhancements, or what additional infrastructure would be needed? What are the barriers or general feasibility issues to implementation?

Business Model

10. What business model(s) can ensure that CDS Connect remains sustainable (*e.g.,* a PPP or other sustainment model)?

11. If submitting as an organization, what are the submitting organization's suggested mechanisms of models for generating revenue that will enable a sustainable PPP (or other sustainment model)?

12. What are the anticipated project start-up costs for the proposed business model?

General Questions About CDS

1. How can CDS become more shareable, interoperable, and reusable, in particular, please identify:
   a. Enablers;
   b. Barriers;
   c. Potential role(s) for AHRQ and other federal agencies;

d. Sustainable models for collaborative relationships among government agencies, academic institutions, private industry, non-profit organizations, patient advocacy groups, and other stakeholders.

2. What are sustainable approaches for scaling CDS, including AI-based methods, to under-served settings that may not have the staff and resources to develop CDS on their own or to purchase CDS resources (*e.g.,* modules, services) from their EHR provider or other health IT providers?

Who Should Respond

AHRQ welcomes responses from any stakeholders interested in the continued sustainment and growth of CDS Connect. AHRQ is interested in perspectives from:

- Private industry
- Participants of similar public-private collaboratives
- Developers and users of CDS, including academic institutions, clinicians, patients, payers, and research organizations

ACRONYMS

Acronym	Definition
AHRQ	Agency for Healthcare Research and Quality.
AI	Artificial Intelligence.
CDS	Clinical Decision Support.
CMS	Centers for Medicare & Medicaid Services (HHS).
EHR	Electronic Health Record.
FFRDC	Federally Funded Research and Development Center.
HHS	U.S. Department of Health and Human Services.
LLM	Large Language Model.
PCOR	Patient-centered outcomes research.
PPP	Public Private Partnership.
RFI	Request For Information.

Dated: May 23, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–11878 Filed 5–31–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10454 and CMS–10858]

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 July 3, 2024.

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.