indicating presence or absence of pneumoconiosis. The format of the autopsy reports is variable depending on the pathologist conducting the autopsy. Since an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request for a clinical abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only five minutes of additional burden is estimated for the pathologist's report.

• Consent, Release and History Form (2.6)—This form documents written authorization from the next of kin to perform an autopsy on the deceased miner. A minimum of essential information is collected regarding the deceased miner including an occupational history and a smoking history. From past experience, it is estimated that 15 minutes is required for the next-of-kin to complete this form.

• DRAFT Authorization for Payment of Autopsy Form (2.XX)—Revised 42 CFR part 37.204 outlines a need for a physician pathologist to obtain written authorization from NIOSH and agreement regarding payment amount for services specified in § 37.202(a) by completing the Authorization for Payment of Autopsy form and submitting it to the CWHSP for authorization prior to completing an autopsy on a coal miner. This is a new form. It will be completed by the pathologist who intends on conducting an autopsy and the form will collect: Demographic information on the deceased miner, characteristics of the miner's pneumoconiosis (if known by the pathologist), demographic and medical licensure information from the requesting pathologist, and proposed payment amount to complete the autopsy in accordance with § 37.203. It is estimated that 15 minutes is required for the pathologist to complete this form.

There are no costs to respondents other than their time. The total estimated burden being requested is 11,757 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Coal Mine Operator	2.10	220	1	30/60	110
Coal Mine Contractor	2.18	160	1	30/60	80
Radiograph Facility Supervisor	2.11	20	1	30/60	10
Coal Miner	2.9	8,500	1	20/60	2833
Coal Miner—Radiograph	No form required	8,500	1	15/60	2125
B Reader Physician	2.8	10	1,760	3/60	880
B Reader Physician Challenge to Disciplinary Action and Appeal of Decertification Decision.	No form required	2	4	30/60	4
Physicians taking the B Reader Examination	2.12	220	1	10/60	37
Spirometry Facility Supervisor	2.14	15	1	30/60	8
Spirometry Facility Employee	2.13	8,500	1	5/60	708
Spirometry Technician	2.15	8,500	1	20/60	2833
Coal Miner—Spirometry	No form required	8,500	1	15/60	2125
Pathologist	Invoice—No standard form.	4	1	5/60	1
Pathologist	Pathology Report—No standard form.	4	1	5/60	1
Next-of-kin for deceased miner	2.6	4	1	15/60	1
Autopsy Prior Authorization	0.1585	4	1	15/60	1
Total					11,757

Jeffrey M. Zirger,

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

[FR Doc. 2019–26370 Filed 12–5–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–20–0853; Docket No. CDC–2019–0106]

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 ''Asthma Information Reporting System (AIRS)'' (OMB Control No. 0920–0853; expiration date 5/31/2020). The purpose of AIRS is to collect performance measure and surveillance data designed to increase the efficiency and effectiveness of state, local and territorial asthma programs and to monitor the impact of state, local, territorial and national programs.

DATES: CDC must receive written comments on or before February 4, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0106 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

Asthma Information and Reporting System (AIRS)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 1999, the CDC began its National Asthma Control Program (NACP), a public health approach to address the burden of asthma. The program supports the proposed objectives of ''Healthy People 2030'' for asthma, and is based on the public health principles of surveillance, partnerships, interventions, and evaluation. The CDC requests a three-year approval to revise the ''Asthma Information Reporting System (AIRS)'' (OMB Control No. 0920–0853; expiration date 5/31/2020). Specifically, CDC seeks to make the following changes:

- Increase the number of respondents from 25 to 30.
- Increase the burden from 89 hours to 105 hours.
- Reduce and consolidate the required performance measures (PMs), from 18 to eight core measures.
- Change the collection method for receipt of PMs from an Excel spreadsheet to a newly developed electronic reporting tool (SharePoint site).
- Include instructions for the newly developed electronic reporting tool that will be utilized to report the eight core PMs.
- Change the collection method for receipt of surveillance data, from uploading to a SharePoint site to submitting by email to a dedicated mailbox.
- Update the estimated annualized cost to the government to reflect current funding for the cooperative agreement, updated salaries for staff, and contractor costs for development of the new electronic reporting tool.

The three-year approval will allow CDC to continue to monitor states' program planning and delivery of public health activities and the programs' collaboration with health care systems through a new five-year cooperative agreement—*A Comprehensive Public Health Approach to Asthma Control through Evidence-Based Interventions* (CDC–RFA–EH19–1902).

The goal of this data collection is to provide NCEH with routine information about the activities and performance of the state, local and territorial recipients funded under the NACP through an annual reporting system. NACP requires recipients to report activities related to partnerships, infrastructure, evaluation and interventions to monitor the programs' performance in reducing the burden of asthma. AIRS also includes two forms to collect aggregate emergency department (ED) visits and hospital discharge (HD) data from recipients.

AIRS was first approved by OMB in 2010 to collect data in a web-based system to monitor and guide participating state health departments. Since implementation in 2010, AIRS and the technical assistance provided by CDC staff have provided states with uniform data reporting methods and linkages to other states' asthma program information and resources. Thus, AIRS has saved state resources and staff time when asthma programs embark on asthma activities similar to those conducted elsewhere.

In the past three years, AIRS data were used to:

- Serve as a resource to NCEH when addressing congressional, departmental and institutional inquiries.
- Help the branch align its current interventions with CDC goals and allowed the monitoring of progress toward these goals.
- Allow the NACP and the state asthma programs to make more informed decisions about activities to achieve objectives.
- Facilitate communication about interventions across states and enable inquiries regarding interventions by populations with a disproportionate burden, age groups, geographic areas and other variables of interest.
- Provide feedback to the grantees about their performance relative to others through the distribution of two written reports and several presentations (webinar and in-person) summarizing the results.
- Customize and provide technical assistance and support materials to address implementation challenges.

There will be no cost to respondents other than their time to complete the PM Reporting Tool, ED Visits Reporting Form, and HD Reporting Form, on an annual basis. The estimated annualized time burden is 105 hours.

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)
Funded Asthma Program Recipients	Performance Measures Reporting Tool.	30	1	150/60	75
	Emergency Department Visits Reporting Form.	30	1	30/60	15
	Hospital Discharge Reporting Form	30	1	30/60	15
Total					105

Jeffrey M. Zirger,

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

[FR Doc. 2019–26372 Filed 12–5–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Center for Preparedness and Response, (BSC, CPR); Meeting

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Board of Scientific Counselors, Center for Preparedness and Response, (BSC, CPR). This meeting is open to the public, limited only by the space available. The meeting room accommodates up to 60 people. Public participants should pre-register for the meeting (see **SUPPLEMENTARY INFORMATION** for more information). The public is also welcome to listen to the meeting via Adobe Connect. Pre-registration is required by clicking the links below.

WEB ID January 23, 2020 registration: https://adobeconnect.cdc.gov/epvdyo95oxsu/event/registration.html.

WEB ID January 24, 2020 registration: https://adobeconnect.cdc.gov/ek6t1uq3f5zy/event/registration.html.

Dial in number: 1–888–790–2046; Participant code: 5041683.

DATES: The meeting will be held on January 23, 2020, 12:30 p.m. to 5:00 p.m., EST; and January 24, 2020, 8:30 a.m. to 2:30 p.m., EST.

ADDRESSES: Centers for Disease Control and Prevention (CDC), Global Communications Center, Building 19, Auditorium B3, 1600 Clifton Road NE, Atlanta, Georgia 30329–4027.

FOR FURTHER INFORMATION CONTACT: Dometa Ouisley, Office of Science and Public Health Practice, CDC, 1600 Clifton Road NE, Mailstop H21–6, Atlanta, Georgia 30329–4027; Telephone: (404) 639–7450; Fax: (404) 471–8772; Email: *OPHPR.BSC.Questions@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Purpose: This Board is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), the Assistant Secretary for Health (ASH), the Director, Centers for Disease Control and Prevention (CDC), and the Director, Center for Preparedness and Response (CPR), concerning strategies and goals for the programs and research within CPR, monitoring the overall strategic direction and focus of the CPR Divisions and Offices, and also may administer and oversee peer review of CPR scientific programs. For additional information about the Board, please visit: *https://www.cdc.gov/cpr/bsc/index.htm.*

Matters to Be Considered: The two-day agenda will include: Day One: The meeting will cover briefings and BSC deliberation on the following topics: (1) CPR Updates from the Director, (2) CPR Interval Updates from the Division Directors, and (3) the Report from the Biological Agent Containment Working Group (BACWG). Day Two: The meeting will cover briefings and BSC deliberation on the following topics: (1) Current CDC Responses and the Graduated Response Framework, (2) Emergency Preparedness and Response to Address Highest Burden and Need; and (3) Preparedness Updates and CPR Discussion: Liaison Representatives. Agenda items are subject to change as priorities dictate.

Members of the public that wish to attend this meeting in person should pre-register by submitting the following information by email, facsimile, or phone (see Contact Person for More Information) no later than 12:00 noon (EDT) Friday, January 17, 2020:

- Full Name
- Organizational Affiliation
- Complete Mailing Address
- Citizenship
- Phone Number or Email Address

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019–26329 Filed 12–5–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–20–1208; Docket No. CDC–2019–0108]

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 efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction