Population-based studies are needed to describe the frequency and management of pain and fatigue and their impact on the lives of individuals with various types of MD. The purpose of the proposed study is to describe the epidemiology of COVID–19 and flu and the experience with pain, fatigue, pregnancy, and infertility for adults living with MD who are identified through MD STARnet. Information will be collected at the seven MD STARnet surveillance sites and will occur primarily via a survey of adult men and women with muscular dystrophy. The survey will primarily be web-based, but a paper version and phone interview will be provided to accommodate participant preferences. The estimated burden per response for the MD STARnet Men Living with Muscular Dystrophy Survey is 15 minutes. The MD STARnet Women Living with Muscular Dystrophy Survey includes additional questions about pregnancy and infertility, and the estimated burden per response is 20 minutes.

Results generated from the study will provide a better understanding of: (1) the occurrence, testing, treatment and severity of COVID–19 in relation to MD; (2) vaccination status and reasons for not receiving COVID–19 and flu vaccinations; (3) the frequency, intensity, and management of pain and fatigue; and (4) the effect of having MD on pregnancy and fertility on adults living with MD. Ultimately, this information can be used to develop interventions that improve the lives of people with MD and their families.

CDC requests OMB approval for two years. The total estimated annualized burden is 292 hours. Participation is voluntary and 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)
Adult Males 18 and over	MD STARnet Men Living with Muscular Dystrophy Survey.	538	1	15/60
Adult Females 18 and over	MD STARnet Women Living with Muscular Dystrophy Survey.	472	1	20/60

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-23–1204; Docket No. CDC–2023–0013]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed data collection titled Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS). The ACBS is an in-depth asthma survey conducted on a subset of BRFSS respondents with an asthma diagnosis with the goal to strengthen the existing body of asthma data and to address critical questions surrounding the health and experiences of persons with asthma.

DATES: Written comments must be received on or before May 5, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0013 by any of the following methods:

- *Federal eRulemaking Portal: www.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 H21–8, Atlanta, Georgia 30329.

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

Please note: Submit all comments through the Federal eRulemaking portal (*www.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 H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7118; 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;

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; and

5. Assess information collection costs.

Proposed Project

Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS) (OMB Control No. 0920–1204, Exp. 11/30/2023)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC's National Center for Environmental Health (NCEH) is requesting a three-year Paperwork Reduction Act (PRA) clearance to revise and continue to collect information under the Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS) (OMB Control No. 0920–1204, Exp. 11/30/2023). The ACBS is funded by the NCEH National Asthma Control Program (NACP) in the Asthma and Community Health Branch (ACHB).

The ACBS is a follow-up survey on asthma and is administered on behalf of NCEH by the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) BRFSS Program. The BRFSS (OMB Control No. 0920–1061, Exp. 12/31/2024) is a nationwide system of customized, cross-sectional telephone health surveys. The BRFSS information collection is conducted in a continuous, three-part telephone interview process: (1) screening; (2) participation in a common BRFSS core survey, and (3) participation in optional question modules that states use to customize survey content. BRFSS coordinators in the health departments in U.S. states, territories, and the District of Columbia (collectively referred to as ''states'' and ''jurisdictions'') are responsible for both the BRFSS and the ACBS administration. The ACBS is conducted within two days after the BRFSS survey.

The purpose of ACBS is to gather state-level asthma data and to make them available to track the burden of the disease, to monitor adherence to asthma guidelines, and to direct and evaluate interventions undertaken by asthma control programs located in state health departments. Beyond asthma prevalence estimates, for most states, the ACBS provides the only source of adult and child asthma data on the state and local level.

Data collection for ACBS involves screening, obtaining permission, consenting, and telephone interviewing on a subset of the BRFSS respondents from participating states. The ACBS eligible respondents are BRFSS adults, 18 years and older, who report ever being diagnosed with asthma. In addition, some states include children, below 18 years of age, who are randomly selected subjects in the BRFSS household. Parents or guardians serve as ACBS proxy respondents for their children ever diagnosed with asthma. If both the BRFSS adult respondent and the selected child in the household have asthma, then only one or the other is eligible for the ACBS.

State BRFSS Coordinators submit de-identified data files to CDC on a monthly or quarterly basis for cleaning and weighting. The CDC BRFSS ACBS operation team returns clean, weighted data files to the state of origin for its use. The ACBS adds considerable state-level depth to the existing body of asthma data. It addresses critical questions surrounding the health and experiences of persons with asthma. Health data include symptoms, environmental factors, and medication use among persons with asthma. Data on their experiences include activity limitation, health system use, and self-management education. These asthma data are needed to direct and evaluate interventions undertaken by asthma control programs located in state health departments. Federal agencies and other entities also rely on this critical information for planning and evaluating efforts and to reduce the burden from this disease. The CDC makes annual ACBS datasets available for public use and provides guidance on statistically appropriate uses of the data.

Over the past three years, in response to the 2020 Terms of Clearance, the annual joint response rates from BRFSS and ACBS were reported with ACBS annual datasets. To communicate the caveats of state-to-state comparisons, the ACBS nonresponse bias and impact on prevalence estimation were analyzed and reported as appendix tables in the annual data quality report released with the public use dataset for adult and child participants (*https://www.cdc.gov/brfss/acbs/2020/pdf/sdq_report_acbs_20-508.pdf*). The first table reports unweighted and weighted demographic distribution percentages for each participating state based on BRFSS-eligible asthma respondents, non-responding to the ACBS, and ACBS final completes. The second table reports estimated current asthma percentage among individuals who have ever been diagnosed with asthma. These two tables will help communicate the potential impact of nonresponse bias on the ACBS published dataset.

Furthermore, we revised the tables of prevalence estimates for asthma risk factors based on ACBS, reduced the number of risk factors prevalence tables from 20 to 13, and deleted the tables on active asthma related risk factors, which did not provide enough information to make state-to-state comparisons. A hyperlink to the nonresponse report have been included in the footnote for annual ACBS risk factors prevalence tables. The updated tables are available at: (*https://www.cdc.gov/brfss/acbs/2020_tables_LLCP.html*).

The NACP undertook efforts to streamline the ACBS, to reduce unnecessary burden, and to ensure that the question wording is synchronized with more recent studies. The questionnaires were re-evaluated by ACBS questionnaire working groups and the ACBS recipients. Question changes and additions to the 2024 ACBS questionnaire are as follows. A proposed total of six questions will be deleted from the adult's questionnaire and 17 questions will be deleted from the child's questionnaire. With the addition of nine new questions to the adult's questionnaire and 10 questions to the child's questionnaire, the estimated time burden for the interview will remain unchanged from that of the 2021 questionnaire (10 minutes per response).

The total BRFSS sample size was reduced from 476,217 in 2016 to 393,474 in 2020. As the result of decreasing BRFSS sample size, the number of eligible ACBS's BRFSS respondents changed from 46,100 to 41,444 from 2016 to 2020. Although no revisions to the number of responses per respondent nor to the average time burden per response are requested, the NACP proposes the following changes to the burden estimation from 2021 (based on 2016 ACBS response data) to 2024 (based on 2020 response data). The total number of respondents is 58,292, which is a decrease of 10,554 from the previously approved 68,846. The total estimated annualized time burden is 6,073 hours, which is a decrease of 542 hours from the previously approved 6,615 hours. Participation in the ACBS is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TO RESPONDENTS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
BRFSS Adults	ACBS Landline Screener—Adult	8,170	1	1/60	136
	ACBS Cell Phone Screener—Adult	20,780	1	1/60	346
BRFSS Parents or Guardians of Children.	ACBS Landline Screener—Child	834	1	2/60	28
	ACBS Cell Phone Screener—Child	4,109	1	2/60	137
ACBS Adults	ACBS Adult Consent and Survey	20,155	1	10/60	3,359
ACBS Parents or Guardians of Children.	ACBS Child Consent and Survey	3,764	1	10/60	627
State BRFSS Coordinators	ACBS Data Submission Layout	40	12	3	1,440
Total					6,073

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

[30Day–23–0950]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) is submitting the information collection request titled ''The National Health and Nutrition Examination Survey (NHANES)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on November 21, 2022 to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of 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

The National Health and Nutrition Examination Survey (NHANES), (OMB Control No. 0920–0950, Exp. 04/30/2023)—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 that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States.

The National Health and Nutrition Examination Survey (NHANES) is designed to study the relationship between diet, nutrition, and health in a representative sample of the civilian, non-institutionalized population of the United States. Information collection involves a variety of modes and sources including physical examinations, laboratory tests, and interviews. Findings are used to produce descriptive statistics that measure the health and nutrition status of the general population, generate national reference data on height, weight, and nutrient levels in the blood, and monitor the prevalence of chronic conditions and risk factors for those conditions.

The NHANES was conducted periodically between 1970 and 1994 and has been conducted continuously since 1999 by the NCHS, CDC, in collaboration with a variety of agencies that sponsor specific components of NHANES. To manage participant burden and respond to changing public health research needs, NCHS cycles in and out various components, however, the study design generally allows results from more recent NHANES to be compared to findings reported from previous surveys. NCHS collects personally identifiable information (PII) to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services. Participant-level data items include basic demographic information, name, address, Social Security Number, Medicare number and participant health information.