for DPRP recognition is routinely collected by most organizations that deliver the National DPP lifestyle change program for their own internal evaluation and possible insurance reimbursement purposes, including the MDPP benefit. Participation in the DPRP is voluntary, data are de-identified, no personally identifiable information (PII) is collected by CDC, and there are no costs to respondents other than their time. CDC is requesting a three-year revised approval. The total estimated annual burden hours requested is 7,400.

ESTIMATED ANNUALIZED BURDEN HOURS FOR NEW ORGANIZATIONS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
Public sector organizations that deliver the National DPP lifestyle change program.	DPRP Application Form	80	1	1	80
	DPRP Evaluation Data	680	2	2	2,720
Private sector organizations that deliver the National DPP lifestyle change program.	DPRP Application Form	120	1	1	120
	DPRP Evaluation Data	1,120	2	2	4,480
Total					7,400

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2023–27550 Filed 12–14–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–1186; Docket No. CDC–2023–0099]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Information Collection for Tuberculosis Data from Referring Entities to CureTB. The CureTB program works to prevent the spread of tuberculosis (TB) among people who cross international borders by providing linkage to care for patients with active/suspected TB when they leave the U.S., accurate and up-to-date information for receiving providers, motivation and resources for mobile individuals to continue care, linkage for comorbidities, and facilitation of positive outcomes and communication between partners.

DATES: CDC must receive written comments on or before February 13, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0099 by either 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: 404–639–7570; 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;
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

Information Collection for Tuberculosis Data from Referring Entities to CureTB (OMB Control No. 0920–1186, Exp. 2/29/2024)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CureTB program at CDC works to prevent the spread of tuberculosis (TB) among people who cross international borders. To reduce disease transmission and the emergence of drug-resistant TB,

CureTB connects people with TB to healthcare services as they move between the United States and other countries. The program is a collaboration between CDC's Division of Global Migration Health (DGMH) and the County of San Diego's Tuberculosis Control Program. CureTB collaborates with health authorities throughout the United States and around the world to link people with TB to care at their destinations. Health departments, healthcare providers, and others seeking help in linking patients to ongoing TB care in other countries can refer patients to CureTB. CureTB has an interagency agreement with ICE (Immigration and Custom Enforcement) to refer those patients with suspected or confirmed TB when they are repatriated to their countries of origin.

CureTB collects the following types of information: (1) referring entities (referring agency and jurisdiction) information including name of referring person, telephone numbers, fax numbers, email addresses; (2) patient's name and last name(s), demographics date of birth, gender, address (U.S. and outside of the U.S), telephone numbers, email address, patient's contact persons including name and telephone number; and (3) TB clinical information, including diagnostic testing (radiology reports, laboratory testing reports, other diagnostic methods used, treatment regimen and information about comorbidities).

CDC is requesting OMB approval for an additional three years. CDC requests approval for an estimated 1,125 annual burden hours. There is not 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)	Total burden hours
U.S. health departments	CureTB Transnational Notification	80	4	30/60	160
TB patients referred by U.S. health departments.	CureTB Transnational Notification	214	1	5/60	18
Tb patients referred by ICE	CureTB Transnational Notification	587	1	45/60	440
TB treating physicians in new country	CureTB Clinician Public Health Department Follow-up Script.	870	3	10/60	435
U.S. health departments	CureTB Contact/Source Investigation (CI/CS) Notification.	20	5	30/60	50
U.S. health departments	CureTB Program Partner Satisfaction Assessment Questionnaire 1.	100	1	10/60	17
U.S. health departments	CureTB Program Partner Satisfaction Assessment Questionnaire 2.	50	1	6/60	5
Total					1,125

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2023–27549 Filed 12–14–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1800–N2]

Inflation Reduction Act (IRA) Revised Program Guidance

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing the availability of CMS' revised guidance for the Medicare Part B and Part D Prescription Drug Inflation Rebate Program for the implementation of the Inflation Reduction Act. CMS will be releasing additional Inflation Reduction Act-related guidance; all can be viewed on the dedicated Inflation Reduction Act section of the CMS website.

FOR FURTHER INFORMATION CONTACT: Inquiries related to the revised guidance should be sent to *IRARebateand Negotiation@cms.hhs.gov* with the relevant subject line, ''Medicare Inflation Rebate Program Guidance.''

SUPPLEMENTARY INFORMATION: The Inflation Reduction Act was signed into law on August 16, 2022. Section 11101 of the Inflation Reduction Act added a new section 1847A(i) to the Social Security Act (the Act), which establishes a requirement for manufacturers to pay Medicare Part B rebates for single source drugs and biological products with prices that increase faster than the rate of inflation for a calendar quarter to the Federal Supplementary Medical Insurance Trust Fund, and provides for lower Part B beneficiary cost sharing on these drugs and biologicals. Section 11102 of the Inflation Reduction Act added a new section 1860D–14B to the Act, which establishes a requirement for manufacturers to pay rebates to the Federal Supplementary Medical Insurance Trust Fund for certain Part D drugs when prices increase faster than the rate of inflation for each 12-month applicable period. Collectively, this program to implement these rebates is referred to as the Medicare Prescription Drug Inflation Rebate Program, or the Inflation Rebate Program.

To obtain copies of the revised guidance and the responses to comments from the initial guidance, as well as other Inflation Reduction Act-related documents, please access the CMS Inflation Reduction Act website by copying and pasting the following web address into your web browser: *https://www.cms.gov/inflation-reduction-act-and-medicare.* If interested in receiving CMS Inflation Reduction Act updates by email, individuals may sign up for CMS Inflation Reduction Act's email updates at *https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/EmailUpdates.*

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for