medicine or osteopathy with a preventive medicine residency program. The PRCs conduct outcomes-oriented, applied prevention research, on priority public health topics using a multi-disciplinary and community-engaged approach. Partners include, but are not limited to, state, local, and tribal health departments, departments of education, schools and school districts, community-based organizations, healthcare providers, and health organizations. Partners collaborate with the PRCs to assess community needs; identify research priorities; set research agendas; conduct research projects and related activities such as training and technical assistance; translate research findings; and disseminate research results to public health practitioners, other researchers, and the general public.

In 2020, CDC convened a work group consisting of representatives from 11 PRCs to review proposed data fields in PERS and provide feedback to CDC. Their feedback was used to refine the data fields and ensure feasibility of the data collection and reporting by PRCs. These data will be used for program monitoring and evaluation purposes.

CDC's proposed information collection plan is as follows: CDC will use the information reported by PRCs through PERS to identify training and technical assistance needs, respond to requests for information from Congress and other sources, monitor grantees' compliance with cooperative agreement requirements, evaluate progress made in achieving goals and objectives, and inform program improvement efforts. In addition, these monitoring data will support CDC's ability to describe the impact and effectiveness of the PRC Program.

The CDC currently funds 26 PRCs and each center will annually report the required information to the CDC through PERS during years 3–5 of the cooperative agreement. The average, estimated annualized burden per respondent is 25 hours. The total, estimated, annualized burden for all respondents is 650 hours. The proposed web-based data collection system will allow data entry during the entire year, which will enable respondents to distribute burden throughout each funding year. Response burden is estimated to decrease significantly in years four and five, because cumulative reporting means some sections will require little to no editing through the funding cycle. The average estimated annualized burden for year three is expected to be 32 hours whereas the average estimated annualized burden for years four and five is expected to be 21 hours.

OMB approval is requested for three years, which will cover the last three years in the current funding cycle. As stated in the program announcement, PRC Program recipients are required to report data in PERS. 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)	Total burden (in hours)
PRCs	PERS	26	1	25	650

Jeffrey M. Zirger,

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

[FR Doc. 2020–27819 Filed 12–17–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2020–0123]

Announcement and Request for comment on Non-Substantive Changes to Three Data Collections

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

ACTION: Request for comment.

SUMMARY: The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the opening of a public docket to obtain comment on non-substantive changes to three data collections conducted by CDC's National Center for Health Statistics (NCHS). Although CDC has already obtained approval from the Office of Management and Budget (OMB) under the Paperwork Reduction Act on these non-substantive changes, CDC is requesting public comment on these non-substantive changes.

DATES: Electronic or written comments must be received by February 16, 2021.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2020–0123, by either of the following methods.

Note: CDC does not accept comments by email.

- *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, Docket Number, and the OMB number associated with the survey about which comments are being provided. 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. Do not submit comments by email.

FOR FURTHER INFORMATION 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: With this notice, CDC is providing public notice regarding the addition of a small number of COVID–19 related questions to each of the following surveys National Ambulatory Medical Care Survey (NAMCS) OMB Control No. 0920–0278, National Electronic Health Records Survey (NEHRS) OMB Control No. 0920–1015, and National Hospital Care Survey (NHCS) OMB Control No. 0920–0212. These new questions are designed to provide information that is essential to CDC's emergency response to the outbreak of a novel coronavirus. Because these three OMB numbers are associated with ongoing, long-term collections, OMB requires that public comments be solicited to inform any adjustments to the wording of the questions or modification of the specific content of the COVID–19 related

questions in future rounds of data collections.

National Ambulatory Medical Care Survey (NAMCS) (OMB Control No. 0920–0278, Exp. 05/31/2022)

NAMCS obtains nationally representative estimates on the provision of health care in physician offices and community health centers (CHCs).

NAMCS added a short block of questions related to COVID–19 in both (1) the traditional office-based Physician Induction Interview, and (2) the Community Health Center (CHC) Director Induction Interview to provide essential information on how the pandemic affected care provided in office based physician offices and CHCs. The five questions (some with sub-questions) added are presented below. No one respondent would answer all sub-questions. Since the interviewer has gained efficiency in the response options for the other non-COVID–19 questions, the additional five questions will be absorbed by the current estimated burden calculations. Therefore, no change in burden is expected.

NAMCS–1 Traditional Physician Induction Interview

Now I would like to ask you a few questions about the coronavirus disease (COVID–19) and the impact it had on operations in your office and on your staff.

During the past THREE months, how often did your office experience shortages of any of the following personal protective equipment due to the onset of the coronavirus disease (COVID–19) pandemic?

Respirators or other approved facemasks
Eye protection, isolation gowns, or gloves

During the past THREE months, did your office have the ability to test patients for coronavirus disease (COVID–19) infection?

During the past THREE months, how often did your office have a location where patients could be referred to for coronavirus disease (COVID–19) testing?

During the past THREE months, did your office need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID–19) infection?

During the past THREE months, did any of the following clinical care providers in your office test positive for coronavirus disease (COVID–19) infection?

Physicians
Physician assistants
Nurse practitioners
Certified nurse-midwives
Registered nurses/licensed practical nurses
Other clinical care providers

During January and February 2020, was your office using telemedicine or telehealth technologies (for example, audio with video, web videoconference) to assess, diagnose, monitor, or treat patients?

After February 2020, did your office's use of telemedicine or telehealth technologies to conduct patient visits increase?

After February 2020, how much has your office's use of telemedicine or telehealth technologies to conduct patient visits increased?

After February 2020, has your office started using telemedicine or telehealth technologies?

Since your office started using these technologies, how many of your patient visits have been conducted using telemedicine or telehealth technologies?

NAMCS–1 Community Health Center (CHC) Respondent Induction Interview

Now I would like to ask you a few questions about the coronavirus disease (COVID–19) and the impact it had on operations in your CHC and on your staff.

During the past THREE months, how often did your center experience shortages of any of the following personal protective equipment due to the onset of the coronavirus disease (COVID–19) pandemic?

Respirators or other approved facemasks
Eye protection, isolation gowns, or gloves

During the past THREE months, did your center have the ability to test patients for coronavirus disease (COVID–19) infection?

During the past THREE months, how often did your center experience shortages of coronavirus disease (COVID–19) tests for any patients who needed testing?

During the past THREE months how often did your center have a location where patients could be referred to for coronavirus disease (COVID–19) testing?

During the past THREE months, did your center need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID–19) infection?

During the past THREE months, did any of the following clinical care providers in your center test positive for coronavirus disease (COVID–19) infection?

Physicians
Physician assistants
Nurse practitioners
Certified nurse-midwives
Registered nurses/licensed practical nurses
Other clinical care providers

During January and February 2020, was your center using telemedicine or telehealth technologies (for example, audio with video, web videoconference) to assess, diagnose, monitor, or treat patients?

After February 2020, did your center's use of telemedicine or telehealth technologies to conduct patient visits increase?

After February 2020, how much has your center's use of telemedicine or telehealth technologies to conduct patient visits increased?

After February 2020, has your center started using telemedicine or telehealth technologies?

Since your center started using these technologies, how many of your patient visits have been conducted using telemedicine or telehealth technologies?

National Electronic Health Records Survey (NEHRS) (OMB Control No. 0920–1015, Exp. 12/31/2022)

NEHRS collects information on office-based physicians' adoption and use of electronic health record (EHR) systems, practice information, patient engagement, controlled substances prescribing practices, use of health information exchange (HIE), and the documentation and burden associated with medical record systems(which include both paper-based and EHR systems).

Six telemedicine technology questions to assess the use of telemedicine to provide clinical services to patients in response to the COVID–19 pandemic were added to NEHRS. The additional six questions will be absorbed by the current estimated burden calculations. Therefore, no change in burden is expected.

NEHRS Questions

Does your practice use telemedicine technology (*e.g.,* audio, audio with video, web videoconference) for patient visits?

1. Since January 2020, what percentage of your patient visits were through telemedicine technology?

2. What type(s) of telemedicine tools did you use for patient visits?

3. What, if any, issues affected your use of telemedicine?

4. To what extent are you able to provide similar quality of care during telemedicine visits as you do during in-person visits?

5. Please rate your overall satisfaction with using telemedicine technology for patient visits.

6. Do you plan to continue using telemedicine visits (in addition to in-person visits) when appropriate once the COVID–19 pandemic is over?

National Hospital Care Survey (NHCS) (OMB Control No. 0920–0212, Exp. 03/31/2022)

NHCS collects information on inpatient hospital stays. The six questions related to COVID–19 were added to the NHCS Annual Hospital Interview were designed to provide insight into the impact of COVID–19 on the operations of hospital emergency departments (EDs) in the United States. These questions will ask about: (1) Shortages of COVID–19 tests, (2) creation of outside COVID–19 screening areas, (3) referrals for patients with confirmed or presumptive positive COVID–19 infection, (4) clinical care providers at the responding hospital testing positive for COVID–19, (5) the number of inpatient/emergency department ED visits for the year that were related to confirmed COVID–19, and (6) the number of inpatient/ED visits for the year that were related to presumptive positive COVID–19. The additional data collected from these questions only posed a minimal burden

on respondents; and was absorbed in the OMB burden previously approved.

NHCS Questions:

1. In the past year, did your hospital experience shortages of coronavirus disease (COVID–19) tests for any patients with presumptive positive COVID–19 infection?

2. In the past year, did your hospital create areas outside the hospital entrance to screen patients for coronavirus disease (COVID–19) infection?

3. In the past year, did your hospital need to turn away or refer elsewhere any patients with confirmed or presumptive positive coronavirus disease (COVID–19) infection?

4. In the past year, did any of the following clinical care providers in your hospital test positive for coronavirus disease (COVID–19) infection?

a. Physicians
b. Physician assistants
c. Nurse practitioners
d. Certified nurse-midwives
e. Registered nurses/licensed practical nurses
f. Other clinical care providers

5. For calendar year 2020, how many inpatient/ED visits at your hospital were related to CONFIRMED coronavirus disease (COVID–19) infections, by quarter or by year? Fill in the grid below.

6. For calendar year 2020, how many inpatient/ED visits at your hospital were Confirmed COVID–19 visits and how many were Presumptive Positive COVID–19 visits by quarter or by year?

Dated: December 14, 2020.

Jeffrey M. Zirger,

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

[FR Doc. 2020–27820 Filed 12–17–20; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2020–0124]

Advisory Committee on Immunization Practices (ACIP); Correction

Notice is hereby given of a change in the meeting of the *Advisory Committee on Immunization Practices (ACIP);* December 18, 2020, 12:00 p.m.—6:00 p.m., EST; and December 20, 2020, 12:00 p.m.—6:00 p.m., EST (times subject to change, see the ACIP website for any updates: *http://www.cdc.gov/vaccines/acip/index.html*), which was published in the **Federal Register** on December 11, 2020, Volume 85, Number 239, page 80108.

The meeting dates and times should read as follows:

DATES: The meeting will be held on December 19—20, 2020 from 11 a.m. to 4:30 p.m., EST (times subject to change, see the ACIP website for any updates: *http://www.cdc.gov/vaccines/acip/index.html*).

Written comments must be received on or before December 21, 2020.

The meeting is open to the public.

FOR FURTHER INFORMATION CONTACT: Stephanie Thomas, ACIP Committee Management Specialist, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, 1600 Clifton Road, NE, MS–H24–8, Atlanta, GA 30329–4027; Telephone: 404–639–8367; Email: *ACIP@cdc.gov.*

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. 2020–28090 Filed 12–16–20; 4:15 pm]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10346]

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 January 19, 2021.

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, you may make your request using one of following:

1. Access CMS' website address at website address at *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html.*

2. Call the Reports Clearance Office at (410) 786–1326.

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 without change of a currently approved collection; *Title of Information Collection:* Appeals of Quality Bonus Payment Determinations;