and National Aeronautics and Space Administration (NASA).

ACTION: Notice.

SUMMARY: Under the provisions of the Paperwork Reduction Act, the Regulatory Secretariat Division has submitted to the Office of Management and Budget (OMB) a request to review and approve a new information collection requirement regarding documents, records, reports, and processes associated with determining compliance with FAR part 25, Protecting Life in Global Health Assistance.

DATES: Submit comments on or before January 20, 2021.

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.

Additionally submit a copy to GSA through *http://www.regulations.gov* and follow the instructions on the site. This website provides the ability to type short comments directly into the comment field or attach a file for lengthier comments.

Instructions: All items submitted must cite OMB Control No. 9000–0200, Protecting Life in Global Health Assistance. Comments received generally will be posted without change to *http://www.regulations.gov,* including any personal and/or business confidential information provided. To confirm receipt of your comment(s), please check *www.regulations.gov,* approximately two to three days after submission to verify posting. If there are difficulties submitting comments, contact the GSA Regulatory Secretariat Division at 202–501–4755 or *GSARegSec@gsa.gov.*

FOR FURTHER INFORMATION CONTACT: Email *FARPolicy@gsa.gov* or call 202–969–4075.

SUPPLEMENTARY INFORMATION:

A. OMB Control Number, Title, and Any Associated Form(s): 9000–0200, Protecting Life in Global Health.

B. Needs and Uses

The Secretary of State approved on May 9, 2017, a plan to implement the manner in which U.S. Government Departments and Agencies will apply the provisions of the ''Mexico City Policy,'' which was reinstated in the January 23, 2017 Presidential Memorandum, to foreign nongovernmental organizations (NGOs) that receive U.S. funding for global health assistance; this included the extension of the policy to Federal contracts. This clearance covers the information contractors must keep and make available to the Government to comply with the requirements of FAR clause 52.225–XX.

a. 52.225–XX(c)(2)(i) requires foreign prime contractors to allow authorized Government representatives to inspect documents and materials maintained or prepared by the Contractor in the usual course of its operations that describe the health activities implemented by the Contractor.

b. 52.225–XX(j)(1)(ii)(A) requires foreign subcontractors to allow authorized Government representatives to inspect documents and materials maintained or prepared by the subcontractor in the usual course of its operations that describe the health activities of the subcontractor.

c. 52.225–XX(e) requires the Contractor to provide the Contracting Officer a request for consent to subcontract if the contract includes the clause at FAR 52.244–2, Subcontracts.

d. 52.225–XX(g)(2) requires the Contractor to provide the Contracting Officer the results of a subcontractor review when the Government has reason to believe that a foreign subcontractor may have violated the requirements of this clause.

e. 52.225–XX(j)(2) and (j)(3) requires the Contractor to review the foreign subcontractor's health program to determine if a violation has occurred, and to consult with the Contracting Officer prior to terminating the subcontract or determining other corrective action is warranted.

C. Annual Burden

Respondents: 253.
Total Annual Responses: 1,089.
Total Burden Hours: 38,992.

D. Public Comment

A 60-day proposed rule was published within the proposed FAR rule (2018–002, Protecting Life in Global Health) in the **Federal Register** at 85 FR 56549, on September 14, 2020. Some comments regarding the Paperwork Reduction Burden were received; however, it did not change the estimate of the burden.

Comment: The proposed rule provided an estimate of the public reporting burden for required information collection of nearly 39,000 total response burden hours. Please provide the assumptions and methodology used in calculating this estimate.

Response: Requesters may obtain a copy of the supporting statement from GSA.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202–501–4755 or emailing *GSARegSec@gsa.gov.* Please cite OMB Control No. 9000–0200, Protecting Life in Global Health.

William F. Clark,

Director,Office of Governmentwide Acquisition Policy,Office of Acquisition Policy,Office of Governmentwide Policy.

[FR Doc. 2020–28152 Filed 12–18–20; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-21–21AC; Docket No. CDC–2020–0110]

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 The GAIN (Greater Access and Impact with NAT) Study: Improving HIV Diagnosis, Linkage to Care, and Prevention Services with HIV Point-of-Care Nucleic Acid Tests (NATs). GAIN is an implementation study to compare a point-of-care nucleic acid HIV test (HIV RNA POC NAT) to standard lab-based HIV testing.

DATES: CDC must receive written comments on or before February 19, 2021.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2020–0110 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: 404–639–7118; 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; 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

The GAIN (Greater Access and Impact with NAT) Study: Improving HIV Diagnosis, Linkage to Care, and Prevention Services with HIV Point-of-Care Nucleic Acid Tests (NATs)—NEW—National Center for HIV/AIDS, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Current rapid point-of-care (POC) HIV testing technologies do not reliably detect the earliest HIV infections and lab-based testing can introduce delays while patients wait for test results. During this time, patients can drop out of care and remain at high-risk to acquire HIV. Direct molecular detection of HIV through nucleic acid tests (NATs) can identify early HIV infections, which have high potential for transmission. NATs that are used at the point-of-care (POC NAT) can provide results in 60 to 90 minutes. Obtaining timely molecular test results from a POC NAT in clinics or community settings can expand prevention as well as HIV treatment services, improve our reach into disproportionately affected populations, and provide opportunities to approach the goal of no new HIV infections. The purpose of this research is to develop feasible and effective models for using HIV POC NATs to: (1) Improve PrEP initiation, and duration of PrEP use, among persons at high-risk for acquiring HIV infection; and (2) reduce the time between testing in community-based and clinical-based settings and linkage to HIV care, ART initiation, and viral suppression.

GAIN is an implementation study to compare a point-of-care nucleic acid HIV test (HIV RNA POC NAT) to standard lab-based HIV testing. Study activities include: 1. Retrospective baseline data collection from clinical site electronic medical records. This will establish baseline PrEP and HIV care metrics for comparison after study implementation; 2. A longitudinal, prospective study of HIV-negative patients seeking HIV testing and/or PrEP services; 3. A longitudinal, prospective study of HIV-positive patients seeking STI testing; 4. An RCT of POC NAT or Standard of Care for HIV-positive patients; 5. A survey, interviews, and focus groups examining POC NAT acceptability among HIV-negative and HIV-positive patients; 6. A cross-sectional comparison of several point-of-care NATs among HIV-positive patients; 7. Acceptability/feasibility assessment among clinical and community providers and costing analyses. These data will be analyzed and disseminated to describe the real-world performance and clinical effects of HIV RNA POC NAT testing technology. This study will develop functional models to integrate HIV RNA POC NAT testing technology into HIV prevention and treatment services. There are no costs to respondents other than their time.

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 (in hours)
Participants in prospective study of HIV-negative patients seeking HIV testing and/or PrEP services.	Consent form	1150	1	30/60	575
	HIPPA form	1150	1	10/60	192
	Release of information form.	1150	1	10/60	192
	Study visit survey	1150	1	15/60	288
Participants in prospective study of HIV-positive patients seeking STI testing.	Consent form	125	1	30/60	63
	HIPPA form	125	1	10/60	21
	Release of information form.	125	1	10/60	21
	Study visit survey	125	1	15/60	31
Participants in RCT of POC NAT or Standard of Care for HIV-positive patients.	Consent form	250	1	30/60	125
	HIPPA form	250	1	10/60	42

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
	Release of information form.	250	1	10/60	42
	Study visit survey	250	1	15/60	63
Participants in survey group examining POC NAT acceptability.	POC NAT acceptability survey.	87	1	20/60	29
Participants in cross-sectional comparison of several point-of-care NATs.	Consent	250	1	30/60	125
	Release of information form.	250	1	10/60	42
	Study visit survey	250	1	15/60	63
Acceptability/feasibility assessment among clinical and community providers.	POC NAT acceptability survey, focus group, or interview.	25	1	1	25
Total	.....	.....	.....	.....	1,667

Jeffrey M. Zirger,

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

[FR Doc. 2020–28113 Filed 12–18–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2020–0122]

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 11, 2020, 12:00 p.m.–5:00 p.m., EST; and December 13, 2020, 12:00 p.m.–4:00 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 9, 2020, Volume 85, Number 237, pages 79814–79815.

The meeting dates and times should read as follows:

DATES:

The meeting will be held on December 11, 2020 from 12:00 p.m. to 5:00 p.m., EST and December 12, 2020 from 11:00 a.m. to 3:00 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 14, 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. 2020–28091 Filed 12–18–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–20OJ]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''National YRBS Test-Retest Reliability Study'' 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 June 2, 2020 to obtain comments from the public and affected agencies. CDC received no comments to the 60 day **Federal Register** 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