

practice changes, including revisions to their Disclosure Statements, if applicable. Often these descriptions are quite complex. This clause also requires contractors to submit rationale to support any contractor written statement that the cost impact of the change is immaterial. The information is used by contracting officers for ascertaining compliance with CAS.

C. Annual Burden

Respondents: 607.

Total Annual Responses: 1,821.

Total Burden Hours: 318,675.

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. 9000–0129, Cost Accounting Standards Administration.

Janet Fry,

*Director, Federal Acquisition Policy Division,
Office of Governmentwide Acquisition Policy,
Office of Acquisition Policy, Office of
Governmentwide Policy.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–0020]

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 “Coal Workers’ Health Surveillance Program (CWHSP)” 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 September 3, 2024 to obtain comments from the public and affected agencies. CDC did not receive 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

Coal Workers’ Health Surveillance Program (CWHSP) (OMB Control No. 0920–0020, Exp. 03/31/2025)—Reinstatement—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH would like to submit an Information Collection Request (ICR) to continue the data collection instruments being utilized within the Coal Workers’ Health Surveillance Program (CWHSP). This request incorporates all components of the CWHSP. Those components include: Coal Workers’ X-ray Surveillance Program (CWXS), B Reader Program, Enhanced Coal Workers’ Health Surveillance Program (ECWHSP), Expanded Coal Workers’ Health Surveillance Program, and National Coal Workers’ Autopsy Study (NCWAS).

The CWHSP is a Congressionally mandated medical examination program for monitoring the health of coal miners and was originally established under the Federal Coal Mine Health and Safety Act of 1969 with all subsequent amendments (the Act). The Act provides the regulatory authority for the administration of the CWHSP. This Program, which operates in accordance with 42 CFR part 37, is useful in providing information for protecting the health of, and in documenting trends and patterns in the prevalence of coal workers’ pneumoconiosis (‘black lung’ disease) among U.S. coal miners.

Data is used for early detection, tracking, assessment, and ultimately prevention and/or treatment of coal workers’ pneumoconiosis. It also serves to identify the incidence and possible progression of coal mine dust-induced disease in coal miners. In order to assess progression of disease it is important to obtain longitudinal measurements of past participants.

CDC requests OMB approval for an estimated 4,070 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Coal Mine Operator	2.10	268	1	30/60
Coal Mine Contractor	2.18	165	1	30/60
Radiograph Facility Supervisor	2.11	20	1	30/60
Coal Miner	2.9	4,345	1	20/60
Coal Miner—Radiograph	No form required	4,788	1	15/60
B Reader Physician	2.8	10	899	3/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Qualified and Licensed Physician (NIOSH Approved Radiograph Facility).	2.8	4,788	1	3/60
Physicians taking the B Reader Examination	2.12	110	1	10/60
Spirometry Facility Supervisor	2.14	15	1	30/60
Spirometry Facility Employee	2.13	619	1	5/60
Spirometry Technician	2.15	619	1	20/60
Coal Miner—Spirometry	No form required	619	1	15/60
Request for Medical Records	Request for Medical Records Form	779	1	5/60
Authorization for Payment of Autopsy	2.19	4	1	15/60
Pathologist	Invoice—No standard form	4	1	5/60
Pathologist	Pathology Report—No standard form.	4	1	5/60
Next-of-kin for deceased miner	2.6	4	1	15/60

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. 2025–05717 Filed 4–1–25; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Heart, Lung, and Blood Advisory Council.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Advisory Council.

Date: June 11, 2025.

Time: 10:00 a.m. to 10:20 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6705 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Charisee Lamar, Ph.D., M.P.H., R.R.T., Division Director, Division of Extramural Research Activities, National Heart, Lung, and Blood Institute, National Institutes of Health, 6705 Rockledge Drive, Room 206–Q, Bethesda, MD 20892–7924, (301) 827–5517, email: lamarc@mail.nih.gov.

Information is also available on the Institute's/Center's home page: <https://www.nhlbi.nih.gov/about/advisory-and-peer-review-committees/advisory-council> where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: March 28, 2025.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Heart, Lung, and Blood Advisory Council.

The meeting will be held virtually and is open to the public as indicated below. Individuals who plan to attend the virtual meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The open session will be videocast and can be access from the NIH Videocasting and Podcase website <http://videocast.nih.gov/> or <https://www.nhlbi.nih.gov/about/advisory-and-peer-review-committees/advisory-council>.

Name of Committee: National Heart, Lung, and Blood Advisory Council.

Date: April 23, 2025.

Open: 10:20 a.m. to 4:00 p.m.

Agenda: To discuss program policies and issues.

Place: National Institutes of Health, Rockledge I, 6705 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Virtual Access: The meeting will be videocast and can be accessed from the NIH Videocast. <http://videocast.nih.gov/> or <https://www.nhlbi.nih.gov/about/advisory-and-peer-review-committees/advisory-council>. Please note, the link to the videocast meeting will be posted within a week of the meeting date.

Contact Person: Charisee Lamar, Ph.D., M.P.H., R.R.T., Director, Division of Extramural Research Activities, National Heart, Lung, and Blood Institute, National Institutes of Health, 6705 Rockledge Drive, Room 207–C, Bethesda, MD 20892–7924, (301) 827–5517, email: lamarc@mail.nih.gov.

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has procedures at <https://www.nih.gov/about-nih/visitor-information/campus-access-security> for entrance into on-campus and off-campus facilities. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on