

Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit,
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for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[60Day-20-0607; Docket No. CDC-2019-
0089]

**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 National Violent Death
Reporting System (NVDRS). The NVDRS
is designed to continue collection of
detailed and timely state-based
surveillance data on violent deaths.

DATES: CDC must receive written
comments on or before December 23,
2019.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2019-
0089 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:
404-639-7570; 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; 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 National Violent Death Reporting
System (NVDRS) (OMB Control No.
0920-0607, Exp. 11/30/2020)—
Revision—National Center for Injury
Prevention and Control (NCIPC),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

Violence is an important public
health problem. In the United States,

suicide and homicide are the second
and third leading causes of death,
respectively, in the 1-34 year-old age
group. Unfortunately, public health
agencies do not know much more about
the problem than the numbers and the
sex, race, and age of the victims, or
information obtainable from the
standard death certificate. Death
certificates, however, carry no
information about key facts necessary
for prevention, such as the relationship
of the victim and suspect and the
circumstances of the deaths.
Furthermore, death certificates are
typically available 20 months after the
completion of a single calendar year.
Official publications of national violent
death rates, *e.g.* those in Morbidity and
Mortality Weekly Report, rarely use data
that is less than two years old.

Local and Federal criminal justice
agencies such as the Federal Bureau of
Investigation (FBI) provide slightly more
information about homicides, but they
do not routinely collect standardized
data about suicides, which are, in fact,
much more common than homicides.
The FBI's Supplemental Homicide
Report (SHR) does collect basic
information about the victim-suspect
relationship and circumstances related
to the homicide. SHRs, do not link
violent deaths that are part of one
incident such as homicide-suicides.
However, it is a voluntary system in
which some 10-20 percent of police
departments nationwide do not
participate. The FBI's National Incident
Based Reporting System (NIBRS)
provides slightly more information than
SHRs, but it covers less of the country.
NIBRS also only provides data regarding
homicides. The Bureau of Justice
Statistics Reports do not use data that is
less than two years old.

The National Violent Death Reporting
System (NVDRS), implemented by the
Centers for Disease Control and
Prevention (CDC), is a state-based
surveillance system developed to
monitor the occurrence of violent deaths
(*i.e.*, homicide, suicide, undetermined
deaths, and unintentional firearm
deaths) in the United States (U.S.) by
collecting comprehensive, detailed,
useful, and timely data from multiple
sources (*e.g.*, death certificates, coroner/
medical examiner reports, law
enforcement reports) into a useable,
anonymous database. In 2018, the
NVDRS expanded by adding 10 new
states. Now, all 50 states, the District of
Columbia, and Puerto Rico participate
in the system. CDC requests OMB
approval in order to revise its state-
based surveillance system for violent
deaths that will allow it to collect more
detailed and timely information. The

purpose of this revision is three-fold: (1) Implement updates to the web-based system to improve performance, functionality, and accessibility, (2) add new data elements to the system and minimal revisions to the NVDRS coding manual; and (3) modify burden hours to account for the increase in violent deaths that have occurred in the U.S. since 2003.

Consequently, these revisions impact the number of responses per respondent, increasing it from 1,000 (as

written in previous OMB requests) to 1,350, resulting in an increase in the total burden hours for retrieval of these records from 29,500 to 37,800. NVDRS has always had the goal to be a nationally representative surveillance system, operating in all 50 states, the District of Columbia, and U.S. territories. In the previous OMB package, we calculated the number of respondents to be 56, which included 50 states, the District of Columbia, and 5 U.S. territory health departments

(Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (Northern Marianas, U.S. Virgin Islands). Our request is to continue with the number of respondents at 56, continuing to exclude large local health departments as an independent respondent in NVDRS. CDC requests approval for an estimated 37,800 burden hours, annually. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	No. of respondents	No. responses per respondent	Average burden per response (in hours)	Total burden hours
Public Agencies	Retrieving and refile records (Att. 6)	56	1,350	30/60	37,800
Total	37,800

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-20-19AWX]

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 WISEWOMAN National Program Evaluation 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 May 30, 2019 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 or send an email to *omb@cdc.gov*. 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

WISEWOMAN National Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC has supported the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) program since 1995. The WISEWOMAN program is designed to serve low-income women ages 40-64 who have elevated risk factors for cardiovascular disease (CVD) and have no health insurance, or are underinsured for medical and preventive care services. Through the WISEWOMAN program, women have access to screening services for selected CVD risk factors such as elevated blood cholesterol, hypertension, and abnormal blood glucose levels; referrals to healthy behavior support programs; and referrals to medical care. WISEWOMAN participants must be co-enrolled in the CDC-sponsored National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The WISEWOMAN program is administered through cooperative agreements with state, territorial, or tribal health departments. Each WISEWOMAN recipient submits to CDC an annual progress report that describes program objectives and activities, and semi-annual data reports (known as minimum data elements, or MDE) on the screening, assessment, and healthy behavior support services offered to women who participate in the program. Participant-level MDE are de-identified prior to transmission to CDC.

In 2018, CDC released the fifth funding opportunity announcement (FOA) for the WISEWOMAN program (DP18-1816), which resulted in five-year cooperative agreements with 24 state, territorial, and tribal health