

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Average number of responses per respondent	Average burden per response (hours)
Public Health Laboratories .....	Biennial Requalification .....	150	1	2
Public Health Laboratories .....	General Surveillance Testing Results ...	150	25	24
Public Health Laboratories .....	Proficiency Testing/Validation Testing Results.	150	5	56
Public Health Laboratories .....	Surge Event Testing Results .....	150	625	24

**Leroy A. Richardson,**  
Chief, Information Collection Review Office,  
Office of Scientific Integrity, Office of the  
Associate Director for Science, Office of the  
Director, Centers for Disease Control and  
Prevention.

[FR Doc. 2016-00955 Filed 1-19-16; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Disease Control and  
Prevention**

[60Day-16-1074; Docket No. CDC-2016-  
0006]

**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 efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on the information collection  
project entitled "Colorectal Cancer  
Control Program (CRCCP) Monitoring  
Activities". CDC is requesting a  
reinstatement with change of OMB No.  
0920-1074 to include a redesigned  
survey and a new clinic-level data  
collection.

**DATES:** Written comments must be  
received on or before March 21, 2016.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2016-  
0006 by any of the following methods:

*Federal eRulemaking Portal:*  
*Regulation.gov.* Follow the instructions  
for submitting comments.

*Mail:* Leroy A. Richardson,  
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. All relevant comments  
received will be posted without change  
to Regulations.gov, including any  
personal information provided. For  
access to the docket to read background  
documents or comments received, go to  
Regulations.gov.

**Please note:** All public comment should be  
submitted 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 the 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 OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

Comments are invited on: (a) Whether  
the proposed collection of information  
is necessary for the proper performance  
of the functions of the agency, including  
whether the information shall have  
practical utility; (b) the accuracy of the  
agency's estimate of the burden of the  
proposed collection of information; (c)  
ways to enhance the quality, utility, and  
clarity of the information to be  
collected; (d) ways to minimize the

burden of the collection of information  
on respondents, including through the  
use of automated collection techniques  
or other forms of information  
technology; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance, and purchase of services  
to provide information. Burden means  
the total time, effort, or financial  
resources expended by persons to  
generate, maintain, retain, disclose or  
provide information to or for a Federal  
agency. This includes the time needed  
to review instructions; to develop,  
acquire, install and utilize technology  
and systems for the purpose of  
collecting, validating and verifying  
information, processing and  
maintaining information, and disclosing  
and providing information; to train  
personnel and to be able to respond to  
a collection of information, to search  
data sources, to complete and review  
the collection of information; and to  
transmit or otherwise disclose the  
information.

**Proposed Project**

Colorectal Cancer Control Program  
(CRCCP) Monitoring Activities—(OMB  
No. 0920-1074, exp. 12/31/2015)—  
Reinstatement with Change—National  
Center for Chronic Disease Prevention  
and Health Promotion (NCCDPHP),  
Centers for Disease Control and  
Prevention (CDC).

*Background and Brief Description*

CDC is requesting a reinstatement  
with change of the information  
collection with the OMB Control  
number 0920-1074, formerly entitled  
"Annual Survey of Colorectal Cancer  
Control Activities Conducted by States  
and Tribal Organizations." In the  
previous OMB approval period,  
information collection consisted of an  
annual grantee survey. In the next OMB  
approval period, information collection  
will consist of a redesigned survey and  
a new clinic-level data collection. The  
number of respondents will increase  
and the total estimated annualized  
burden will increase.

Among cancers that affect both men  
and women, colorectal cancer (CRC) is

the second leading cause of death from cancer in the United States. CRC screening has been shown to reduce incidence of and death from the disease. Screening for CRC can detect disease early when treatment is more effective and prevent cancer by finding and removing precancerous polyps. Of individuals diagnosed with early stage CRC, more than 90% live five or more years. Despite strong evidence supporting screening, only 65% of adults currently report being up-to-date with CRC screening as recommended by the U.S. Preventive Services Task Force, with more than 22 million age-eligible adults estimated to be untested. To reduce CRC morbidity, mortality, and associated costs, use of CRC screening tests must be increased among age-eligible adults with the lowest CRC screening rates.

CDC's Colorectal Cancer Control Program (CRCCP) currently provides funding to 31 grantees under "Organized Approaches to Increase Colorectal Cancer Screening" (CDC-RFA-DP15-1502). CRCCP grantees include state governments or bona-fide agents, universities, and tribal organizations. The purpose of the new cooperative agreement program is to

increase CRC screening rates among an applicant defined target population of persons 50-75 years of age within a partner health system serving a defined geographical area or disparate population.

The CRCCP was significantly redesigned in 2015 and has two components. Under Component 1, all 31 CRCCP grantees receive funding to support partnerships with health systems to implement up to four priority evidence-based interventions (EBIs) described in the Guide to Community Preventive Services, as well as other supporting strategies. Grantees must implement at least two EBIs in each partnering health system. Under Component 2, 6 of the 31 CRCCP grantees will provide direct screening and follow-up clinical services for a limited number of individuals aged 50-64 in the program's priority population who are asymptomatic, at average risk for CRC, have inadequate or no health insurance for CRC screening, and are low income

Based on the redesigned CRCCP, the information collection plan has also been redesigned to address the two program components. The new cooperative agreement program (CDC-

RFA-DP15-1502) requires that CDC monitor and evaluate the CRCCP and individual grantee performance using both process and outcome evaluation. Two forms of data collection are proposed. First, the CRCCP grantee survey was redesigned to align with new CRCCP goals. The grantee survey will be submitted to CDC annually. Second, CDC proposes to collect clinic-level data to assess changes in CDC's primary outcome of interest, *i.e.*, CRC screening rates within partner health systems. Each grantee will complete a clinic-level data template once per month. All information will be reported to CDC electronically.

The information collection will enable CDC to gauge progress in meeting CRCCP program goals and to monitor implementation activities, evaluate outcomes, and identify grantee technical assistance needs. In addition, findings will inform program improvement and help identify successful activities that need to be maintained, replicated, or expanded.

OMB approval is requested for three years. Participation is required for CRCCP awardees. 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 hr)	Total burden (in hr)
CRCCP Grantees .....	CRCCP Annual Grantee Survey.	31	1	45/60	23
	CRCCP Clinic-level Data Collection Template.	31	12	30/60	186
Total .....	.....	.....	.....	.....	209

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
 Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[60 Day-16-1061; Docket No. CDC-2016-0008]**

**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 efforts to reduce public burden and maximize the utility of government information, invites the

general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the Behavioral Risk Factor Surveillance System (BRFSS), a state-level survey of health risk behaviors and chronic health conditions. Survey questions are updated each year. The information collection is being revised to incorporate an annual field test of proposed changes prior to their implementation on a broad scale.

**DATES:** Written comments must be received on or before March 21, 2016.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2016-0008 by any of the following methods: