ACTION: Notice of request for comments regarding an extension to an OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act, the Regulatory Secretariat Division will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement regarding the National Contact Center customer evaluation surveys.

DATES: *Submit comments on or before:* July 15, 2020.

FOR FURTHER INFORMATION CONTACT: Mr. David Kaufmann, Program Analyst, Office of Technology Transformation Services, via email to *david.kaufmann@gsa.gov,* or at 202–357–9661.

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.

SUPPLEMENTARY INFORMATION:

A. Purpose

This information collection will be used to assess the public's satisfaction with the USA.gov National Contact Center service (formerly the Federal Citizen Information Center's (FCIC) National Contact Center), to assist in increasing the efficiency in responding to the public's need for Federal information, and to assess the effectiveness of marketing efforts.

B. Annual Reporting Burden

The following are estimates of the annual hourly burdens for our surveys based on historical participation in our surveys.

(1) Telephone Survey:
Respondents: 6000.
Responses per Respondent: 1.
Annual Responses: 6000.
Hours per Response: 0.12.
Total Burden Hours: 720.
(2) Web Chat Survey:
Respondents: 2400.
Responses per Respondent: *1.*
Annual Responses: 2400.
Hours Per Response: 0.12.
Total Burden Hours: 288.
Grand Total Burden Hours: 1008.

C. Public Comments

A 60-day notice was published in the **Federal Register** at 85 FR 17333 on March 27, 2020. No comments were received.

OBTAINING COPIES OF PROPOSALS: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division (MVCB)by calling 202–501–4755, or emailing *GSARegSec@gsa.gov.* Please cite OMB Control No. 3090–0278, National Contact Center Customer Evaluation Survey, in all correspondence.

Beth Ann Killoran,

Deputy Chief Information Officer.

[FR Doc. 2020–12184 Filed 6–12–20; 8:45 am]

BILLING CODE 6820–CX–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project ''AHRQ Managing Unhealthy Alcohol Use in Primary Care Initiative.'' This proposed information collection was previously published in the **Federal Register** on March 30, 2020 and allowed 60 days for public comment. AHRQ did not receive any comments during the aforementioned public comment period. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by 30 days after date of publication of this notice.

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.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

AHRQ Managing Unhealthy Alcohol Use in Primary Care Initiative

The Affordable Care Act established the Patient-Centered Outcomes Research Trust Fund (PCORTF) and authorized AHRQ to broadly disseminate the research findings published by the Patient-Centered Outcomes Research Institute (PCORI) and other government-funded research relevant to comparative clinical effectiveness research. AHRQ's PCORTF-funded initiative identifies research findings that could significantly improve patient outcomes through broader implementation in clinical practice. Under this initiative, in 2019 AHRQ launched a new initiative, Managing Unhealthy Alcohol Use in Primary Care, in order to promote the uptake of evidence-based practices for unhealthy alcohol use (UAU). As part of this initiative, AHRQ selected six grantees and funded a contractor to support and evaluate the grantees. The grantees will collectively work with more than 700 primary care practices over three years to implement and evaluate strategies to increase the use of evidence-based interventions such as screening for unhealthy alcohol use, brief interventions for adult patients who drink too much, and medication-assisted therapy (MAT) for patients with an alcohol use disorder. The contractor will develop a resource center, convene a technical expert panel, conduct an ongoing environmental scan, support a learning community of grantees, and complete a multisite, mixed methods evaluation.

Unhealthy alcohol use, defined as behaviors ranging from risky drinking to alcohol use disorders (AUD), is estimated to be the third leading cause of preventable death in the United States. Between 2006 and 2010, nearly one in ten deaths were alcohol-related. In addition to early mortality, UAU is associated with a host of adverse outcomes, including unintentional injuries and the development or exacerbation of a range of physical and behavioral health conditions. The Centers for Disease Control and Prevention estimates suggest that excessive alcohol consumption costs the United States $249 billion annually.

Under the UAU initiative, six AHRQ grantees will work to improve the management of UAU in primary care by disseminating and implementing evidence-based practices for screening and brief intervention, referral to treatment (SBI/RT), and MAT in primary care practices. The multi-site, mixed-methods evaluation will include primary data collection by the evaluator,

NORC at the University of Chicago. The evaluation will also include secondary data collected by the six grantee teams working with 750 primary care practices. Collectively the data will allow the evaluator to assess the implementation and impact of the six grants.

The project goals, as laid out in the AHRQ request for applications include:

- Success of recruitment and retention strategies across all six grantees to engage primary care practices for implementation of SBI/RT and MAT, across the initiative;
- Effectiveness of the grantees' collective dissemination and implementation strategies, and the factors associated with the success and/or failure of the strategies as it relates to populations, settings and the influence of contextual factors;
- Success at the practice level in increasing the number of patients screened, identified, and treated; and
- Overall impact on changes in processes or outcomes that can be attributed to the initiative.

This study is being conducted pursuant to AHRQ's statutory authority to broadly disseminate research findings published by the Patient-Centered Outcomes Research Institute and other government-funded research relevant to comparative clinical effectiveness research to physicians, health care providers, and patients. 42 U.S.C 299b–37.

Method of Collection

To achieve the goals of the multi-site evaluation (MSE), AHRQ is requesting OMB approval for three years for new data collection by the evaluator. The evaluator's primary data collection is requested to achieve the goals of the MSE and includes the following data collection activities:

Semi-Structured Qualitative Interviews will take place in-person and/or by telephone with key staff from each grantee team (*i.e.,* principal investigator, co-investigator, evaluation lead, practice facilitation/implementation lead, and project manager) and with clinicians and staff at one primary care practice working with each grantee. Interviews will be conducted annually beginning at the end of Year 1, for a total of three time points per grantee. During Years 1 and 3 the interviews will be conducted by phone, while Year 2 interviews will be collected in-person. The interviews for both grantee teams and primary care practice staff will cover domains such as understanding the practice implementation and changes overtime, methods of supporting practices, barriers and facilitators to implementation, strategies to overcome barriers, and the number and type of staff implementing SBI/RT and MAT.

Secondary data collected by grantees and analyzed by the evaluator will include:

Aggregated process measure data that will be used to assess whether the number of patients receiving SBI/RT and/or MAT increased at the practice level. Grantees will survey all participating primary care practices at the beginning of the initiative to collect data on basic practice characteristics (*e.g.,* size, ownership, staff, and patient population) that can be used to evaluate relationships between practice characteristics and the number of patients receiving SBI/RT and/or MAT. Grantees will also collect quantitative information about the number, duration, and function of contact between practice facilitators and primary care practices to evaluate the relationship between duration, frequency, and type of practice facilitator-practice engagement, and the number of patients screened, receiving brief intervention, and/or treated for UAU. The practice facilitators will collect data to track changes in practices over time and facilitate an overall assessment of what activities the practice is conducting to identify and manage UAU.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to complete the semi-structured Key Informant Interviews. For the three-year clearance period, the estimated annualized burden hours for the interviews are 60.

EXHIBIT 1

Data collection activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Semi-Structured Interviews	60	1	1.0	60
Total	60			60

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete the Key Informant Interviews. The total annualized cost burden is estimated to be $6,109.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Semi-Structured Interviews	60	60	[a] $101.82	$6,109
Total	60	60		6,109

* National Compensation Survey: Occupational wages in the United States May 2018 "U.S. Department of Labor, Bureau of Labor Statistics": *https://www.bls.gov/oes/current/oes_stru.htm.*

[a] Based on the mean wages for *29–1062 Family and General Practitioners.*

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information

dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 9, 2020.

Virginia L. Mackay-Smith,

Associate Director.

[FR Doc. 2020–12804 Filed 6–12–20; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-20–1161; Docket No. CDC–2020–0068]

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 ''Evaluation of Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships.'' This collection is designed to assess the extent to which partnership activities meet the overarching goals for dissemination, communication, and implementation of national engagement efforts in support of the U.S. Department of Health and Human Services' Ending the HIV Epidemic.

DATES: CDC must receive written comments on or before August 14, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2020–0068 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

Evaluation of Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships (OMB Control No. 0920–1161)—Reinstatement without Change—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To address the HIV epidemic in the U.S., the Department of Health and Human Services launched Ending the HIV Epidemic: A Plan for America, which is a cross-agency initiative aiming to reduce new HIV infections in the U.S. by 90% by 2030. CDC's Let's Stop HIV Together campaign (formerly known as Act Against AIDS) is part of the national Ending the HIV Epidemic initiative, and includes resources aimed at reducing HIV stigma and promoting testing, prevention, and treatment across the HIV care continuum.

Within this context, CDC's Division of HIV/AIDS Prevention (DHAP) has and will continue implementing various partnership activities to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV/AIDS in the US and its territories.

DHAP partners will be funded under to (1) support the dissemination of Together campaign materials, messaging, and other CDC resources that support HIV prevention and (2) implement national engagement efforts focusing on HIV prevention and awareness. Partners represent civic/social, media, and LGBT-focused organizations. In addition, DHAP will continue to engage and support the private sector in promoting HIV education, awareness, and policies in the workplace. This may take the form of encouraging businesses to implement HIV/AIDS policies and education programs in the workplace with the overarching goal of increasing public