

**Proposed Project**

Enterprise Laboratory Information Management System (ELIMS) (OMB Control No. 0920–1309, Exp. 11/30/2023)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The collection of specimen information designated for testing by the CDC occurs on a regular and recurring basis (multiple times per day) using an electronic PDF file called the CDC Specimen Submission 50.34 Form or an electronic XSLX file called the Global File Accessioning Template. Hospitals, doctor’s offices, medical clinics, commercial testing labs, universities, State public health laboratories, U.S. Federal institutions, and foreign institutions use the CDC Specimen Submission Form 50.34 when submitting a single specimen to CDC Infectious Diseases laboratories for testing. The CDC Specimen Submission 50.34 Form consists of over 200 data

entry fields (of which five are mandatory fields that must be completed by the submitter) that captures information about the specimen being sent to the CDC for testing. The type of data captured on the 50.34 Form identifies the origin of the specimen (human, animal, food, environmental, medical device or biologic), CDC test order name/code, specimen information, patient information (as applicable), animal information (as applicable) information about the submitting organization requesting the testing, patient history (as applicable), owner information and animal history (as applicable), and epidemiological information. The collection of this type of data is pertinent to ensuring a specimen’s testing results are linked to the correct patient and the final test reports are delivered to the appropriate submitting organization to aid in making proper health-related decisions related to the patient. Furthermore, the data provided on this form may be used by the CDC to identify sources of potential outbreaks and other public-health

related events. When the form is filled out, a user in the submitting organization prints a hard copy of it that will be included in the specimen’s shipping package sent to the CDC. The printed form has barcodes on it that allow the CDC testing laboratory to scan its data directly into ELIMS where the specimen’s testing lifecycle is tracked and managed.

Likewise, the Global File Accessioning Template records the same data as the 50.34 Form but provides the capability to submit information for a batch of specimens (typically 50–1,000 specimens per batch) to a specific CDC laboratory for testing. The CDC testing laboratory electronically uploads the Global File Accessioning Template into ELIMS where the batch of specimens are then logged and are ready to be tracked through their respective testing and reporting workflow.

CDC requests OMB approval for an estimated 2,153 annual burden hours. There is no cost to respondents other than their time for participation.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Medical Scientists, Except Epidemiologists, State Public Health Lab, Medical Assistant, Doctor’s Office/Hospital.	CDC Specimen Submission 50.34 Form.	2,098	12	5/60	2,098
Medical Assistant, Doctor’s Office/Hospital.	Global File Accessioning Template	15	11	20/60	55
<b>Total</b> .....	.....	.....	.....	.....	<b>2,153</b>

**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. 2023–12360 Filed 6–8–23; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day–23–1333; Docket No. CDC–2023–0045]

**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 Feeding My Baby and Me: Infant Feeding Practices Study III (FMB&M–IFPS III). This study is designed to understand the current state of mothers’ intentions, behaviors, feeding decisions, and practices from pregnancy through their child’s first two years of life.

**DATES:** CDC must receive written comments on or before August 8, 2023.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2023–0045 by either of the following methods:

- **Federal eRulemaking Portal:** [www.regulations.gov](http://www.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 H21–8, Atlanta, Georgia 30329.

**Instructions:** All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [www.regulations.gov](http://www.regulations.gov).

**Please note:** Submit all comments through the Federal eRulemaking portal ([www.regulations.gov](http://www.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 H21-8, Atlanta, Georgia 30329; Telephone: 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;

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; and

5. Assess information collection costs.

**Proposed Project**

Feeding My Baby and Me: Infant Feeding Practices Study III (FMB&M-IFPS III) (OMB Control No. 0920-1333, Exp. 4/30/2024)—Extension—National Center for Chronic Disease Prevention and Health Promotions (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Infant Feeding Practices Study (IFPS) III is a longitudinal study that will

follow pregnant women and their new baby for two years. Data will be collected using web-based surveys at multiple time points over two years. This includes: (1) a prenatal survey; (2) 14 follow-up surveys after the baby is born; and (3) 2-4 maternal dietary data recalls. The data from IFPS III will be used to: (1) fill research gaps on how feeding behaviors, patterns, and practice changes over the first two years of life and the health-related impacts; (2) inform multiple Federal agency efforts targeting maternal and infant and toddler nutrition through work in hospitals, with health care providers, with early care and education providers, and outreach to families and caregivers; and (3) provide context to policy level documents such as the *U.S. Dietary Guidelines for Americans*, which will include pregnant women and children birth to 24 months of age for the first time in 2020-2025.

This is an Extension of previously approved data collection efforts. No changes are proposed. OMB approval is requested for one year. Participation is voluntary, and there are no costs to respondents other than their time. The total estimated annualized burden hours requested are 5,051.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annualized burden hours
Pregnant/Postpartum Women .....	Study Screener .....	7,477	1	3/60	125
	Study Consent .....	4,711	1	5/60	131
	Prenatal Survey .....	4,239	1	20/60	471
	24-Hour Dietary Recall—Prenatal ....	2,756	1	24/60	367
	Replicate 24-Hour Dietary Recall—Prenatal.	269	1	24/60	36
	Request for notification of child's birth.	4,239	1	2/60	47
	Birth Screener .....	4,103	1	2/60	46
	1-Month Survey .....	3,693	1	20/60	410
	2-Month Survey .....	3,575	1	15/60	298
	3-Month Survey .....	3,460	1	15/60	288
	24-Hour Dietary Recall—Month 3 ....	2,249	1	24/60	300
	Replicate 24-Hour Dietary Recall—Month 3.	219	1	24/60	29
	4-Month Survey .....	3,350	1	15/60	279
	5-Month Survey .....	3,243	1	15/60	270
	6-Month Survey .....	3,139	1	15/60	262
	8-Month Survey .....	3,038	1	15/60	253
	10-Month Survey .....	2,941	1	20/60	327
	12-Month Survey .....	2,847	1	15/60	237
	15-Month Survey .....	2,756	1	15/60	230
	18-Month Survey .....	2,668	1	15/60	222
21-Month Survey .....	2,582	1	15/60	215	
24-Month Survey .....	2,500	1	15/60	208	
Total .....	.....	.....	.....	.....	5,051

**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. 2023-12361 Filed 6-8-23; 8:45 am]

**BILLING CODE 4163-18-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

**[30Day-23-23AH]**

#### **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 “Community Health Workers for COVID Response and Resilient Communities (CCR) National 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 October 21, 2022 to obtain comments from the public and affected agencies. CDC received two non-substantive 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](http://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**

Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

CDC is requesting approval for a New data collection entitled “Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation.” OMB approval is requested for three years.

In 2021, CDC funded DP21-2109, “Community Health Workers for COVID Response and Resilient Communities (CCR)”. DP21-2109 funds 68 CCR recipients across the United States to train and deploy community health workers (CHWs) to support COVID-19 response efforts and to build and strengthen community resilience to fight COVID-19 through addressing existing health disparities. DP21-2109 is funded for a three-year period, from September 2021 through August 2024. At the same time, CDC also funded two recipients under CDC-RFA-DP21-2110, “Community Health Workers for COVID Response and Resilient Communities (CCR)—Evaluation and Technical Assistance” (CCR-ETA recipients) to design and conduct the national evaluation of DP21-2109 CCR. These two recipients will lead the information collection described in this request.

Both DP21-2109 and DP21-2110 were funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 funds allocated to CDC to

achieve the goal of protecting the American people from the public health impacts of COVID-19. The novel Coronavirus Disease 2019 has impacted communities nationwide. Racial and ethnic minority groups, economically disadvantaged persons, justice-involved individuals, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions have a higher risk of having severe COVID-19 illness and adverse outcomes. Thus, these groups represent the CCR populations of focus.

The purpose of the DP21-2109 CCR national evaluation is to monitor implementation and evaluate implementation and outcomes of CCR. CDC will use resulting information to describe the implementation of CCR at the national level, inform future community-based and CHW-led COVID response programs, and, in conjunction with secondary data sources, assess some important health outcomes, including vaccination rates among populations of focus. This request includes the following information collections:

- *CCR Recipient Survey*: The survey will collect information about: (1) program management; (2) organizational infrastructure; (3) populations of focus served by CCR funded efforts; (4) CHW hiring and compensation; (5) CHW training, certification, and integration into community-based and care COVID response teams; (6) CHW referral tracking systems; (7) non-CDC resources supporting the program; and (8) other aspects of program implementation. The survey will be administered once—at the end of program Year 3—in both English and Spanish using web-based survey software.
- *CHW Survey*: The survey will collect information about: (1) CHW compensation and benefits; (2) core CHW roles during CCR implementation; (3) integration of CHWs into community-based and care COVID response teams; (4) core competency training; (5) supervision; (6) CHW-initiated referrals; and (7) CHW involvement in decision-making. The survey will be administered once—at the end of program Year 3—in English and Spanish using web-based survey software.

CDC requests OMB approval for an estimated 194 annual burden hours. There is no cost to respondents other than their time to participate.

# PUBLIC SUBMISSION

<b>As of:</b> 7/26/23, 6:27 PM
<b>Received:</b> July 10, 2023
<b>Status:</b> Pending_Post
<b>Tracking No.</b> ljx-3j5h-8svd
<b>Comments Due:</b> August 09, 2023
<b>Submission Type:</b> Web

**Docket:** CDC-2023-0045  
Feeding My Baby and Me: Infant Feeding Practices Study III

**Comment On:** CDC-2023-0045-0001  
Feeding My Baby and Me: Infant Feeding Practices Study III 2023-12361

**Document:** CDC-2023-0045-DRAFT-0002  
Comment from National Lactation Consultant Alliance

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## Submitter Information

**Email:** Marshalact@gmail.com  
**Organization:** National Lactation Consultant Alliance

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## General Comment

See attached file.

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## Attachments

CDC comments Feeding My Baby

Docket No. CDC–2023– 0045

Understanding more about how mothers make infant feeding choices is important for improving nutrition and health for our nation’s children.

We wish to comment on Form 0920-20FO; 4d-Month 1 survey-Revised. B32. **After coming home from the hospital, did any of the following people help you with breastfeeding by showing you how or talking to you about breastfeeding?**

The choices of providers in answer to this question should be more specific. The term “lactation support provider” is too generic and does not adequately differentiate among the various categories of lactation personnel. There is no such thing as a “certified lactation consultant.” There is only one kind of lactation consultant—the International Board Certified Lactation Consultant (IBCLC®). The Women’s Preventive Services Initiative (WPSI) clearly specifies the differences between clinical lactation care providers and breastfeeding educators or counselors.<sup>1</sup>

*Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/breastfeeding educators and peer supporters.*

The delivery of risk appropriate care allows the proper matching of provider to patient and problem. It is important for policy makers to recognize that they may not get a clear picture of who is helping breastfeeding mothers or the efficacy of such help unless they specify the various categories from which the mothers can choose their answer. The IBCLC® provides clinical lactation care while breastfeeding/lactation educators, counselors, and doulas provide basic education and support. There should be a question regarding the effectiveness of breastfeeding care that was received based on the type of provider delivering the care. It is important to know if the breastfeeding interventions received were effective and who provided it. These interventions are directly related to the initiation, duration, and exclusivity of breastfeeding. Differentiating lactation personnel can help direct Federal agencies to target breastfeeding improvement interventions that provide optimal health outcomes.

Continuation of this survey can aid policy makers, legislators, public health efforts, and government agencies to better direct funding and develop programs to improve breastfeeding initiation, duration, and exclusivity as a means to reduce maternal/infant morbidity and mortality.

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<sup>1</sup> <https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>



September 7, 2023

National Lactation Consultant Alliance:

Thank you for providing your comment on Form 0920-20FO; 4d-Month 1 survey-Revised. B32. The Feeding My Baby and Me: Infant Feeding Practices Study III is currently in the field. Because of this, we are not able to change a question on surveys at this time because it would not allow us to have similar data collection efforts for all study participants. We can consider these comments for questions on future studies.

Sincerely,

Heather C. Hamner PhD, MS, MPH

Centers for Disease Control and Prevention

# PUBLIC SUBMISSION

<b>As of:</b> 8/17/23, 3:04 PM
<b>Received:</b> August 03, 2023
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<b>Posted:</b> August 16, 2023
<b>Tracking No.</b> lkv-dxca-dahq
<b>Comments Due:</b> August 09, 2023
<b>Submission Type:</b> Web

**Docket:** CDC-2023-0045  
Feeding My Baby and Me: Infant Feeding Practices Study III

**Comment On:** CDC-2023-0045-0001  
Feeding My Baby and Me: Infant Feeding Practices Study III 2023-12361

**Document:** CDC-2023-0045-0003  
Comment from Anonymous

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## Submitter Information

**Name:** Anonymous Anonymous  
**Email:** cdewinter22@georgefox.edu

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## General Comment

I think that this study could provide some very helpful information when it comes to the nutrition of infants. I believe there is the potential to receive information from somewhat of low income families, due to this being a paid survey, that could provide vital information on the nutrition that low income parents are able to provide to their children. If this information is used to the best of its ability, the outcome that rise from this could play an important and life changing role in the physical well being of many children.

# PUBLIC SUBMISSION

<b>As of:</b> 8/17/23, 3:05 PM
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<b>Comments Due:</b> August 09, 2023
<b>Submission Type:</b> Web

**Docket:** CDC-2023-0045  
Feeding My Baby and Me: Infant Feeding Practices Study III

**Comment On:** CDC-2023-0045-0001  
Feeding My Baby and Me: Infant Feeding Practices Study III 2023-12361

**Document:** CDC-2023-0045-0004  
Comment from WhoPoo App

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## Submitter Information

**Organization:** WhoPoo App

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## General Comment

The Biden administration hates babies so concern over infant feeding practices is really strange.

the Biden administration said that federal law preempts state abortion bans when emergency care is needed and that the federal government can penalize institutions or providers that fail to provide abortions as needed to treat medical emergencies.

“Under the law, no matter where you live, women have the right to emergency care – including abortion care,” HHS Secretary Xavier Becerra said in a news release Monday. “Today, in no uncertain terms, we are reinforcing that we expect providers to continue offering these services, and that federal law preempts state abortion bans when needed for emergency care.” Reminder that the vast majority of abortions in the United States today are due to not wanting the baby and have nothing to do with emergency care or health.

“We heard a lot from physicians that we needed to be clearer on these points because people were still too scared to treat people,” a senior adviser with HHS said in a background briefing. The new guidance is “meant to try to provide that reassurance here on the clinical judgment of these physicians and hospitals.” Will the CDC be recommending Americans let their babies die in accordance with pro abortion statements provided by the HHS?