

1. *Lake Central Financial, Inc.*, Annandale, Minnesota; to acquire State Bank of Danvers, Benson, Minnesota.

B. *Federal Reserve Bank of Kansas City* (Jeffrey Imgarten, Assistant Vice President) One Memorial Drive, Kansas City, Missouri 64198–0001. Comments can also be sent electronically to KCApplicationComments@kc.frb.org.

1. *Vista Holding Company, St. Louis, Missouri*; to become a bank holding company by acquiring Mohler Bancshares, Inc., and thereby indirectly acquiring The First National Bank of Harveyville, both of Harveyville, Kansas.

C. *Federal Reserve Bank of San Francisco* (Joseph Cuenco, Assistant Vice President) 101 Market Street, San Francisco, California 94105–1579. Comments can also be sent electronically to:

sf.fisc.comments.applications@sf.frb.org.

1. *BancPacific Financial Holding Corporation, Hagatna, Guam, and Marianas Finance Corporation, Tamuning, Guam*; to become bank holding companies by acquiring BancPacific Ltd., Hagatna, Guam, upon the conversion of BankPacific Ltd., from a savings association to a commercial bank.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–10761 Filed 5–18–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–23CO]

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 “National Center for Health Statistics (NCHS) Rapid Surveys System (RSS)” 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 February 17, 2023 to obtain comments from the public and affected agencies. CDC received two 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

National Center for Health Statistics (NCHS) Rapid Surveys System (RSS)—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, collect data about the health of the population of the United States. The NCHS Rapid Surveys

System (RSS) will collect data on emerging public health topics, attitudes, and behaviors using cross-sectional samples from two commercially available, national probability-based online panels. The RSS will then combine these data to form estimates that approximate national representation in ways that many data collection approaches cannot. The RSS is intended to collect data in contexts in which decision makers’ need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

The RSS will complement NCHS’s current household survey systems. As quicker turnaround surveys that require less accuracy and precision than CDC’s more rigorous population representative surveys, the RSS will incorporate multiple mechanisms to carefully evaluate the resulting survey data for their appropriateness for use in public health surveillance and research (e.g., hypothesis generating) and facilitate continuous quality improvement by supplementing these panels with intensive efforts to understand how well the estimates reflect populations at most risk. The RSS data dissemination strategy will communicate the strengths and limitations of data collected through online probability panels as compared to more robust data collection methods.

The RSS has three major goals: (1) to provide CDC and other partners with time-sensitive data of known quality about emerging and priority health concerns; (2) to use these data collections to continue NCHS’s evaluation of the quality of public health estimates generated from commercial online panels; and (3) to improve methods to communicate the appropriateness of public health estimates generated from commercial online panels.

Each round’s questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institute, and Offices, and other HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from Components 1 and 2 to provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from Components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in

Components 1 and 2. Components 1 and 2 will contain different topics in each round of the survey. NCHS will submit a 30-day **Federal Register** Notice with information on the contents of each round of data collection.

In the first round of RSS, contributed content is included on knowledge, attitudes, and beliefs regarding Long COVID; mammograms and notifications about breast density; medical procedures on fallopian tubes and ovaries; concerns about genetic testing; knowledge about the relationship between alcohol use and cancer; sunscreen use and beliefs about sunscreen; use of chemical hair straighteners, relaxers, or pressing products; use of air cleaners or purifiers in the home; intimate partner violence; and new questions about race and ethnicity to assist in the development of recommendations on how to improve the quality and usefulness of OMB Statistical Policy Directive No. 15.

NCHS will calibrate data from the RSS to other surveys. Questions used for calibration in the first round of RSS will include marital status and employment, social and work limitations, use of the internet in general and for medical reasons, telephone use, civic

engagement, and language used at home and in other settings. All these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data.

Finally, several questions that were previously on NHIS will be used for benchmarking. Panelists in the RSS will be asked if they have been told they have chronic conditions including hypertension, high cholesterol, coronary heart disease, asthma, diabetes, and Long COVID. Questions about self-reported health; pregnancy status; height and weight, difficulty paying medical bills; access to and use of medical, dental, eye care and physical therapy; preventive care; mental health; and cigarette use will be used to benchmark the RSS to NCHS surveys.

The RSS is designed to have four rounds of data collection each year with data being collected by two contractors with probability panels. A cross-sectional nationally representative sample will be drawn from the online probability panel maintained by each of the contractors. As part of the base (minimum sample size), each round of data collection will collect 2,000 responses per quarter. The RSS can be expanded by increasing the number of

completed responses per round or the number of rounds per year as needed up to a maximum of 28,000 responses per year per contractor or 56,000 total responses per year. Additionally, each data collection may include up to 2,000 additional responses per quarter (8,000 for the year) to improve representativeness. This increases the maximum burden by up to 16,000 responses per year. The RSS may also target individual surveys to collect data only from specific subgroups within existing survey panels and may supplement data collection for such groups with additional respondents from other probability or nonprobability samples. An additional 12,000 responses per year may be used for these developmental activities. Survey questions being asked of the panelists will be cognitively tested. This cognitive testing will help survey users interpret the findings by understanding how respondents answer each question.

CDC requests OMB approval for an estimated 28,079 burden hours annually over the course of the three-year approval period. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---------------------|---|-----------------------|------------------------------------|--|
| Adults 18+ | Base Surveys | 16,000 | 1 | 20/60 |
| Adults 18+ | Potential Sample Expansion | 40,000 | 1 | 20/60 |
| Adults 18+ | Additional Surveys to Increase Representativeness | 16,000 | 1 | 20/60 |
| Adults 18+ | Developmental: Additional Surveys for Specific Subgroups .. | 12,000 | 1 | 20/60 |
| Adults 18+ | Cognitive interviews | 80 | 1 | 1 |

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, 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

[60Day-23-0841; Docket No. CDC-2023-0038]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled “Management Information System for Comprehensive Cancer Control Programs”. The CDC will use annual key informant interviews and biennial NCCCP survey to monitor program outcomes and report progress to CDC yearly.

DATES: CDC must receive written comments on or before July 18, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2023-0038 by either of the following methods:

- *Federal eRulemaking Portal:* www.regulations.gov. Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600