Change Request

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Pregnancy Risk Assessment Monitoring System (PRAMS)

(OMB Control No. 0920-1273, Expiration Date: 05/31/2029)

JUSTIFICATION MEMORANDUM FOR NON-SUBSTANTIVE CHANGE REQUEST

Summary

We request a non-substantive change to OMB control number 0920-1273 to remove the requirement for a discrete OMB consultation step prior to adjusting participant incentive amounts, and to delegate that determination to the local Public Health Department, IRB, and CDC.

Attachments

- Attachment 5: PRAMS Response Gifts and Incentives by Jurisdiction

Background and Justification

Background. In the last extension and revision request approved by OMB on May 26, 2026, PRAMS provided a list of PRAMS Response Gifts and Incentives by Jurisdiction (previously submitted as Attachment 5). On this list jurisdictions individually select gifts (offered to all sampled mothers) and response incentives (offered to mothers who responded to the survey) without CDC input based on the following criteria: what they can afford, what appeals to women in their population, and what is allowed by their jurisdictional health department and local IRB. At the time of the initial Paperwork Reduction Act approval for PRAMS, jurisdictions were providing a range of incentives which, in some cases, were valued over $25. Currently as outlined in **Attachment 5**, in the event a jurisdiction would like to offer a new response incentive greater than $25: 1) CDC will consult with OMB; 2) CDC will document incentive size and response rates, particularly for populations that are less likely to respond; and 3) CDC will also work with jurisdictions to conduct experiments to assess the impact of changes to incentive size.

Several jurisdictions are requesting to increase their incentives to greater than $25. This amendment proposes to remove the requirement for a discrete OMB consultation step prior to adjusting participant incentive amounts, and to delegate that determination to the local public health department, IRB, and CDC. The intent is to reduce administrative burden and processing time for jurisdictions and CDC program staff, not to reduce the rigor or accountability of the incentive-setting process.

Justification. 1) *Oversight already exists at multiple levels*: Incentive adjustments under this collection are not made unilaterally. Any proposed incentive increase already requires:

- Local IRB review and approval, which evaluates whether the incentive amount is appropriate and does not constitute undue inducement or coercion for the study population;
- Local public health department approval, which assesses operational necessity, budget, and community-specific recruitment or retention context; and
- PRAMS CDC program office concurrence, which ensures consistency with the study's scientific design and federal program standards.

2) *Burden and efficiency impact*: The current sequential consultation requirement adds processing time to a decision that is often time-sensitive (e.g., addressing an active response rate shortfall in a specific jurisdiction). Delays in adjusting incentives can directly affect data collection timelines, sample size targets, and the representativeness of the resulting data. Removing this step is expected to reduce turnaround time for jurisdictions requesting an adjustment and reduce coordination burden for CDC staff who currently route, track, and follow up on these consultations.

3) *Continued transparency and accountability*: CDC will continue to:

- Document all incentive determinations, including the justification and approving parties;
- Report incentive adjustments as part of standard progress reporting or renewal materials; and
- Retain the current $25 baseline as the reference point, with any deviation subject to the multi-party review described above.

Effect of Proposed Changes on Currently Approved Instruments and Burden Estimate

Form Attachment Number and Title	Revised Question or Text/Instructions	Other Change	Burden Impact*
Attachment 5	N/A: Current change request does not affect approved instruments	To remove the requirement for a discrete OMB consultation step prior to adjusting participant incentive amounts, and to delegate that determination to the local Public Health Department, IRB, and CDC.	None