reliable courier service will be costly and requires a considerable amount of time to complete the registration process.

Response: GSA has taken several actions to address alleged fraudulent activity in the System for Award Management (SAM). The measures GSA has put in place to help prevent improper activity in SAM include masking specific data elements in the entity registration even for authorized entity users; requiring “parent” approval of new registrations for their “child” entities; multi-factor authentication using login.gov and notifying Entity Administrators when there is a change in the entity’s bank account information. Requiring the formal appointment of the Entity Administrator by original, signed notarized letter ensures that the individual(s) reporting for their entity are associated with the entity and provides a validation of the letter submittor’s identity by the notary. GSA is actively pursuing technical alternatives to replace and/or supplement the collection of notarized letters.

C. Annual Reporting Burden

Respondents: 686,400.
Responses per Respondent: 1.
Total Annual Responses: 686,400.
Hours per Response: 2.25.
Total Burden Hours: 1,544,400.

The information collection allows GSA to request the notarized letter, and apply this approach to new registrants (an average of 7,200 per month) and to existing SAM registrants (an average of 50,000 re-register per month).

Entities registered and registering in SAM are provided the template for the requirements of the notarized letter. It is estimated that the Entity Administrator will take on average 0.5 hour to create the letter and 0.25 hour to mail the hard copy letter. GSA proposes that an Entity Administrator equivalent to a GS–5, Step 5 Administrative Support person within the Government would perform these tasks. The estimated hourly rate of $24.70 (Base + Locality + Fringe) was used for the calculation.

Based on historical data of the ratio of small entities to other than small entities registering in SAM, GSA approximates 32,200 of the 57,200 new and existing entities (re-registrants) will have in-house resources to notarize documents. GSA proposes that the entities with in-house notaries will typically be large businesses where the projected salary of the executive or officer responsible for signing the notarized letter is on average approximately $150 per hour. The projected time for signature and notarizing the letter internally is 0.5 hour.

The other remaining 25,000 new and existing entities (re-registrants) per month are estimated to be small entities where the projected salary of the executive or officer responsible signing the notarized letter is on average approximately $100 per hour. These entities will more likely have to obtain notary services from an outside source. The projected time for signature and notarizing the letter externally is 1 hour. The estimate includes a nominal fee ($5.00) usually charged by third-party notaries.

D. Public Comments

Public comments are particularly invited on: Whether this collection of information is necessary, whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

Obtaining Copies of Proposals:
Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405. ATTN: Information Collection Submittal for System for Award Management Registration. Please cite OMB Control No. 3090–0317; Notarized Document Submittal for System for Award Management Registration, in all correspondence.


David A. Shive,
Chief Information Officer.

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BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[60-Day–18–18ARO; Docket No. ATSDR–2018–0007]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Agency for Toxic Substances and Disease Registry (ATSDR), 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 “Prenatal Assessment of Environmental Risk (PAER)”.

This web-based data collection will provide information on behavioral risks for environmental exposures for patients seeking preconception and prenatal care, and for their reproductive health care clinicians (RHCCs).

DATES: ATSDR must receive written comments on or before November 5, 2018.

ADDRESSES: You may submit comments, identified by Docket No. ATSDR–2018–0007 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. ATSDR 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
Health of mothers and babies. Reducing exposure to toxic environmental agents before conception and during pregnancy last 10 to 15 years has shown that women can cross the placenta to the fetus. The scientific evidence over the time. This data analysis will allow clinicians and patient education on the most prevalent region-specific environmental exposures. ATSDR and partner organizations can use this information to shape educational initiatives and counseling guidance on ways women can lower environmental exposure risk.

The PAER survey is web-based, and includes multiple-choice questions and one open-ended question. These questions are divided into five topic areas: Lifestyle; home; food and water; cans, bottles, and containers; and getting ready for the baby. The PAER survey focuses on 11 common types of environmental exposures: Air pollution, benzene, bisphenol A (BPA), flame retardants, lead, mercury, polychlorinated biphenyls (PCBs), pesticides, phthalates, smoking, and volatile organic compounds (VOCs).

There are two types of respondents who will participate in the PAER data collection, reproductive health care clinicians (RHCCs), and women of reproductive age who are seeking preconception or prenatal care. RHCCs will include obstetricians/gynecologists, family medicine physicians, nurse practitioners and physician assistants, and nurse midwives who are involved in the care of these women.

RHCCs (the first type of respondent) who choose to participate in the PAER process will be required to register with ATSDR, and gain approval to participate and establish credentials through CDC’s Secure Access Management Services (SAMS). ATSDR will provide online training resources to instruct RHCCs how to register themselves and their clinic for PAER, to recruit patients, to utilize environmental histories and PAER resources for patient counseling, and to link PAER results to their patient health records. Online registration and training module components are estimated to take 30 minutes per RHCC.

Each RHCC who participates in PAER will also invite their patients to complete the environmental exposure survey by email or text, link their patients’ survey response data with the invitations sent and health records, and provide counseling to individual patients to aid in modifying behavior to lower environmental exposure risks. These components are estimated to take RHCCs 30 minutes per patient.

Of note, ATSDR will not receive any information from the patients’ electronic health records. RHCCs will invite their patients to participate outside of the PAER application, and will be responsible for protecting the patient information provided to them within PAER in accordance with the 1996 Health Insurance Portability and Accountability (HIPAA) guidelines.

Based on ACOG estimates, the number of practicing RHCCs in the U.S. is approximately 35,586. On average over the next three years, ATSDR estimates that up to 15 percent (n = 5,338) of these clinicians will participate in the PAER process each year through online registration and training. For purposes of this publication, ATSDR assumes the RHCCs represent the full effort of clinic staff. The
annualized frequency of response (12 per RHCC) is based on ATSDR assumptions about the number of patients who will take part in the PAER survey as described below.

Women who receive preconception or prenatal care (the second type of respondents) may respond to the PAER environmental exposure history by accessing the online PAER survey through the application internet home page or through their RHCC’s email/text invitation. ATSDR assumes that 5 percent of these women will participate in PAER over the next three years (or 1.67 percent per year). Using the 3,976,497 births reported in the 2015 U.S. Vital Statistics to represent the number women who receive preconception or prenatal care, 1.67 percent equals to 66,441 women who will take part in the PAER survey each year. Thus, each RHCC is assumed to interact with 12 such patients per year (66,441/5,338 = 12). The time for women to respond to the survey is estimated at 10 minutes per patient.

Participation in the PAER process and survey is voluntary. There is no cost to respondents other than their time. The total annualized time burden requested is 45,772 hours. A summary of the estimated annualized burden hours is shown in the table that follows.

### ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive Health Care Clinicians (RHCCs),</td>
<td>PAER Online Registration for RHCCs</td>
<td>5,338</td>
<td>1</td>
<td>15/60</td>
<td>1,335</td>
</tr>
<tr>
<td></td>
<td>PAER Training Materials for RHCCs</td>
<td>5,338</td>
<td>1</td>
<td>15/60</td>
<td>1,335</td>
</tr>
<tr>
<td></td>
<td>PAER Email/Text Invitation, Data Linkage, and Counseling Access and Respond to PAER Survey</td>
<td>66,441</td>
<td>1</td>
<td>10/60</td>
<td>11,074</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45,772</td>
</tr>
</tbody>
</table>

Jeffrey M. Zirger,

SUPPLEMENTARY INFORMATION:
Public Participation

Interested persons or organizations are invited to submit written views, recommendations, and data about how investing in communities can improve health and prosperity. Examples may include:
(1) Available data, evidence and/or experience(s) (a) that suggest private sector investments in community health have (directly or indirectly) improved health and prosperity of the workforce and communities; (b) that healthier communities help private sector businesses to be more efficient, profitable, successful, or competitive; (c) description of data systems and evaluation frameworks that might contribute to supporting community health investment decisions, evaluating success and impact; and (d) case studies, examples, reviews and meta-analyses, data linkages, promising and emerging ideas, and best practices;

(2) Types of investments the private sector and local policy makers can consider to improve health and wellness of employees and families, and community well-being and prosperity;

(3) Types of partners or coalitions that have invested in community health and the scope of their collaborations contributions;

(4) Descriptions of important barriers to and facilitators of success;