FEDERAL LABOR RELATIONS
AUTHORITY
Senior Executive Service Performance
Review Board

AGENCY: Federal Labor Relations
Authority.

ACTION: Notice.

SUMMARY: The Federal Labor Relations
Authority (FLRA) publishes the names of
the persons selected to serve on its
SES Performance Review Board (PRB).
This notice supersedes all previous
notices of the PRB membership.

DATES: Upon publication.

ADDRESSES: Written comments about
this final rule can be mailed to the Case
Intake and Publication Office, Federal
Labor Relations Authority, 1400 K Street
NW, Washington, DC 20424. All written
comments will be available for public
inspection during normal business
hours at the Case Intake and Publication
Office.

FOR FURTHER INFORMATION CONTACT:
William Tosick, Executive Director,
Federal Labor Relations Authority, 1400
K St. NW, Washington, DC 20424, (202)
218–7791, wtosick@flra.gov.

SUPPLEMENTARY INFORMATION: Section
4314(c) of Title 5, U.S.C. requires each
agency to establish, in accordance with
regulations prescribed by the Office of
Personnel Management, one or more
PRBs. The PRB shall review and
evaluate the initial appraisal of a senior
executive’s performance by the
supervisor, along with any response by
the senior executive, and make
recommendations to the final rating
authority relative to the performance of
the senior executive.

The persons named below have been
selected to serve on the FLRA’s PRB.

PRB Chairman:
William Tosick, Executive Director

PRB Members:
Kimberly D. Moseley, Executive
Director, Federal Service Impasses
Panel; Douglas Fitzgerald, Director,
Division of Longshore and Harbor
Workers’ Compensation at U.S.
Department of Labor; Richard Jones,
Atlanta Regional Director; and
Paula Chandler, Director, Human
Resources Division, FLRA, as an ex
officio member.

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

[30Day–19–0969]

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 “Monitoring
Changes in Attitudes and Practices
among Family Planning Providers and
Clinics” 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 June 8,
2018 to obtain comments from the
public and affected agencies. CDC
received one substantive and five 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,
\textit{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 or
send an email to omb@cdc.gov. 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

Monitoring Changes in Attitudes and
Practices among Family Planning
Providers and Clinics (OMB Number
0920–0969, Expiration Date: 05/31/
2014)—Reinstatement with Change—
National Center for Chronic Disease
Prevention and Health Promotion
(NCCDPHP), Centers for Disease
Control and Prevention (CDC).

Background and Brief Description

The Division of Reproductive Health
(DRH) at the Centers for Disease
Control and Prevention (CDC) and the HHS
Office of Population Affairs (OPA)
develop and disseminate guidance to
improve the use of contraception and
the delivery of quality family planning
services. The U.S. Medical Eligibility
Criteria for Contraceptive Use (US
MEC), the first national guidance on
family planning containing evidence-
based recommendations for the safe use
of contraceptive methods for women
and men with specific characteristics
and medical conditions, was first
published by the CDC in June 2010. The
US Selected Practice Recommendations
for Contraceptive Use (US SPR), which
provides guidance on how to use
contraceptive methods safely and
effectively once they are deemed to be
medically appropriate, was first
published by the CDC in June 2013. The
US MEC and US SPR were updated after
review of the scientific evidence and
consultation with national experts in
family planning; the revised US MEC
and US SPR were published in August
2016.

Providing Quality Family Planning
Services (QFP), which provides
evidence-informed recommendations to
improve client care and service delivery
infrastructure to support the provision
of quality family planning services to
women and men of reproductive age in
the United States, was published by
CDC and OPA in April 2014. The US
MEC, US SPR, and QFP have been
widely disseminated to health care
providers and other constituents via
professional organizations, federal
program grantees, scientific and
programmatic meetings, scientific
manuscripts, online resources, and other avenues.

To monitor changes in attitudes and practices regarding provision of contraception among family planning providers and clinics, we initiated a multi-phase assessment. In 2009–2010, CDC carried out the first phase of the assessment, collecting information before the release of the US MEC (OMB No. 0920–0008). In 2013–2014, CDC, in collaboration with OPA, carried out the second phase of the assessment, collecting information before the release of the US SPR and QFP (OMB No. 0920–0969). These information collections provided useful knowledge about attitudes and practices of family planning providers. CDC and OPA used the findings to develop educational materials and opportunities for health care providers.

In 2018, in collaboration with OPA, CDC plans to request a reinstatement of OMB No. 0920–0969, ‘Monitoring Changes in Attitudes and Practices among Family Planning Providers and Clinics’ to carry out the third phase of the assessment. As in the previous phases, the information collection will allow CDC and OPA to improve family planning-related practice by: (1) Understanding the current use of contraception guidance in practice, including awareness and use of the US MEC, US SPR and QFP; (2) describing current attitudes and practices among family planning providers and clinics related to recommendations included in the US MEC, US SPR, and QFP and assessing changes from previous data collections; and (3) identifying training needs in use of guidance and family planning service delivery (e.g., provider tools, continuing education modules).

As in previous phases of data collection, CDC plans to administer surveys to private and public sector family planning providers and clinic administrators in the United States. The design, methodology, and analytic approach that CDC plans to implement are based on methods previously approved for the 2013–2014 survey, with different instruments being administered to providers and clinic administrators. Minor changes to survey content will be made to eliminate unnecessary questions, add new questions of interest, and improve formatting, usability, and data quality. The estimated burden per response for providers is 15 minutes and has not changed since the previous OMB approval. The estimated burden per response for administrators will be reduced from 40 minutes to 35 minutes. The total burden for participants is estimated at 1,916 hours. Participation is voluntary and there are no costs to respondents other than their time. OMB approval is requested for one year.

### ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Type of respondents</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>
</tr>
</thead>
<tbody>
<tr>
<td>Office-based physicians (private sector)</td>
<td>2018–2019 Survey of Health Care Providers about Family Planning Attitudes and Practices.</td>
<td>1,000</td>
<td>1</td>
<td>15/60</td>
</tr>
<tr>
<td>Title X clinic providers (public sector)</td>
<td>2018–2019 Survey of Health Care Providers about Family Planning Attitudes and Practices.</td>
<td>1,000</td>
<td>1</td>
<td>15/60</td>
</tr>
<tr>
<td>Non-Title X clinic providers (public sector)</td>
<td>2018–2019 Survey of Health Care Providers about Family Planning Attitudes and Practices.</td>
<td>1,000</td>
<td>1</td>
<td>15/60</td>
</tr>
<tr>
<td>Title X clinic administrators (public sector)</td>
<td>2018–2019 Survey of Administrators of Health Centers that Provide Family Planning.</td>
<td>1,000</td>
<td>1</td>
<td>35/60</td>
</tr>
<tr>
<td>Non-Title X clinic administrators (public sector)</td>
<td>2018–2019 Survey of Administrators of Health Centers that Provide Family Planning.</td>
<td>1,000</td>
<td>1</td>
<td>35/60</td>
</tr>
</tbody>
</table>

Jeffrey M. Zirger,

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 Report of Illness or Death: Interstate Travel of Persons (42 CFR part 70) 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 August 21, 2018 to obtain comments from the public and affected agencies. CDC did not receive 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.