Proposed Project

Evaluation Reporting Template for National and State Tobacco Control Program (OMB Control No. 0920–1390, Exp. 3/31/2026)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National and State Tobacco Control Program (NTCP) was created in 1999 to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths. The NTCP provides funding and technical support to state and territorial health departments. NTCP funds 50 states, Washington, DC, Puerto Rico, and Guam. NTCP-funded programs are working to eliminate exposure to secondhand smoke, promote quitting among adults and youth, prevent initiation among youth and young adults, and identify and eliminate tobacco-related disparities. To reach these goals, the programs implement state and community interventions, mass-reach health communication interventions, tobacco use and dependence treatment interventions, and conduct surveillance and evaluation. This information collection project supports the NTCP tobacco program managers, administrators, and evaluators by specifying which information should be included in their annual evaluation reports. Furthermore, the information collected via this form will allow CDC to monitor and evaluate program performance; document facilitators and barriers, lessons learned, and promising practices; establish processes to support continuous program improvement and development; and assess the effectiveness and outcomes of the NTCP. This information collection request (ICR) pertains to the form titled ''Evaluation Reporting Template for National and State Tobacco Control Program'' (ERT). The collection of this information is part of a federal reporting requirement for funds received by NTCP recipients. The information collection form consolidates information necessary for evaluation of the NTCP. The data collected through the Evaluation Reporting Template for National and State Tobacco Control Program (ERT) was compared to all other potential evaluation data sources and designed not to duplicate any information collected in other tools. By contrast, the ERT will collect process and outcome evaluation findings resulting from individual evaluations designed by each NTCP recipient; findings will include contextual factors, indicators, lessons learned, and information about health inequities and health disparities.

Recipients will use the Evaluation Reporting Template for National and State Tobacco Control Program to report information to CDC about their Tobacco Control Program evaluation findings. Each recipient will submit an Evaluation Report template annually. Intended respondents include 53 cooperative agreement recipients. The estimated burden per response is eight hours for each Annual Evaluation Report and the total estimated annualized burden is 424 hours. CDC requests a three-year approval.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State and Territorial Health Department Tobacco Control Program Staff.	Evaluation Reporting Template for National and State Tobacco Control Program.	53	1	8

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1391]

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 ''Enhancing Data-driven Disease Detection in Newborns (ED3N)'' 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 July 18, 2025 to obtain comments from the public and affected agencies. CDC received 1,135 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

Enhancing Data-driven Disease Detection in Newborns (ED3N) (OMB Control No. 0920–1391, Exp. 4/30/2026)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Newborn Screening and Molecular Biology Branch (NSMBB), in the National Center for Environmental Health (NCEH) Division of Laboratory Science (DLS), has the only laboratory in the world devoted to ensuring the accuracy of newborn screening (NBS) tests in every state and more than 78 countries. NSMBB supports NBS programs by conducting research, developing methods, and performing analyses by using complex, state-of-the-art molecular and biochemical techniques for identifying risk factors for diseases of public health importance. Both NSMBB and state NBS programs are experiencing increased data analytic challenges associated with continued expansion of the number of newborn screening diseases, increased complexity of disease detection, and difficulties in correlating disease markers with disease risk. Further, the addition of late-onset diseases to NBS panels necessitates a better way to routinely capture clinical information and outcomes so that NBS programs can fully appreciate the spectrum of disease they are detecting.

The NSMBB is requesting a three-year Paperwork Reduction Act (PRA) clearance for Enhancing Data-driven Disease Detection in Newborns (ED3N), a national NBS data platform, that will address these analytic and post-analytic challenges and promote sharing of molecular, biochemical, and clinical information amongst NBS partners. The information will better equip NSMBB and newborn screening partners to assess disease risk and will help harmonize approaches for disease detection in newborns. Given the rarity of newborn screening diseases, it is imperative that data be collected and analyzed at a national level in order to glean useful insights and to analyze trends. The NSMBB is best suited to oversee this work given its role in providing technical assistance to NBS programs nationally.

Numerous studies along with presentations by NBS programs suggest that gaps in programmatic resources and expertise are hampering the ability to perform more complex data analytics resulting in low positive predictive values for a number of conditions (which subsequently results in higher false positive and negative rates and downstream burden to families and the medical system). Smaller-scale work on the use of post-analytical tools such as machine learning algorithms have shown that incorporation of these elements into newborn screening can improve detection rates, while reducing false positives. These studies, however, have been limited to single sites and have not been integrated into the daily workflow of high-throughput NBS programs. Without this project, NBS programs will continue to be unable to keep up with the increasing complexity and future demands of screening, perpetuating inequities in screening across the nation. Since approval, the CDC's ED3N project has worked with fourteen NBS programs to develop and pilot one of the modules, providing the needed platform to assist states in expanding their screening and interpretation capacity. Additional programs have been engaged in defining the other modules and in piloting data transfer mechanisms.

The estimated annualized burden hours were determined as follows. There are 53 domestic NBS programs in the United States. A ''respondent'' refers to a single NBS program. Given that data submission will ultimately be accomplished through automatic electronic data transfer, each respondent's burden hours were split into two estimates: (1) the one-time need to set-up, test, and implement the electronic data transfer mechanism; and (2) the ongoing automatic electronic data transfer occurring after initial set-up. Initial set-up time burden was estimated based on analysis of similar data transfer projects embarked upon by NBS programs as well as brief discussions with NBS Program Laboratory Information Management System vendors. The one-time burden to set-up the data transfer interface was estimated to be 40 hours total, annualized to 14 hours per year per respondent. Ongoing daily data submission burden was estimated assuming one minute for each automatic transfer thereafter. CDC has estimated the total annualized burden for this project to be 1,064 hours per year.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Newborn Screening Programs	Set-up and initial submission of ED3N Data Elements	53	1	14
	Ongoing transfer of ED3N Data Elements	53	365	1/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1273]

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 ''Pregnancy Risk Assessment Monitoring System (PRAMS)'' 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 November 21, 2025, to obtain comments from the public and affected agencies. CDC received 419 comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.