POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

Records kept by a Federal agency are maintained in accordance with the General Records Retention Schedules issued by the National Archives and Records Administration (NARA) or an agency and NARA approved records disposition schedule.

- GRS 01.1/010 Financial Transaction Records Related To Procuring Goods And Services, Paying Bills, Collecting Debts, And Accounting.
- Retention Instructions: Temporary. Destroy 6 years after final payment or cancellation, but longer retention is authorized if required for business use.
- Legal Disposition Authority: DAA–GRS–2013–0003–0001 (GRS 01.1/010).
- Approved by NARA: 6/12/2014.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

Records in the system are protected from unauthorized access and misuse through a combination of administrative, technical, and physical security measures. Administrative measures include, but are not limited to, policies that limit system access to individuals within an agency with a legitimate business need and regular review of security procedures and best practices to enhance security. Technical measures include, but are not limited to, system design that allows authorized system users access only to data for which they are responsible, required use of multifactor authentication, and use of encryption for data transfers. Physical security measures include, but are not limited to, the use of data centers which meet NIST requirements for storage of sensitive data.

RECORD ACCESS PROCEDURES:

Requests from individuals should be addressed to the appropriate administrative office for the agency that is authorizing and/or reimbursing their travel. Individuals must furnish their full name to the authorizing agency for their records to be located and identified. Alternatively, if an individual wishes to access any data or record pertaining to him or her in the system after it has been submitted, that individual could also consult the GSA's Privacy Act implementation rules available at 41 CFR part 105–64.2.

CONTESTING RECORD PROCEDURES:

Individuals wishing to request amendment of their records should contact the appropriate administrative office for the agency that authorized and/or reimbursed their travel. Individuals must furnish their full name to the authorizing agency for their records to be located and identified. Alternatively, if an individual wishes to contest the content of any record pertaining to him or her in the system after it has been submitted, that individual could consult the GSA's Privacy Act implementation rules available at 41 CFR part 105–64.4.

NOTIFICATION PROCEDURES:

Inquiries from individuals should be addressed to the appropriate administrative office for the agency that is authorizing and/or reimbursing their travel. Alternatively, if an individual wishes to be notified at his or her request if the system contains a record pertaining to him or her after it has been submitted, that individual could consult the GSA's Privacy Act implementation rules available at 41 CFR part 105–64.4.

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

HISTORY:

This system was previously published in the **Federal Register** at 74 FR 26700.

DATED:

Published 06/03/2009.

Richard Speidel,

Chief Privacy Officer, Office of the Deputy Chief Information Officer, General Services Administration.

[FR Doc. 2026–16980 Filed 8–19–26; 8:45 am]

BILLING CODE 6820–AB–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–1461; Docket No. CDC–2026–1420]

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 Overdose Response Strategy Data Collection. This data collection focuses on a survey and a reporting tool that will provide critical data to CDC for program monitoring, developing technical assistance and guidance documents, and assessing the extent to which the program is achieving the goal to reduce drug overdose.

DATES: CDC must receive written comments on or before October 19, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1420 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 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.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 Prevention, 1600 Clifton Road NE, H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. 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 submissions of responses; and

5. Assess information collection costs.

Proposed Project

Overdose Response Strategy Data Collection (OMB Control No. 0920–1461, Exp. 8/31/2028)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Drug overdoses remain the leading cause of injury-related death in the United States. CDC predicts that around 108,000 Americans died from a drug overdose in the 12-month period ending December 2023. Recently, overdose deaths have been linked to the rapid increase in synthetic opioids, including illicitly manufactured fentanyl (IMF), and a resurgence of stimulants, particularly methamphetamine, into the illegal drug supply. Multisector collaboration is critical to preventing overdoses and saving lives. Two key sectors in this response are public health and public safety, as they are both on the front lines and are tasked with improving community safety and well-being. CDC demonstrates strong commitment to public health/public safety partnerships through implementation of several national programs, including the Overdose Response Strategy (ORS).

ORS teams support public health and public safety entities in their jurisdictions by:

- Sharing data systems to inform rapid and effective community overdose prevention efforts;
- Supporting immediate, evidence-based response efforts that can directly reduce overdose deaths;
- Designing and using promising strategies at the intersection of public health and public safety;
- Disseminating information to support the implementation of evidence-informed overdose prevention strategies;

As the ORS is one of CDC's flagship overdose prevention programs, and partnering with public safety is one of CDC's key overdose prevention strategies, a greater understanding of the impact and effectiveness of the ORS is needed to inform program enhancements and improvements.

This ICR focuses on a survey and a reporting tool that ORS teams and their partners will complete to provide critical data to CDC for program monitoring, to inform technical assistance and guidance documents produced by CDC or other partners, and to assess the extent to which the ORS program is achieving the goal of supporting public health and public safety partnerships to reduce drug overdose. It will also provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

Information collected will be disseminated to ORS teams and the public via an annual Program Evaluation Report and an ORS Annual Report. Data from both reports will largely be used to develop programmatic reports, tools, and implementation guides for the purposes of program improvement. Revisions requested are to update the logic model, reduce the number of evaluation questions, remove the ORS management and coordination team annual surveys, streamline the surveys, data collection, and analysis by combining previously approved surveys, and revise survey questions to better align with an updated logic model. These changes are expected to significantly improve the efficiency and utility of the data collection activities.

CDC requests OMB approval for an estimated 449 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
ORS Respondents	Invitation email	262	1	2/60	9
ORS Respondents	Reminder email	262	1	2/60	9
ORS Public Health Analysts	ORS Annual Evaluation Survey	61	1	15/60	15
	ORS Quarterly Reporting Template	61	4	45/60	183
ORS Drug Intelligence Officers	ORS Annual Evaluation Survey	61	1	15/60	15
	ORS Quarterly Reporting Template	61	4	45/60	183
Public health and public safety partners.	ORS Annual Evaluation Survey	140	1	15/60	35
Total					449

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–17037 Filed 8–19–26; 8:45 am]

BILLING CODE 4163–18–P