

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

Public Health Crisis Response (PHCR) Cooperative Agreement—New—Office of Readiness and Response (ORR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Crisis Response (PHCR) Cooperative Agreement (CDC–RFA–TU–27–0020) is designed to strengthen the nation’s ability to respond quickly to public health emergencies. It establishes a list of approved but unfunded (ABU) jurisdictions and organizations that may receive rapid funding when federal funds become available for a public

health emergency or when CDC determines one is imminent. Congress must provide emergency appropriations to CDC, or a CDC program must have available funds to support a public health response that exceeds the resources of a jurisdiction or organization. When funding becomes available, CDC will notify eligible jurisdictions and organizations on the ABU list and provide instructions for requesting and receiving funds.

This cooperative agreement includes two funding components:

- Component A supports initial emergency response activities to begin emergency response activities, hire surge staff, activate Emergency Operations Centers (EOCs), and conduct a rapid assessment to identify response needs.

- Component B supports emergency-specific response activities.

Depending on the emergency and the availability of funds, CDC may award Component A, Component B, or both. Depending on the emergency and the availability of funds, CDC may award Component A, Component B, or both.

CDC proposes collecting information from eligible applicants on how they

intend to implement the following strategies, if awarded:

Component A—Initial Emergency Response:

- Strategy 1—Legal and Administrative Readiness, Strategy 2—Incident Management, and Strategy 3—Information Management

Component B—Emergency Response Activities:

- Strategy 4—Countermeasures and Mitigation, Strategy 5—Surge Management and Strategy 6—Bio surveillance

If CDC activates this cooperative agreement, emergency revisions may be requested to this ICR, as needed. CDC will collect information through *Grants.gov* as part of the application for the Public Health Crisis Response (PHCR) Cooperative Agreement (CDC–RFA–TU–27–0020). CDC requests a three-year approval for this information collection request. The total estimated annualized burden for all data collection is estimated as 565 hours. There is no cost to the respondents other than their time.

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)
PHCR Applicants	Strategies and Activities	113	1	5	565
Total					

Jeffrey M. Zirger,

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Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–0728]

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 “National Notifiable Diseases Surveillance System” 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 April 7, 2026 to obtain comments from the public and affected agencies. CDC received five 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

National Notifiable Diseases Surveillance System (OMB Control No. 0920–0728, Exp. 11/30/2028)—Revision—Office of Public Health Data, Surveillance, and Technology (OPHDST), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The National Notifiable Diseases Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels because of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction’s health priorities and needs. Each year, the Council of State and Territorial Epidemiologists (CSTE), supported by CDC, determines which reportable conditions should be designated nationally notifiable or under standardized surveillance.

CDC requests a three-year approval for a Revision for the NNDSS (OMB Control No. 0920–0728, Exp. 11/30/2028). This Revision includes requests for approval to: (1) receive case notification data for two new conditions under standardized surveillance (CSS): flea-borne typhus

and soil-transmitted helminth infections; (2) receive new disease-specific data elements for leprosy (Hansen’s disease); (3) receive additional data elements for all conditions; and (4) expand the respondent population to include up to 50 Tribal Nations that will voluntarily submit case notification data directly to CDC.

The NNDSS currently facilitates the submission and aggregation of case notification data voluntarily submitted to CDC from up to 110 jurisdictions: public health departments in every U.S. state, New York City, Washington, DC, five U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands), and three freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), and up to 50 tribal nations. This information is shared across jurisdictional boundaries and both surveillance and prevention and control activities are coordinated at regional and national levels.

Approximately 90% of case notifications are encrypted and submitted to NNDSS electronically from already existing databases by automated electronic messages. When automated transmission is not possible, case notifications are faxed, emailed, uploaded to a secure network or entered into a secure website. All case notifications that are faxed or emailed are done so in the form of an aggregate weekly or annual report, not individual cases. The different mechanisms used to send case notifications to CDC vary by the jurisdiction and the disease or condition. Jurisdictions remove most personally identifiable information (PII) before data are submitted to CDC, but some data elements (e.g., date of birth, date of diagnosis, county of residence) could potentially be combined with other information to identify individuals. Private information is not disclosed unless otherwise compelled

by law. All data are treated in a secure manner consistent with the technical, administrative, and operational controls required by the Federal Information Security Management Act of 2002 (FISMA) and the 2010 National Institute of Standards and Technology (NIST) Recommended Security Controls for Federal Information Systems and Organizations. Weekly tables of provisional reports of nationally notifiable diseases are available through <https://stacks.cdc.gov> and <https://data.cdc.gov>. Annual summaries of finalized nationally notifiable disease data are published on CDC WONDER and <https://stacks.cdc.gov>. Disease-specific data are published by individual CDC programs.

The burden estimates include the number of hours that the public health department uses to process and send case notification data from their jurisdiction to CDC. Specifically, the burden estimates include separate burden hours incurred for automated and non-automated transmissions, separate weekly burden hours incurred for modernizing surveillance systems as part of CDC’s Data Modernization Initiative (DMI) implementation, separate burden hours incurred for annual data reconciliation and submission, and separate one-time burden hours incurred for the addition of new diseases and data elements. The burden estimates for the one-time burden for reporting jurisdictions are for the addition of case notification data for Soil-Transmitted Helminth Infections and Flea-borne Typhus; new conditions under standardized surveillance; and the addition of new disease-specific data elements for Leprosy (Hansen’s disease).

CDC requests OMB approval for an estimated annual burden of 33,471 hours for the 457 respondents is 33,471 hours. The increase reflects the addition of up to 50 Tribal Nations to the respondent population. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States	Weekly (Automated)	50	52	20/60
States	Weekly (Non-automated)	10	52	2
States	Weekly (DMI Implementation)	50	52	4
States	Annual	50	1	75
States	One-time Addition of Diseases and Data Elements ...	50	1	2
Territories	Weekly (Automated)	5	52	20/60
Territories	Weekly, Quarterly (Non-automated)	5	56	20/60
Territories	Weekly (DMI Implementation)	5	52	4
Territories	Annual	5	1	5

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Territories	One-time Addition of Diseases and Data Elements ...	5	1	2
Freely Associated States	Weekly (Automated)	3	52	20/60
Freely Associated States	Weekly, Quarterly (Non-automated)	3	56	20/60
Freely Associated States	Annual	3	1	5
Freely Associated States	One-time Addition of Diseases and Data Elements ...	3	1	2
Cities	Weekly (Automated)	2	52	20/60
Cities	Weekly (Non-automated)	2	52	2
Cities	Weekly (DMI Implementation)	2	52	4
Cities	Annual	2	1	75
Cities	One-time Addition of Diseases and Data Elements ...	2	1	2
Tribal Nations	Weekly (Automated)	50	52	20/60
Tribal Nations	Weekly (DMI Implementation)	50	52	4
Tribal Nations	Annual	50	1	75
Tribal Nations	One-time Addition of Diseases and Data Elements ...	50	1	2

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10203]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare &
Medicaid Services, Health and Human
Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be

collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by December 4, 2026.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier: _____ OMB Control Number: _____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More

detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

Under the 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. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Health Outcomes Survey; *Use:* The HOS is a longitudinal patient-reported outcome measure (PROM) that assesses self-reported beneficiary quality of life and daily functioning. As a PROM, the HOS measures the impact of services provided by MA health plans, whereas process and patient experience measures only provide a snapshot of activities or experiences at a specific point in time. PROM data collected by the HOS allow CMS to continue to assess the health of the MA population.

The HOS meets the requirements for collecting and publicly reporting quality