Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) data showed many victims of IPV began experiencing these forms of violence prior to adulthood.

Authorized by the Family Violence and Prevention Services Act (FVPSA) statute (42 U.S.C. 10414), CDC has funded the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program since 2002. The DELTA program funds State Domestic Violence Coalitions to implement statewide IPV prevention efforts, while also providing assistance and funding for local communities to implement IPV prevention activities. The DELTA Impact cooperative agreement advances IPV prevention activities through these components: 1. Implementation and program evaluation of state and local level IPV prevention strategies targeting community or societal level change using a public health approach and effective prevention principles. 2. Development or enhancement of a State Action Plan (SAP) to increase the use of data for planning and the prioritization of primary prevention of IPV based on any existing health inequities within their jurisdictions. 3. Provision of training and technical assistance (TA) to DELTA Impact organizations on the implementation of IPV prevention strategies.

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to collect annual progress report (APR) information from the currently grantees funded under Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Impact. Recipients will report relevant information on the implementation of their prevention strategies, implementation of statewide planning, as well as the extent to which they implement and evaluate multiple specific prevention programs. These data will be submitted through an electronic reporting system at the time of their annual non-competing continuation application. The report has been designed in a way that collects consistent information across recipients while allowing the flexibility to account for varying prevention strategies.

Information to be collected will provide crucial data for program performance monitoring, will allow CDC to analyze and synthesize information from grantees, help ensure consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by HHS, the White House, and Congress.

Submission of the Annual Progress Report is required for cooperative agreement grantees. Over the three-year period of this information collection request, the annualized estimated burden for 10 recipients is 117 with a total three-year burden of 350 hours. There is no cost to 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)
DELTA Impact Program Recipients State Domestic Violence Coalitions.	Annual Progress Report—Year 1	10	1	5
	Annual Progress Report—Year 2 and 3	10	2	3.3

Jeffrey M. Zirger,

Acting Chief, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2018–22007 Filed 10–9–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–19–0950]

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 The National Health and Nutrition Examination Survey (NHANES) 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 May 11, 2018 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 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

The National Health and Nutrition Examination Survey (NHANES), (OMB No. 0920–0950, expires 12/31/2019)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as

amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States. The National Health and Nutrition Examination Surveys (NHANES) have been conducted periodically between 1970 and 1994, and continuously since 1999 by the National Center for Health Statistics, CDC.

NHANES programs produce descriptive statistics, which measure the health and nutrition status of the general population. With physical examinations, laboratory tests, and interviews, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States.

NHANES monitors the prevalence of chronic conditions and risk factors and are used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time.

In 2019, we will implement a new data collection schedule. To increase operational efficiency, NHANES will survey a nationally representative sample over the course of a two-year cycle instead of annually. The change to a two-year cycle will permit more days allocated to each primary sampling unit (PSU). This results in less travel time, which allows more time to screen and recruit potential participants, and allows for more exam slots. As in previous years, the base sample will remain at approximately 5,000 interviewed and examined individuals annually.

NCHS collects personally identifiable information (PII). Participant level data items will include basic demographic information, name, address, social security number, Medicare number and participant health information to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services (CMS).

A variety of agencies sponsors data collection components on NHANES. To keep burden down and respond to changing public health research needs, NCHS cycles in and out various components. The 2019–20 NHANES physical examination includes the following components: Anthropometry (all ages), 24-hour dietary recall (all ages), physician's examination (all ages, blood pressure is collected here), oral health examination (age one and older), dual X-ray absorptiometry (DXA) (ages 50+ bone density; ages 8–69 total body scan) and audiometry (ages 6–19 and 70+).

While at the examination center, additional interview questions are asked (six and older)and a second 24-hour dietary recall (all ages) is scheduled to be conducted by phone 3–10 days later.

Starting in 2019, we will collect blood pressure using an automated device, instead of using manual devices. The 2019–20 survey will bring back the cognitive function test (ages 60+). We plan to add a Words-In-Noise (ages 70+) exam to the audiometry component, genetic testing related to the liver elastography exam, and a standing balance exam (ages 40+,) which includes two vision tests (contrast sensitivity and visual acuity).

NHANES also plans to conduct developmental projects during NHANES 2019–20. These may include a 24-hour blood pressure measurement pilot among NHANES participants ages 18 and older, creating and testing a social media campaign and testing modifications to incentive amounts or how incentives are provided.

The biospecimens collected for laboratory tests include urine, blood, and vaginal and penile swabs. Serum, plasma and urine specimens are stored for future testing, including genetic research, if the participant consents. Consent to store DNA is continuing in NHANES. Collecting an oral rinse for HPV analyses is cycling back into the survey (ages 8–69 years). In addition, we will again collect a water sample in the home for fluoride.

The following analytes have been discontinued in 2018 for participants from the smoking sample subset: Aromatic Amines, Heterocyclic Amines, Urine Cotinine, Tobacco-Specific Nitrosamines, Perchlorate, Nitrates, and Thiocyanate, Urinary Arsenic, Mercury, Iodine and Metals.

Cycling out of NHANES in 2019–20 are the blood pressure methodology project, Human Papillomavirus (HPV) in serum, Aldehydes in serum, Volatile N-nitrosamines (VNAs) tobacco biomarkers, Urine heterocyclic amines, urine aromatic amines and urine tobacco-specific nitrosamines

New additions to the survey questionnaires include two questions on WIC participation, a birth to less than 24-month questionnaire module, collecting information on infant and toddler formula. We are also modifying multiple questionnaire sections so they better align with questions asked in the National Health Interview Survey (NHIS) (OMB Control No. 0920–0214, Exp. Date 12/31/2019), compliment exam or lab content, or in order to reduce respondent burden.

Most sections of the NHANES interviews provide self-reported information to be used in combination with specific examination or laboratory content, as independent prevalence estimates, or as covariates in statistical analysis (*e.g.,* socio-demographic characteristics). Some examples include alcohol, drug, and tobacco use, sexual behavior, prescription and aspirin use, and indicators of oral, bone, reproductive, and mental health. Several interview components support the nutrition-monitoring objective of NHANES, including questions about food security and nutrition program participation, dietary supplement use, and weight history/self-image/related behavior.

In 2019–2020, we plan to continue or expand upon existing multi-mode screening and electronic consent procedures in NHANES. Our yearly goal for interview, exam and post exam components is 5,000 participants. To achieve this goal we may need to screen up to 15,000 individuals annually.

Burden for individuals will vary based on their level of participation. For example, infants and children tend to have shorter interviews and exams than adults. This is because young people may have fewer health conditions or medications to report so their interviews take less time or because certain exams are only conducted on individuals 18 and older, etc. In addition, adults often serve as proxy respondents for young people in their families.

Participation in NHANES is voluntary and confidential. There is no cost to respondents other than their time. We are requesting a three-year approval, with 68,417 annualized hours of burden.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals in households	Screener	15,000	1	5/60
Individuals in households	Household Interview	5,000	1	1.5
Individuals in households	MEC Interview & Examination	5,000	1	4
Individuals in households	Telephone Dietary Recall & Dietary Supplements	5,000	1	30/60
Individuals in households	Flexible Consumer Behavior Survey Phone Follow-Up	5,000	1	20/60
Individuals in households	Developmental Projects & Special Studies	3,500	1	3
Individuals in households	24 hour Blood Pressure Pilot	1,000	1	25

Jeffrey M. Zirger,

Acting Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2018–22008 Filed 10–9–18; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; System of Records

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

ACTION: Notice of withdrawal.

SUMMARY: The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), is withdrawing the notice published on September 17, 2018 to modify system of records No. 09–70–0541, titled ''Medicaid Statistical Information System (MSIS).'' The notice was prematurely published. A revised version will be published at a later date.

DATES: The notice of withdrawal is applicable October 10, 2018.

ADDRESSES: Any comments should be submitted by mail or email to: CMS Privacy Act Officer, Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, CMS, Location N1–14–56, 7500 Security Blvd., Baltimore, MD 21244–1870, or *walter.stone@cms.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: General questions may be submitted by phone, mail or email to Barbara Demopulos, (phone 410–786–6340), CMS Privacy Advisor, Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, CMS, Location N1–14–40, 7500 Security Blvd., Baltimore, MD 21244–1870, or *Barbara.demopulos@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION: A notice establishing or significantly modifying a system of records is required by subsection (r) of the Privacy Act (5 U.S.C. 552a(r)) to be reported to the Committee on Government Operations of the House of Representatives, the Committee on Governmental Affairs of the Senate, and the Office of Management and Budget (OMB) in advance of publication in the **Federal Register**, in order to permit an evaluation of the potential effect of the proposal on the privacy and other rights of individuals. The notice published at 83 FR 46951 (Sept. 17, 2018) did not comply with this requirement and is therefore withdrawn, as prematurely published. A revised version will be published at a later date and in compliance with 5 U.S.C. 552a(r) and section 7 of OMB Circular A–108, ''Federal Agency Responsibilities for Review, Reporting, and Publication under the Privacy Act,'' 81 FR 94424 (Dec. 23, 2016).

Barbara Demopulos,

CMS Privacy Advisor, Division of Security, Privacy Policy and Governance Information Security and Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services.

[FR Doc. 2018–21899 Filed 10–9–18; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Children's Bureau; Proposed Information Collection Activity; Comment Request

AGENCY: Administration for Children and Families, U.S. Department of Health and Human Services.

Title: RPG National Cross-Site Evaluation and Evaluation Technical Assistance.

OMB No.: New Collection.

Description: The Children's Bureau (CB) within the Administration for Children and Families of the U.S. Department of Health and Human Services seeks approval to collect information for the Regional Partnership Grants to Increase the Well-being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse (known as the Regional Partnership Grants Program or ''RPG'') Cross-Site Evaluation and Evaluation-Related Technical Assistance project. The Child and Family Services Improvement and Innovation Act (Pub. L. 112–34) includes a targeted grants program (section 437(f) of the Social Security Act) that directs the Secretary of Health and Human Services to reserve a specified portion of the appropriation for these Regional Partnership Grants, to be used to improve the well-being of children affected by substance abuse. Under three prior rounds of RPG, the Children's Bureau has issued 74 grants to organizations such as child welfare or substance abuse treatment providers or family court systems to develop interagency collaborations and integration of programs, activities, and services designed to increase well-being, improve permanency, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in out-of-home care as a result of a parent's or caretaker's substance abuse. In 2017, CB awarded grants to a fourth cohort of 17 grantees and in 2018 they plan to award 10 grants to a fifth cohort.

The RPG cross-site evaluation will extend our understanding of what types of programs and services grantees provided to participants, how grantees leveraged their partnerships to coordinate services for children and families, and what the outcomes were for children and families enrolled in RPG programs. First, the cross-site evaluation will describe the characteristics of participants served by RPG programs, the types of services provided to families, the dosage of each