maintains many of the contractors with complex PRC monitoring requirements use automated compliance systems to relieve the ongoing compliance burden. These automated systems, which typically use price discount controls to assure PRC compliance, require high upfront effort but significantly decrease the ongoing burden for PRC compliance. On the other hand, contractors that forego automated systems in favor of manual, ad hoc monitoring activities will have higher ongoing monitoring burdens. GSA believes the high investment costs and low ongoing monitoring burden for contractors using automated systems is comparable over a 20-year period to the minimal investment effort and higher ongoing compliance burden for contractors using manual processes.

Regarding the GSA OIG audit burden, GSA will continue to capture this burden separately from other CSP and PRC-related burdens because that burden would not exist if those contractors were not subject to CSP and PRC disclosure requirements. As such, it should be accounted for when considering the burden absorbed by contractors complying with the CSP and PRC.

Finally, GSA corrected the errors identified by the Coalition; the compliance systems (lighter lift) burden is 35 hours, the correct labor rate is $77.55, and the arithmetical error in the pre-award disclosures (heavier lift) calculation was corrected. Additionally, the underlying calculations for the burden estimates included decimals that were not displayed in the **Federal Register** notice; as a result, some of the figures in the underlying calculations now use whole numbers to avoid rounding errors.

Utility of CSP and PRC Disclosures

Comments: Both respondents commented on the utility of CSP and PRC disclosures. The GSA OIG stated the benefits of these disclosures far exceed the estimated burdens but the Coalition posited these disclosures have no practical utility and are no longer necessary.

The GSA OIG stated the burdens of the CSP requirements and GSA OIG audits are considerably less than the estimated burdens, noting that since October 1, 2017 they had identified over $550 million in potential cost savings for upcoming contract periods based on commercial pricing information. Additionally, they stated they had identified over $15 million in unreported price reductions over the same time period despite auditing just 70 contracts.

Conversely, the Coalition recommends GSA eliminate the PRC and reform the CSP. They stated the PRC is a ''restraint of trade'' and it ''increases prices and operational costs while hindering innovation and competition in the commercial market.'' Moreover, they argue the PRC inhibits contractors' ability to compete in the private sector because it limits their ability to offer discounts to commercial customers without affecting their FSS pricing relationship. Regarding the CSP, the Coalition states it contains several undefined terms, raising GSA OIG audit and False Claims Act action risks if those terms are misunderstood. All told, the Coalition notes many contractors choose not to hold GSA Schedule contracts because of the CSP and PRC.

GSA Response: In respect to the GSA OIG's comment, GSA is solicited comments as part of its request to the Office of Information and Regulatory Affairs (OIRA). These comments supporting the value of CSP and PRC disclosures will be included in materials GSA is providing OIRA to justify the continuation of CSP and PRC disclosures.

Regarding the Coalition's comments, GSA understands contractors have regularly singled out these pricing tools as among the most complicated and burdensome requirements in federal contracting. As such, GSA will continue to investigate methods for reducing the information collection burden on its industry partners and increasing its reliance on internal Government systems for transactional data. Ultimately, GSA's reliance on contractor-reported data is a necessary bridge for ensuring the Government's continual access to the information it needs to make the best possible buying decisions for the taxpayer while it works towards developing internal capabilities.

Incomplete Analysis

Comments: Lastly, both respondents stated GSA's analysis was incomplete. The GSA OIG said GSA's burden estimates ''do not include the significant benefit those requirements bring to federal agencies and taxpayers alike.'' The Coalition argued GSA's analysis ''did not include an analysis of either the benefits of or the alternatives to these requirements . . .''

GSA Response: The **Federal Register** notice is only one facet of the process for requesting an extension of an existing information collection. Agencies requesting such extensions must also prepare a ''supporting statement'' that provides information including why the agency thinks the information collection is necessary, how the information is used, and consequences for the Government if the information is not collected or is collected less frequently.

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 3090–0235, Federal Supply Schedule Pricing Disclosures and Sales Reporting, in all correspondence. The supporting statement will also be posted on the Office of Information and Regulatory Affairs' website (*https://www.reginfo.gov*) if the information collection is approved.

Finally, additional public comments are particularly invited on: Whether this collection of information is necessary and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW, Washington, DC 20405, telephone 202–501–4755. Please cite OMB Control No. 3090–0235, Federal Supply Schedule Pricing Disclosures and Sales Reporting, in all correspondence.

Jeffrey A. Koses,

Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2019–21253 Filed 9–27–19; 8:45 am]

BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–19–0770]

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 HIV Behavioral Surveillance System (NHBS) 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 5, 2019 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, *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

National HIV Behavioral Surveillance System (NHBS) (OMB Control No. 0920–0770, Exp. 05/31/2020)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to monitor behaviors of persons at high risk for infection that are related to Human Immunodeficiency Virus (HIV) transmission and prevention in the United States. The primary objectives of the NHBS are to obtain data from samples of persons at risk to: (a) Describe the prevalence and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing and HIV infection; (c) describe the prevalence of and trends in use of HIV prevention services; (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community based organizations, community planning groups and other stakeholders. By describing and monitoring the HIV risk behaviors, HIV seroprevalence and incidence, and HIV prevention experiences of persons at highest risk for HIV infection, NHBS provides an important data source for evaluating progress towards national public health goals, such as reducing new infections, increasing the use of condoms, and targeting high-risk groups.

The Centers for Disease Control and Prevention requests approval for a three-year extension of this information collection. Data are collected through anonymous, in-person interviews conducted with persons systematically selected from up to 25 Metropolitan Statistical Areas (MSAs) throughout the United States; these 25 MSAs are chosen based on having high HIV prevalence. Persons at risk for HIV infection to be interviewed for NHBS include men who have sex with men (MSM), persons who inject drugs (IDU), and heterosexually active persons at increased risk of HIV infection (HET). A brief screening interview will be used to determine eligibility for participation in the behavioral assessment.

The data from the behavioral assessment will provide estimates of (1) behavior related to the risk of HIV and other sexually transmitted diseases, (2) prior testing for HIV, and (3) use of HIV prevention services. All persons interviewed will also be offered an HIV test, and will participate in a pre-test counseling session. No other federal agency systematically collects this type of information from persons at risk for HIV infection. These data have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that NHBS will involve, per year in up to 25 MSAs, eligibility screening for 100 persons and eligibility screening plus the behavioral assessment with 500 eligible respondents, resulting in a total of 37,500 eligible survey respondents and 7,500 ineligible screened persons during a three-year period. Data collection will rotate such that interviews will be conducted among one group per year: MSM in Year 1, IDU in Year 2, and HET in Year 3. The type of data collected for each group will vary slightly due to different sampling methods and risk characteristics of the group. Participation of respondents is voluntary and there is no cost to the respondents other than their time. The total annualized burden is 8,195 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Persons Screened	Eligibility Screener	15,000	1	5/60
Eligible Participants	Behavioral Assessment MSM	4,167	1	24/60
Eligible Participants	Behavioral Assessment IDU	4,167	1	43/60
Eligible Participant	Behavioral Assessment HET	4,167	1	31/60
Peer Recruiters	Recruiter Debriefing	4,167	1	2/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019–21168 Filed 9–27–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee (HICPAC)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Healthcare Infection Control Practices Advisory Committee (HICPAC). This meeting is open to the public, is limited only by room seating available (120). The public is also welcome to listen to the meeting via teleconference at 888–769–9417, passcode: 4538315; 100 teleconference lines are available. Time will be available for public comment. The public is welcome to submit written comments in advance of the meeting.

DATES: The meeting will be held on November 14, 2019, 9:00 a.m. to 5:00 p.m., EST, and November 15, 2019, 9:00 a.m. to 12:00 p.m., EST.

ADDRESSES: Centers for Disease Control and Prevention, Global Communications Center, Building 19, Auditorium B, 1600 Clifton Road NE, Atlanta, Georgia 30329 and teleconference at 888–769–9417, passcode: 4538315.

FOR FURTHER INFORMATION CONTACT: Koo-Whang Chung, M.P.H., HICPAC, Division of Healthcare Quality Promotion, NCEZID, CDC, l600 Clifton Road NE, Mailstop H16–3, Atlanta, Georgia 30329 Telephone (404) 498–0730. Email: *hicpac@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Public Comment: Comments should be submitted in writing by email to the contact person listed below. The deadline for receipt of written public comment is October 31, 2019. All requests must contain the name, address, and organizational affiliation of the speaker, as well as the topic being addressed. Written comments should not exceed one single-spaced typed page in length and delivered in 3 minutes or less. Members of the public who wish to provide public comments should plan to attend the public comment session at the start time listed. Please note that the public comment period may end before the time indicated, following the last call for comments. Written comments received in advance of the meeting will be included in the official record of the meeting. Registration is required to attend in person or on the phone. Interested parties must be processed in accordance with established federal policies and procedures and may register at *https://www.cdc.gov/hicpac.*

Purpose: The Committee is charged with providing advice and guidance to the Director, Division of Healthcare Quality Promotion (DHQP), the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), the Director, CDC, and the Secretary, Health and Human Services, regarding (1) the practice of healthcare infection prevention and control; (2) strategies for surveillance, prevention, and control of infections, antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of CDC guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

Matters to be Considered: The agenda will include updates on CDC's activities for prevention of healthcare-associated infections. It will also include updates from the following HICPAC workgroups: The Healthcare Personnel Guideline Workgroup and the Neonatal Intensive Care Unit (NICU) Guideline Workgroup. The agenda also includes updates on CDC and DHQP activities. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019–21138 Filed 9–27–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–19–1171]

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 Study to Explore Early Development(SEED) Phase 3 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 24, 2019 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, *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)