classes of nuclear weapons workers to be added to the ''Special Exposure Cohort'' (the ''Cohort''). In brief, EEOICPA authorizes HHS to designate such classes of employees for addition to the Cohort when NIOSH lacks sufficient information to estimate with sufficient accuracy the radiation doses of the employees, and if HHS also finds that the health of members of the class may have been endangered by the radiation dose the class potentially incurred. HHS must also obtain the advice of the Advisory Board on Radiation and Worker Health (the ''Board'') in establishing such findings. On May 28, 2004, HHS issued a rule that established procedures for adding such classes to the Cohort (42 CFR part 83). The rule was amended on July 10, 2007.

The HHS rule authorizes a variety of respondents to submit petitions. Petitioners are required to provide the information specified in the rule to qualify their petitions for a complete evaluation by HHS and the Board. HHS has developed two forms to assist the petitioners in providing this required information efficiently and completely. Form A is a one-page form to be used by EEOICPA claimants for whom NIOSH has attempted to conduct dose reconstructions and has determined that available information is not sufficient to complete the dose reconstruction. Form B, accompanied by separate instructions, is intended for all other petitioners. Forms A and B can be submitted electronically as well as in hard copy. Respondent/petitioners should be aware that HHS is not requiring respondents to use the forms. Respondents can choose to submit petitions as letters or in other formats, but petitions must meet the informational requirements stated in the rule. NIOSH expects, however, that all petitioners for whom Form A would be appropriate will actually use the form, since NIOSH will provide it to them upon determining that their dose reconstruction cannot be completed and encourage them to submit the petition. NIOSH expects the large majority of petitioners for whom Form B would be appropriate will also use the form, since it provides a simple, organized format for addressing the informational requirements of a petition.

NIOSH will use the information obtained through the petition for the following purposes: (a) Identify the petitioner(s), obtain their contact information, and establish that the petitioner(s) is qualified and intends to petition HHS; (b) establish an initial definition of the class of employees being proposed to be considered for addition to the Cohort; (c) determine whether there is justification to require HHS to evaluate whether or not to designate the proposed class as an addition to the Cohort (such an evaluation involves potentially extensive data collection, analysis, and related deliberations by NIOSH, the Board, and HHS); and, (d) target an evaluation by HHS to examine relevant potential limitations of radiation monitoring and/or dosimetry-relevant records and to examine the potential for related radiation exposures that might have endangered the health of members of the class.

Finally, under the rule, petitioners may contest the proposed decision of the HHS Secretary to add or deny adding classes of employees to the cohort by submitting evidence that the proposed decision relies on a record of either factual or procedural errors in the implementation of these procedures. NIOSH estimates that the average time to prepare and submit such a challenge is 5 hours. Because of the uniqueness of this submission, NIOSH is not providing a form. The submission will typically be in the form of a letter to the Secretary. There are no changes to the previously approved information collection forms, submission procedures, or burden estimates.

There are no costs to respondents unless a respondent/petitioner chooses to purchase the services of an expert in dose reconstruction, an option provided for under the rule. The total estimated burden hours are 41.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Petitioners	Form A: 42 CFR 83.9	2	1	3/60
	Form B: 42 CFR 83.9	5	1	5
Petitioners using a submission format other than Form B (as permitted by rule).	42 CFR 83.9	1	1	6
Petitioners Appealing final HHS decision (no specific form is required).	42 CFR 83.18	2	1	5
Claimant authorizing a party to submit petition on his/her behalf.	Authorization Form: 42 CFR 83.7.	3	1	3/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–20–1083]

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 Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign 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 23, 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

Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2012, HHS/CDC launched the National Tobacco Prevention and Control Public Education Campaign (*Tips*). The primary objectives of *Tips* are to encourage smokers to quit smoking and to encourage nonsmokers to communicate with smokers about the dangers of smoking. *Tips* airs annually in all U.S. media markets on broadcast and national cable TV as well as other media channels including digital video, online display and banners, radio, billboards, and other formats. *Tips* ads rely on evidence-based paid media advertising that highlights the negative health consequences of smoking. *Tips'* primary target audience is adult smokers; adult nonsmokers constitute the secondary audience. *Tips* paid advertisements are aimed at providing motivation and support to smokers to quit, with information and other resources to increase smokers' chances of success in their attempts to quit smoking. A key objective for the nonsmoker audience is to encourage nonsmokers to communicate with smokers they may know (including family and friends) about the dangers of smoking and to encourage them to quit. *Tips* ads also focus on increasing audience's knowledge of smoking-related diseases, intentions to quit, and other related outcomes.

The goal of the proposed information collection is to evaluate the reach of *Tips* among intended audiences and to examine the effectiveness of these efforts in impacting specific outcomes that are targeted by *Tips,* including quit attempts and intentions to quit among smokers, nonsmokers' communications about the dangers of smoking, and knowledge of smoking-related diseases among both audiences. This will require customized surveys that will capture all unique messages and components of *Tips.* Information will be collected through Web surveys to be self-administered by adults 18 and over on computers in the respondent's home or in another convenient location. Evaluating *Tips'* impact on behavioral outcomes is necessary to determine campaign cost effectiveness and to allow program planning for the most effective campaign outcomes. Because *Tips* content changes, it is necessary to evaluate each yearly implementation of *Tips.*

The proposed information collection will include three survey collections per year (nine surveys in total) generally conducted before, during, and after *Tips* in each year. Using the same methods outlined in the currently-approved information collection (OMB No. 0920–1083, Exp. 2/29/2020), participants will be recruited from two sources: (1) An online longitudinal cohort of adult smokers and nonsmokers, sampled randomly from postal mailing addresses in the United States (address-based sample, or ABS); and (2) the existing GfK/Ipsos (formerly GfK) KnowledgePanel, an established long-term online panel of U.S. adults. All online surveys, regardless of sample source, will be conducted via the GfK/Ipsos KnowledgePanel Web portal for self-administered surveys.

Information will be collected through Web surveys to be self-administered on computers in the respondent's home or in another convenient location. Information will be collected about smokers' and nonsmokers' awareness of and exposure to specific *Tips* advertisements; knowledge, attitudes, beliefs related to smoking and secondhand smoke; and other marketing exposure. The surveys will also measure behaviors related to smoking cessation (among the smokers in the sample) and behaviors related to nonsmokers' encouragement of smokers to quit smoking, recommendations of cessation services, and attitudes about other tobacco and nicotine products.

It is important to evaluate *Tips* in a context that assesses the dynamic nature of tobacco product marketing and uptake of various tobacco products, particularly since these may affect successful cessation rates. Survey instruments may be updated to include new or revised items on relevant topics, including cigars, noncombustible tobacco products, and other emerging trends in tobacco use.

Participation is voluntary and there are no costs to respondents other than their time. The total response burden is estimated at 27,924 hours over 3 years between early fall 2020 and December 2023. The total annualized burden hours during this period thus are estimated at 9,308.

ESTIMATED ANNUALIZED BURDEN HOURS

(Type of) respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General population	Screening & Consent (English)	16,167	1	5/60
	Screening & Consent (Spanish)	500	1	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

(Type of) respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Smokers, ages 18–54, in the United States.	Smoker Survey Wave A (English)	2,587	1	20/60
	Smoker Survey Wave A (Spanish)	80	1	20/60
	Smoker Survey Wave B (English)	1,617	1	20/60
	Smoker Survey Wave B (Spanish)	50	1	20/60
	Smoker Survey Wave C (English)	1,617	1	20/60
	Smoker Survey Wave C (Spanish)	50	1	20/60
	Smoker Survey Wave D (English)	1,617	1	20/60
	Smoker Survey Wave D (Spanish)	50	1	20/60
	Smoker Survey Wave E (English)	1,617	1	20/60
	Smoker Survey Wave E (Spanish)	50	1	20/60
	Smoker Survey Wave F (English)	1,617	1	20/60
	Smoker Survey Wave F (Spanish)	50	1	20/60
	Smoker Survey Wave G (English)	1,617	1	20/60
	Smoker Survey Wave G (Spanish)	50	1	20/60
	Smoker Survey Wave H (English)	1,617	1	20/60
	Smoker Survey Wave H (Spanish)	50	1	20/60
	Smoker Survey Wave I (English)	1,617	1	20/60
	Smoker Survey Wave I (Spanish)	50	1	20/60
Adult Nonsmokers, ages 18–54, in the United States.	Nonsmoker Survey Wave A (English)	1,000	1	20/60
	Nonsmoker Survey Wave A (Spanish)	100	1	20/60
	Nonsmoker Survey Wave B (English)	808	1	20/60
	Nonsmoker Survey Wave B (Spanish)	25	1	20/60
	Nonsmoker Survey Wave C (English)	808	1	20/60
	Nonsmoker Survey Wave C (Spanish)	25	1	20/60
	Nonsmoker Survey Wave D (English)	808	1	20/60
	Nonsmoker Survey Wave D (Spanish)	25	1	20/60
	Nonsmoker Survey Wave E (English)	808	1	20/60
	Nonsmoker Survey Wave E (Spanish)	25	1	20/60
	Nonsmoker Survey Wave F (English)	808	1	20/60
	Nonsmoker Survey Wave F (Spanish)	25	1	20/60
	Nonsmoker Survey Wave G (English)	808	1	20/60
	Nonsmoker Survey Wave G (Spanish)	25	1	20/60
	Nonsmoker Survey Wave H (English)	808	1	20/60
	Nonsmoker Survey Wave H (Spanish)	25	1	20/60
	Nonsmoker Survey Wave I (English)	808	1	20/60
	Nonsmoker Survey Wave I (Spanish)	25	1	20/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Plan for Foster Care and Adoption Assistance—Title IV–E (OMB #0970–0433)

AGENCY: Children's Bureau; Administration for Children and Families; the Department of Health and Human Services (HHS).

ACTION: Request for public comment.

SUMMARY: Public Law 115–123 added two new programs to title IV–E of the Social Security Act: The Prevention Services Program and the Kinship Navigator Program. Title IV–E agencies will be required to report information regarding these programs in title IV–E plans. Therefore, the Administration for Children and Families (ACF) is requesting to revise the existing information collection Plan for Foster Care and Adoption Assistance (OMB #0970–0433) to include two new information collections specific to these two new programs.

DATES: *Comments due within 30 days of publication. Office of Management and Budget (*OMB) is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.EOP.GOV*, Attn: Desk Officer for the Administration for Children and Families.

Copies of the proposed collection may be obtained by emailing *infocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION: Title IV–E of the Social Security Act (the Act) was amended by Public Law 115–123, which included the Family First Prevention Services Act (FFPSA). The FFPSA