prescription opioids, with rates of deaths involving prescription opioids more than quadrupling from 1999 to 2019. In response, a range of clinical practice guidelines, policies, and regulations have been released in recent years to address the opioid overdose epidemic, with the goals of supporting safer opioid prescribing, improving diagnosis and treatment of OUD, and reducing overdose deaths in the United States.

To design this evaluation, we previously conducted and completed a ''Feasibility Assessment of Health Systems'' via surveys to determine the range of policies and guidelines being implemented by health systems, followed by an ''evaluability assessment'' by means of interviews with leaders of nine health systems. For the purposes of this evaluation, ''Chronic pain management policies/guidelines'' refers to policies/guidelines that may include prescribing of opioid medications, nonpharmacologic therapies, and/or non-opioid medications for chronic pain, as well as OUD assessment and treatment.

In early 2020, CDC requested OMB approval for a Feasibility Assessment of Health Systems (''Feedback on the use of the CDC Guideline for Prescribing Opioids for Chronic Pain'') through the ''Generic Clearance for the Collection of Routine Customer Feedback'' (OMB Control No. 0920–1050). This brief eligibility assessment consisting of surveys was sent to approximately 250 health systems to understand the landscape of health systems and the types of guidelines or policies implemented, and what strategies were used to do so. Of 250 health systems contacted, 46 responded and were considered for the following preliminary phase, the evaluability assessment. Among the 46 health systems who completed the feasibility assessment surveys, nine were selected for a more in-depth ''evaluability assessment'' based on several factors identified in the initial feasibility (survey) assessment, as well as other expert knowledge of potential systems.

The purpose of this data collection effort is to: (1) Obtain an enhanced understanding of facilitators and barriers to guideline-concordant management of chronic pain and opioid prescribing (including access to MOUD) at the health system level, in order to improve patient outcomes while maximizing patient safety and to facilitate uptake by clinicians and health systems, (2) describe unintended benefits and consequences to guideline/policy implementation, and (3) identify racial and ethnic disparities in guideline/policy implementation.

This mixed-methods, pre-post evaluation of health systems' implementation of chronic pain management and opioid prescribing policies/guidelines and the resultant outcomes requires both primary data collection (such as surveys, key informant interviews, focus groups, etc.) and secondary data collection (such as administrative, EHR, pharmacy dispensing, prescribing data, etc.) efforts to adequately answer the research questions. While secondary data (QI measures) from health system EHRs will provide longitudinal pre-post measures, primary data is needed to understand the characteristics and mechanisms of practice and patient change that can be attributed to the policies and guidelines.

CDC requests OMB approval for an estimated 577 annual burden hours. There are no direct costs to respondents other than their time to participate in the study.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Patient	Patient Survey	667	1	10/60
Treatment facility staff (Including primary care clinicians, health system leaders, and other system staff and representatives).	Clinician Survey	1,313	1	10/60
	Invitation/Follow up Email	1,980	2	3/60
	System Leaders Interview Guide	17	1	1
	Case Study	30	1	30/60
	Member Checking Sessions	17	1	1

Jeffrey M. Zirger,

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

[FR Doc. 2022–03076 Filed 2–11–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60–Day–22–1283; Docket No. CDC–2022–0019]

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 proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Monitoring and Reporting for the Overdose Data to Action Co-Operative Agreement. Information collected will provide crucial data for program performance monitoring, budget tracking, and where applicable, program success for programs funded under Overdose Data to Action (CDC–RFA–CE19–1904).

DATES: CDC must receive written comments on or before April 15, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0019 by either of the following methods:

- *Federal eRulemaking Portal: 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 *Regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (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, MS H21–8, Atlanta, Georgia 30329; phone: 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

Monitoring and Reporting for the Overdose Data to Action Co-Operative Agreement—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC) seeks OMB approval for a Revision of a previously approved Information Collection Request (ICR) (OMB Control No. 0920–1283, Expiration 01/31/2023) for a one-year period, to continue collecting information from jurisdictions (which include states, Washington DC, U.S. Territories, cities and counties) funded under the Overdose Data to Action (CDC–RFA–CE19–1904) funding opportunity.

Drug overdose deaths in the United States increased by 18% per year from 2014 to 2016. Opioid overdose deaths have increased fivefold from 1999 to 2016, and in 2017, there were more than 47,000 deaths attributed to opioids. While the opioid overdose epidemic worsens in scope and magnitude, it is also becoming more complex. The complex and changing nature of the opioid overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach.

The purpose of the Overdose Data to Action (CDC–RFA–CE19–1904) notice of funding opportunity (OD2A NOFO), is to support funded jurisdictions in obtaining high quality, complete, and timely data on opioid prescribing and overdoses, and to use those data to inform prevention and response efforts. There are two required components of this award—a surveillance component and a prevention component, with 10 strategies in the funding opportunity across both components. The intent is to ensure that funded jurisdictions are well equipped to do rigorous work under both components, and to ensure that these components are linked and implemented as part of a system.

This ICR will focus on three tools that funded jurisdictions will be required to use to assess performance as well as measure effectiveness: The Activity Progress Report, the Evaluation and Performance Measuring Plan, and the Organizational Capacity Assessment Tool. These tools support the overall OD2A NOFO (all strategies above). There is an overall reduction in burden of 880 burden hours from the previously approved request.

A total of 79 jurisdictions were eligible to receive awards under this funding opportunity, and 67 jurisdictions submitted applications, of which 66 were funded. Each funded jurisdiction will be required to report the four elements of this ICR. Reporting is based on both web-based tools and Word templates. This information is being collected to provide crucial data to CDC for program monitoring and budget tracking, to improve timely CDC-recipient communications, and to inform technical assistance and guidance documents produced by CDC to support program implementation among funded jurisdictions. The information feedback loop created by these information collection tools is designed to help jurisdictions decrease fatal and nonfatal overdoses. 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.

CDC requests approval for an estimated 462 annual burden 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)	Total burden (in hours)
Overdose Data to Action funded jurisdictions (State, territories, counties and cities) and their Designated Delegates.	Evaluation and Performance Measuring Plan Template —Annual reporting.	66	1	4	264
	Organizational Capacity Assessment—Annual Reporting.	66	1	1	66
	Activity Progress Report Tool—Annual Reporting.	66	1	2	132
Total					462

Jeffrey M. Zirger,

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

[FR Doc. 2022–03081 Filed 2–11–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH)

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the BSC, NIOSH. The BSC NIOSH consists of 15 experts in fields associated with occupational safety and health, such as occupational medicine, occupational nursing, industrial hygiene, occupational safety, engineering, toxicology, chemistry, safety and health education, ergonomics, epidemiology, biostatistics, psychology, wellness, research translation, and evaluation.

DATES: Nominations for membership on the BSC, NIOSH must be received no later than April 15, 2022. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to NIOSH Docket 278, c/o Pauline Benjamin, Committee Management Specialist, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V–24–4, Atlanta, Georgia 30329–4027, or emailed (recommended) to *nioshdocket@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: Emily J.K. Novicki, M.A., M.P.H., NIOSH, CDC, 1600 Clifton Road NE, MS V24–4, Atlanta, GA, 30329–4027, Telephone: (404) 498–2581, or email at *ENovicki@cdc.gov.*

SUPPLEMENTARY INFORMATION: Nominations are being sought for indviduals who have the expertise and qualifications necessary to contribute to the accomplishments of the Board's objectives. Nominees will be selected based on expertise in the fields associated with occupational safety and health, such as occupational medicine, occupational nursing, industrial hygiene, occupational safety, engineering, toxicology, chemistry, safety and health education, ergonomics, epidemiology, biostatistics, psychology, wellness, research translation, and evaluation. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms. Selection of members is based on candidates' qualifications to contribute to the accomplishment of NIOSH BSC objectives *https://www.cdc.gov/niosh/bsc/default.html.*

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for BSC, NIOSH membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in January 2023, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. SGE nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government.

Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address)
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, NIH, FDA, etc.).

Nominations may be submitted by the candidate him- or herself, or by the person/organization recommending the candidate.

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. 2022–03037 Filed 2–11–22; 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 virtual meeting is open to the public, limited only by audio and web conference lines (300 audio and web conference lines are available). Registration is required. To register for this web conference, please go to: *www.cdc.gov/hicpac.* All registered participants will receive the meeting link and instructions shortly before the meeting.

DATES: The meeting will be held on March 24, 2022, from 12:00 p.m. to 2:30 p.m., EDT.

ADDRESSES: Please click the link below to join the webinar: *https://cdc.zoomgov.com/j/1609325835?pwd=M2Nqa0VMSExYS1RCUjRKeTVvTzFnZz09.*

Meeting ID: 160 932 5835.
Passcode: b#B0i6q.
Dial-in Lines:

+1–669–254–5252 (San Jose)
+1–646–828–7666 (New York)

Meeting ID: 160 932 5835.
Phone Passcode: 45841052.

FOR FURTHER INFORMATION CONTACT: Sydnee Byrd, M.P.A., HICPAC, Division of Healthcare Quality Promotion,