empirical evidence regarding remuneration and coercion. Procedures for each of these studies will be similar to those applied in the usual testing of survey questions. For example, questionnaires that are of current interest (such as RANDS and NIOSH) may be evaluated using several of the techniques described above, or different versions of a survey question will be developed, and the variants then administered to separate groups of respondents in order to study the cognitive processes that account for the differences in responses obtained across different versions.

These studies will be conducted either by CCQDER staff, DHHS staff, or NCHS contractors who are trained in cognitive interviewing techniques. The results of these studies will be applied to our specific questionnaire development activities in order to improve the methods that we use to conduct questionnaire testing, and to guide questionnaire design in general.

CDC requests OMB approval for an estimated 21,905 annualized burden hours. There is no cost to respondents other than their time to participate.

Estimated Annualized Burden Table

Types of respondents	Form name	Number of respondents	Number of responses per respondent	Average hours per response (in hours)	Total burden hours
Individuals or households	Eligibility Screeners	4,400	1	5/60	367
Individuals or households	Developmental Questionnaires	8,750	1	55/60	8,021
Individuals or households	Respondent Data Collection Sheet	8,750	1	5/60	729
Individuals or households	Focus Group Documents	225	1	1.5	338
Individuals or households	RANDS Methodological Surveys	49,800	1	15/60	12,450
Total					21,905

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, 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–22–0234]

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 Ambulatory Medical Care Survey (NAMCS)'' 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 March 18, 2022, to obtain comments from the public and affected agencies. One non-substantive public comment was received 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 Ambulatory Medical Care Survey (NAMCS) (OMB Control No. 0920–0234, Exp. 07/31/2024)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Ambulatory Medical Care Survey (NAMCS) was conducted intermittently from 1973 through 1985, and annually since 1989. The survey is conducted under authority of Section 306 of the Public Health Service Act (42 U.S.C. 242k). NAMCS is part of the ambulatory care component of the National Health Care Surveys (NHCS), a family of provider-based surveys that capture health care utilization from a variety of settings, including hospital inpatient and long-term care facilities. NCHS surveys of health care providers include NAMCS, the National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB Control No. 0920–0278), the National Hospital Care Survey (OMB Control No. 0920–0212), and the National Post-acute and Long-term Care Study (OMB Control No. 0920–0943).

An overarching purpose of NAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States; this fulfills one of NCHS missions, to collect, analyze, and disseminate timely, relevant, and accurate health data and statistics. In addition, NAMCS provides ambulatory medical care data to study: (1) the performance of the U.S. health care system; (2) care for the rapidly aging population; (3) changes in services

such as health insurance coverage change; (4) the introduction of new medical technologies; and (5) the use of electronic health records (EHRs). Ongoing societal changes have led to considerable diversification in the organization, financing, and technological delivery of ambulatory medical care. This diversification is evidenced by the proliferation of insurance and benefit alternatives for individuals, the development of new forms of physician group practices and practice arrangements (such as office-based practices owned by hospitals), the increasing role of advanced practice providers delivering clinical care, and growth in the number of alternative sites of care. Ambulatory services are rendered in a wide variety of settings, including physician/provider offices and hospital outpatient and emergency departments. Since more than 65% of ambulatory medical care visits occur in physician offices, NAMCS provides data on the majority of ambulatory medical care services.

In addition to health care provided in physician offices and outpatient and emergency departments, health centers (HCs) play an important role in the health care community by providing care to people who might not be able to afford it otherwise. HCs are local, non-profit, community-owned health care settings, which serve approximately 29 million individuals throughout the United States. NAMCS collects and provides data on HCs via the NAMCS HC Component. In addition to the HC component NAMCS includes a Provider Interview Component and a Provider Electronic Component. The Provider Interview Component samples ambulatory care providers to collect information on their characteristics and the characteristics of their practice. The Provider Electronic Component gathers information on a sample of electronic data providers including characteristics of the provider, as well as a full year of electronic patient visit data. Lastly, the HC Component samples HCs and collects characteristics of the center as well as a full year of electronic patient visit data.

This revision seeks approval to continue previously approved survey activities for the completion of the 2022 HC Component's data and to conduct the full 2023, 2024, and 2025 data years. CDC plans to implement changes to all three components of NAMCS. HC Component and Provider Interview Component sample sizes will be adjusted. In 2022, the goal is to target 100 HCs overall, while the Provider Interview Component is paused for redesign. In 2023, the goal for NAMCS is to sample 5,000 physicians, 5,000 advanced practice providers, and up to 150 HCs overall. In 2024, we plan to sample up to 10,000 physicians, 20,000 advanced practice providers, and up to 200 HCs overall (if funds allow). Lastly, in 2025 CDC will sample up to 20,000 physicians, 40,000 advanced practice providers, and up to 250 HCs overall.

For 2023–2025, there will be an additional 3,000 physicians sampled yearly for the Provider Electronic Component. The Provider Electronic Component is modifying its Provider Facility Interview questionnaire and there are plans to implement a set-up fee in the future. Also, for the Provider Electronic Component we plan to conduct research on supplementing electronic visit data with electronic data obtained from third-party sources. Questions on the Health Center Facility Interview questionnaire will be modified, and a Set-up Fee Questionnaire will be implemented. In 2023, the Physician Induction Interview will shift to a redesigned Ambulatory Care Provider Interview. Also beginning in 2023, a Tracing Questionnaire will be utilized for the Provider Interview Component, to increase response rates. Visit data collection via abstraction will be placed on hold to evaluate improved methods for collection of these data, and the reinterview study will be discontinued. The provider incentive experiment will also no longer be taking place, as we will begin to conduct other methodological work to improve upon the survey.

CDC requests OMB approval for an estimated 37,744 burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
HC Staff	HC Facility Interview questionnaire (Survey year: 2022).	73	1	45/60
	Prepare and transmit EHR for Visit Data (quarterly) (Survey year: 2022).	33	4	60/60
	Set-up Fee Questionnaire (Survey year: 2022).	33	1	15/60
Physician or Staff	ACPI (Survey year: 2023–2025)	11,667	1	30/60
	Contact Tracing (Survey year: 2023–2025)	11,667	1	10/60
Advanced Practice Provider or Staff	ACPI (Survey year: 2023–2025)	21,667	1	30/60
	Contact Tracing (Survey year: 2023–2025)	21,667	1	10/60
Ambulatory Care Provider or Group or Conglomerate Staff.	PFI Survey year: 2023–2025)	3,000	1	45/60
	Prepare and transmit Electronic Visit Data (quarterly) (Survey year: 2023–2025).	3,000	4	60/60
HC Staff	HC Facility Interview questionnaire (Survey year: 2023–2025).	300	1	45/60
	Prepare and transmit EHR for Visit Data (quarterly) (Survey year: 2023–2025).	200	4	60/60
	Set-up Fee Questionnaire (Survey year: 2023–2025).	200	1	15/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–22–1150]

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 ''Generic Clearance for Lyme and other Tickborne Diseases Knowledge, Attitudes, and Practices Surveys'' 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 March 18, 2022 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. 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

Lyme and other Tickborne Diseases Knowledge, Attitudes, and Practices Surveys (OMB Control Number 0920–1150, Exp. 9/30/2022)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) Division of Vector-Borne Diseases (DVBD) and other programs working on tickborne diseases (TBDs) are requesting a Revision to a previously approved generic clearance to conduct TBD prevention studies to include knowledge, attitudes, and practices (KAP) surveys regarding ticks and tickborne diseases (TBDs) among residents and businesses offering pest control services in Lyme disease endemic areas of the United States. The data collection for which approval is sought will allow DVBD to use survey results to inform implementation of future TBD prevention interventions. The Revision involves a broadening of the secondary target population from owners and employees of pest control companies to stakeholders of local entities affected by TBDs (*e.g.,* leaders in local public health or local government; owners or employees of pest control companies, landscaping companies, or other at-risk occupations; non-governmental organizations serving at-risk populations; and/or clinicians serving at-risk populations).

TBDs are a substantial and growing public health problem in the United States. From 2004–2016, over 490,000 cases of TBDs were reported to CDC, including cases of anaplasmosis, babesiosis, ehrlichiosis, Lyme disease, Rocky Mountain spotted fever, and tularemia. Lyme disease accounted for 82% of all TBDs, with over 400,000 cases reported during this time period. Recent studies estimate nearly 500,000 cases of Lyme disease are diagnosed annually in the United States. In addition, several novel tickborne pathogens have recently been found to cause human disease in the United States. Factors driving the emergence of TBDs are not well defined and current prevention methods have been insufficient to curb the increase in cases. Data is lacking on how often certain prevention measures are used by individuals at risk, as well as what the barriers to using certain prevention measure are.

The primary target population for these data collections are individuals and their household members who are at risk for TBDs associated with *I.scapularis* ticks and who may be exposed to these ticks residentially, recreationally, and/or occupationally. The secondary target population includes stakeholders of local entities affected by TBDs (*e.g.,* leaders in local public health or local government; owners or employees of pest control companies, landscaping companies, or other at-risk occupations; non-governmental organizations serving at-risk populations; and/or clinicians serving at-risk populations) in areas where *I. scapularis* ticks transmit diseases to humans. Specifically, these target populations include those residing or working in the 15 highest incidence states for Lyme disease (CT, DE, ME, MD, MA, MN, NH, NJ, NY, PA, RI, VT, VA, WI and WV). We anticipate conducting one to two surveys per year, for a maximum of six surveys conducted over a three-year period. Depending on the survey, we aim to enroll 500–10,000 participants per study. It is expected that we will need to target recruitment to about twice as many people as we intend to enroll. Surveys may be conducted daily, weekly, monthly, or bi-monthly per participant for a defined period (whether by phone or web survey), depending on the survey or study. The surveys will range in duration from approximately 5–30 minutes. Each participant may be surveyed 1–64 times in one year; this variance is due to differences in the type of information collected for a given survey. Specific burden estimates for each study and each information collection instrument will be provided with each individual project submitted for OMB review. Insights gained from KAP surveys will aid in prioritizing which prevention methods should be evaluated in future randomized, controlled trials and ultimately help target promotion of proven prevention