

- 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

Medical Monitoring Project (MMP) (OMB Control No. 0920-0740, Exp. 5/31/2024)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Division of HIV Prevention (DHP) requests a revision of the currently approved Information Collection Request: Medical Monitoring Project (MMP) which expires 5/31/2024. This data collection addresses the need for national estimates of access to, and utilization of HIV-related medical care and services, the quality of HIV-related ambulatory care, and HIV-related behaviors and clinical outcomes. For the

proposed project, the same data collection methods will be used as for the currently approved project. Data would be collected from a probability sample of HIV-diagnosed adults in the U.S. who consent to an interview and abstraction of their medical records. As for the currently approved project, deidentified information would also be extracted from HIV case surveillance records for a dataset (referred to as the minimum dataset), which is used to assess non-response bias, for quality control, to improve the ability of MMP to monitor ongoing care and treatment of people with HIV, and to make inferences from the MMP sample to persons with diagnosed HIV nationally. No other Federal agency collects such nationally representative population-based information from adults with diagnosed HIV. The data are expected to have significant implications for policy, program development, and resource allocation at the state/local and national levels. The changes proposed in this request update the data collection system to meet prevailing information needs and enhance the value of MMP data, while remaining within the scope of the currently approved project purpose. The burden hours of the

project remain the same as in the previously approved project. Changes made, that did not affect the burden, are listed below:

- Revisions to the interview questionnaire were made to improve coherence, boost the efficiency of the data collection, and increase the relevance and value of the information. These changes did not affect the average burden per response.
- Revisions to the medical record abstraction data elements were made to streamline the information collected and add important questions related to M-Pox vaccination. Because the medical records are abstracted by MMP staff, these changes do not affect the burden of the project.

This proposed data collection would supplement the National HIV Surveillance System (NHSS, OMB Control No. 0920-0573, Exp. 02/28/2026) in 23 selected state and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV infection and AIDS. The participation of respondents is voluntary. There is no cost to the respondents other than their time. Total estimated annual burden requested is 5,707 hours.

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)
Sampled, Eligible Persons with HIV Facility office staff looking up contact information.	Interview Questionnaire	7,760	1	45/60	5,173
	Look up contact information	1,940	1	2/60	65
Facility office staff approaching sampled persons for enrollment.	Approach persons for Enrollment	970	1	5/60	81
Facility office staff pulling medical records.	Pull medical records	7,760	1	3/60	388
Total	5,707

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-23-22IU]
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 “Evaluation of Healthcare Worker Mental Health 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 November 16, 2022 to obtain comments from the public and affected agencies. CDC received three 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

Evaluation of Healthcare Worker Mental Health Campaign—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As part of the COVID-19 American Rescue Plan of 2021, in response to a congressional mandate, and on the heels of the passage of the Dr. Lorna Breen

Health Care Provider Protection Act, the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), is taking an active stance to address mental health concerns among the more than 20 million workers in the nation’s healthcare sector. For many years now, health workers have reported feeling undervalued, overworked, and overwhelmed. A 2012 study that surveyed more than 7,000 physicians found that nearly half of them had symptoms of burnout. The COVID-19 pandemic has only exacerbated the strain and pressure facing health workers as they endure unprecedented challenges that make working in this field exponentially harder on their own health and wellbeing. So much so that the wellbeing of those who dedicate their days and nights to keeping us healthy has surpassed a point of crisis. Depression, anxiety, and PTSD are highly prevalent among health workers across the United States. A systematic review of studies addressing burnout among nurses found that more than a third (34.1%) had emotional exhaustion. A 2020 survey of healthcare workers found that 86% reported experiencing anxiety, and 39% did not feel like they had adequate emotional support.

NIOSH, the federal agency tasked with conducting research to contribute to reductions in occupational illnesses, injuries, and hazards, and its contractor, JPA Health, plan to develop, implement, and evaluate a social marketing campaign that aims to raise health worker and healthcare executive awareness of mental health risks, promote help seeking and treatment among health workers experiencing burnout and job-related distress, reduce stigma associated with health workers’ mental health help seeking, and establish organizational policies and practices that support worker mental health. For NIOSH, this project requires more than a messaging campaign and aims to marry communications best practices with behavior and systems change strategies to start addressing the

working conditions that contribute to job-related distress, structural barriers that prevent health workers from seeking help, and healthcare executives from providing mental health services and supports.

While many individual-level interventions specific to healthcare and healthcare workers exist, very few interventions address the organizational level causes of health worker burnout. It is for this reason that we are proposing a one year approval to collect follow-up survey data. This will allow us to examine whether hospital leader and healthcare worker exposure to, and engagement with, campaign activities and messages contribute to changes in their knowledge, beliefs, and practices thought to promote healthcare worker mental health and well-being.

The surveys will include a representative sample of healthcare workers and hospital leaders that hail from relevant partner network organizations of the *All In: Wellbeing First for Healthcare* network. The goal is a representative sample of 3,000 healthcare workers and 500 hospital leaders. Assuming a 25% response rate, JPA/EDC must include 12,000 healthcare workers and 2,000 hospital leaders in the initial sample. The survey will be completed at eight and 10 months after campaign launch. Half the representative sample will be drawn at each data collection period. Both the healthcare worker and hospital leader surveys should take no more than 10 minutes to complete.

The version of the information collection available during previous public comment period included a quasi-experimental study with 12 hospitals (six intervention and six comparison) and pre-post surveys and interviews. Due to logistical challenges and time constraints, the quasi-experimental study has been discontinued. CDC now requests OMB approval for an estimated 2,333 annual burden hours. There is no cost 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 hours)
Healthcare Worker	Follow-up Survey	12,000	1	10/60
Hospital Leader	Follow-up Survey	2,000	1	10/60

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

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA OH-23-004, NIOSH Miner Safety and Health Program—Western Mining States Review, and RFA OH-23-005, NIOSH Robotic Mining Review; Amended Notice of Closed Meeting

Notice is hereby given of a change in the meeting of the Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA OH-23-004, NIOSH Miner Safety and Health Program—Western Mining States Review, and RFA OH-23-005, NIOSH Robotic Mining Review; May 25, 2023, 1 p.m.–5 p.m., EDT, teleconference, in the original **Federal Register** notice. The meeting was published in the **Federal Register** on February 22, 2023, Volume 88, Number 35, page 10905.

The meeting is being amended to change the Notice of Funding Opportunity (NOFO) titles and should read as follows:

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA—OH-23-004, Miner Safety and Health Training Program—Western United States, and RFA—OH-23-005, NIOSH Robotics and Intelligent Mining Technology and Workplace Safety Research (U60).

The meeting is closed to the public.

FOR FURTHER INFORMATION CONTACT:

Michael Goldcamp, Ph.D., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1905 Willowdale Road, Morgantown, West Virginia, 26506. Telephone: (304) 285-5951; Email: MGoldcamp@cdc.gov.

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-23-0666]

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 Healthcare Safety Network (NHSN)” 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 August 26, 2022 to obtain comments from the public and affected agencies. CDC received one comment 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 Healthcare Safety Network (NHSN) (OMB Control No. 0920-0666, Exp. 7/31/2023)—Revision—National Center for Emerging and Zoonotic Infection Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) collects data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control Number 0920-0666. NHSN provides facilities, states, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs) nationwide. NHSN allows healthcare facilities to track blood safety errors and various healthcare-associated infection prevention practice methods such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates. NHSN currently has seven components:

Patient Safety (PS), Healthcare Personnel Safety (HPS), Biovigilance (BV), Long-Term Care Facility (LTCF), Outpatient Procedure (OPC), Dialysis Component, and the Neonatal Component. NHSN has increasingly served as the operating system for HAI reporting compliance through legislation established by the states. As of April 2020, 36 states, the District of Columbia and the City of Philadelphia, Pennsylvania have opted to use NHSN as their primary system for mandated reporting. Reporting compliance is completed by healthcare facilities in their respective jurisdictions, with