

Proposed Project

Occupational Exposures to Surgical Smoke in Veterinary Personnel—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Surgical smoke produced during tissue cutting and cauterizing tissues and blood vessels generates hazardous gaseous compounds and aerosols that are associated with cancer and respiratory irritation; however, no research has characterized surgical smoke generated from animal tissue in clinical veterinary settings. Surgical smoke exposure is an emerging concern in human operating rooms, and several states have either passed or are considering bills requiring surgical smoke evacuation systems in human operating rooms to mitigate this occupational hazard. Surgical suites in

veterinary clinics are often multiple bay suites or have less effective ventilation systems than human operating rooms, potentially leading to higher exposure levels, yet no research has examined barriers and aids to the use of surgical smoke evacuation systems among veterinary medicine/animal care (VM/AC) personnel.

The proposed project will characterize occupational exposure to surgical smoke and related respiratory health effects in clinical veterinary settings. Data will be used to examine: (1) work-related factors that contribute to exposure to surgical smoke in clinical veterinary settings; (2) relationships between surgical smoke exposure in clinical veterinary settings and respiratory health; and (3) barriers and aids to implementing surgical smoke extraction systems that reduce occupational exposures to surgical smoke. Findings from this study will

help to provide guidance on engineering controls to improve air quality in VM/AC personnel’s work environment by reducing exposure to surgical smoke.

Three veterinary teaching hospitals and a national network of community veterinary clinics have been recruited to participate in this research.

Participating VM/AC personnel at collaborating field study sites will complete: (1) a baseline questionnaire that collects data on demographics, work history, job tasks, exposures to respiratory hazards (including surgical smoke), use of personal protective equipment, workplace safety climate, and respiratory health and symptoms; and (2) a post-shift questionnaire assessing acute respiratory symptoms and job tasks during the work shift.

CDC requests OMB approval for an estimated 59 annual 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 hours)	Total burden (in hours)
VM/AC personnel	Baseline Questionnaire	33	1	28/60	15
VM/AC personnel	Post-shift Questionnaire	33	10	8/60	44
Total	59

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Matching Program

AGENCY: Center for Consumer Information and Insurance Oversight (CCIIO), Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice of a new matching program.

SUMMARY: In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of the re-establishment of a computer matching program between

CMS and the Office of Personnel Management (OPM), “Verification of Eligibility of Minimum Essential Coverage Under the Patient Protection and Affordable Care Act through an Office of Personnel Management Health Benefit Plan.”

DATES: The deadline for comments on this notice is December 4, 2023. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately December 8, 2023 to June 7, 2025) and within three months of expiration may be renewed for up to one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

ADDRESSES: Interested parties may submit comments on this notice to the CMS Privacy Act Officer by mail at: Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare &

Medicaid Services, Location: N1–14–56, 7500 Security Blvd., Baltimore, MD 21244–1850 or by email at Barbara.Demopoulos@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: If you have questions about the matching program, you may contact Anne Pesto, Senior Advisor, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, at 443–955–9966, by email at anne.pesto@cms.hhs.gov, or by mail at 7500 Security Blvd., Baltimore, MD 21244.

SUPPLEMENTARY INFORMATION: The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance

with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).

2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).

3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).

4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o) (2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the **Federal Register** as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

Barbara Demopulos,

Privacy Act Officer, Division of Security, Privacy Policy and Governance, Office of Information Technology, Centers for Medicare & Medicaid Services.

Participating Agencies

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Office of Personnel Management (OPM) is the source agency.

Authority for Conducting the Matching Program

The principal authority for the matching program is 42 U.S.C. 18001, *et seq.*

Purpose(s)

The purpose of the matching program is to provide CMS with OPM data which CMS and state Administering Entities (AEs) need to determine individuals' eligibility for financial assistance in paying for private health insurance coverage, under provisions of the Patient Protection and Affordable Care Act. In this matching program, OPM provides CMS with monthly data identifying each active federal employee's status as enrolled in or eligible for coverage under an OPM Health Benefit Plan, and an annual premium spread index file identifying the lowest premium available to a federal employee in each of 32 premium localities. CMS and AEs use the OPM data to verify whether an individual

who is applying for or is enrolled in private health insurance coverage under a qualified health plan through a federally-facilitated or state-based health insurance exchange is eligible for coverage under an OPM health benefit plan, for the purpose of determining if the individual is eligible for financial assistance (including an advance tax credit and cost sharing reduction, which are types of insurance affordability programs) in paying for the private coverage. OPM health benefit plans provide minimum essential coverage, and eligibility for such plans precludes eligibility for financial assistance in paying for private coverage.

Categories of Individuals

The categories of individuals whose information is involved in the matching program are: (1) active federal employees, and (2) consumers who apply for or are enrolled in a qualified health plan through an exchange established under the Patient Protection and Affordable Care Act and receive determinations of eligibility for insurance affordability programs.

Categories of Records

The categories of records used in the matching program are identity information about the above consumers, which are maintained by CMS, and identity information and minimum essential coverage period records about all active federal employees, and annual premium information, maintained by OPM. The data elements provided to CMS by OPM are as follows:

- Monthly status file:
 - a. Record type;
 - b. Record number;
 - c. Unique person ID;
 - d. Social security number;
 - e. Last name;
 - f. Middle name;
 - g. First name;
 - h. Last name suffix;
 - i. Gender;
 - j. Date of birth; and
 - k. Health plan code.
- Annual Premium Spread Index File:
 - a. State;
 - b. Plan;
 - c. Option;
 - d. Enrollment code;
 - e. Current total bi-weekly premium;
 - f. Future total bi-weekly premium;
 - g. Future government pays bi-weekly premium;
 - h. Future employee pays bi-weekly premium
 - i. Future change in employee payment bi-weekly premium;
 - j. Current total monthly premium;
 - k. Future total monthly premium;
 - l. Future government pays monthly premium;

m. Future employee pays monthly premium; and

n. Future change in employee payment monthly premium.

CMS will not send any data about individual applicants or enrollees to OPM in order to receive this data from OPM.

System(s) of Records

The records used in the matching program are maintained in these systems of records:

A. System of Records Maintained by CMS

CMS Health Insurance Exchanges System (HIX), System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), and amended at 83 FR 6591 (Feb. 14, 2018).

B. System of Records Maintained by OPM

OPM/GOVT–1 General Personnel Records, last published in full at 77 FR 79694 (Dec. 11, 2012), and amended at 80 FR 74815 (Nov. 30, 2015) and 87 FR 5874 (Feb. 2, 2022). The disclosures of OPM data to CMS are authorized by Routine Use “rr”.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10558]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed