recent decisions to remove mitigation measures. The population in the PRC has not had extensive exposure to the virus that causes COVID–19 and, therefore, has not developed immune protection through prior infection. The recent surge in COVID–19 transmission, particularly in a large population such as the PRC, increases the potential for new variants to emerge that could be introduced to the United States.

Considering the potential danger to public health posed by emerging new variants in the PRC, CDC has determined that proactive, preventative measures must be implemented now to protect the U.S. population from potential importation, transmission, and spread of new COVID–19 variants into the United States.

Pursuant to 42 CFR 71.20 and 71.31(b) and as set forth in greater detail below, this Notice and associated CDC Order will prohibit the boarding of any passenger two years of age or older on an itinerary that includes the United States, on:

- any aircraft departing from the PRC, or
- any aircraft departing from a Designated Airport if the passenger within the ten (10) days prior to their departure for the United States has been in the PRC, unless the passenger presents paper or digital documentation of one of the following requirements or meets a limited exception:

1. A negative pre-departure viral test result for SARS–CoV–2 conducted on a specimen collected no more than two (2) calendar days before the flight's departure from the PRC (Qualifying Test)

OR

2. Documentation of having recovered from COVID–19 in the past 90 days in the form of one of the following (*i.e.,* Documentation of Recovery):

a. A positive viral test result for SARS–CoV–2 conducted on a specimen collected more than 10 calendar days but fewer than 91 calendar days before the flight's departure; OR

b. A positive viral test result for SARS–CoV–2 conducted on a specimen collected 10 or fewer calendar days before the flight's departure AND a signed letter from a licensed healthcare provider or public health official stating that the passenger's COVID–19 symptoms began more than 10 calendar days before the flight's departure.

CDC may grant a humanitarian exception in very limited circumstances only when an individual must travel to the United States to preserve health (*e.g.,* emergency medical evacuations, life-saving medical treatment) or safety (*e.g.,* violence) and pre-departure testing cannot be accessed or completed before travel because of exigent circumstances. Air passengers will also be required to provide an attestation, attesting that the information they present is true.

CDC requests OMB approval for an estimated 5,208,373 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Air Passenger	*Attestation*—Proof of Negative COVID–19 Test Result or Documentation of Recovery for Air Passengers from the People's Republic of China.	2,500,000	1	2	5,000,000
Airline Desk Agent	*Attestation*—Proof of Negative COVID–19 Test Result or Documentation of Recovery for Air Passengers from the People's Republic of China.	2,500,000	1	8/60	208,333
Air Passenger	Request Humanitarian Exception—(No form).	20	1	2	40
Total					5,208,373

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–23–1282]

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 Performance Measures Project: Improving Performance Measurement and Monitoring by CDC Programs'' 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 July 25, 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

The Performance Measures Project: Improving Performance Measurement and Monitoring by CDC Programs (OMB Control No. 0920–1282, Exp. 1/31/2023)—Revision—Office of the Director for Policy and Strategy (OADPS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Each year, approximately 75% of the CDC's congressionally appropriated funding goes to extramural organizations, including state and local partners, via contracts, grants, and, most commonly, cooperative agreements. The availability of funding for grants and cooperative agreements is announced through a Notice of Funding Opportunity (NOFO). CDC awards up to 100 new, non-research NOFOs each year (each funded for one to five years). These awards may have only a few funded recipients or more than 50, such as when a CDC program provides funding to all states and territories. Monitoring and reporting of program performance is required of any non-federal entity receiving federal funds under 45 CFR 75.342; ''The non-federal entity must monitor its activities under federal awards to assure compliance with applicable federal requirements and performance expectations are being achieved''.

CDC's Program Performance and Evaluation Office (PPEO) provides technical assistance to CDC programs and funding recipients with the immediate goal of monitoring progress and the long-term goals of improving performance and maximizing public health impact. Greater public health impact can be achieved by the development of performance measures and monitoring plans that are customized to the goals outlined in each NOFO. PPEO therefore provides consultations for the development of NOFO-specific performance measures and the development of each NOFO's logic model (*i.e.,* a graphic depiction of the relationship between the funded activities and the intended effects or outcomes of those activities in the short, medium, and/or long term).

PPEO has also developed templates that can be further customized by CDC/ATSDR programs participating in the Performance Measures Project (PMP). These templates include a sample ''Performance Measure Technical Specification Instrument'' and a sample ''Performance Measure Reporting Instrument.'' After the templates are finalized by PPEO and the CDC/ATSDR program, the templates are completed by the recipients of CDC/ATSDR funding.

CDC requests OMB approval to continue information collection for the PMP, with changes. Individual collection requests submitted under this Generic approval will continue to include the tailored forms and a supplementary template that provides a description of program purpose and the estimated burden of information collection. CDC proposes minor changes to the template that clarify: (i) the calendar year(s) in which each program will collect information; (ii) the frequency of information collection (annual, semi-annual, quarterly, or other); and (iii) total burden requested for up to three years of approval. These clarifications are needed because the majority of awards are for multi-year projects, and the frequency of reporting may vary according to program-specific factors.

In addition, a number of changes to the PMP Generic Clearance reflect expanded technical assistance that PPEO provides to CDC programs. The CDC program eligibility to participate in PMP will be expanded as follows:

(1) Given the recent increase in grants and other funding mechanisms used at CDC to enhance programmatic flexibility, PMP eligibility will expand to include all available funding mechanisms for eligible programs (*i.e.,* activities funded through grants, cooperative agreements, or contracts).

(2) PPEO is providing increasing technical assistance to international programs. Eligibility will expand to include both domestic and international programs.

(3) Many CDC programs are operating under the HHS COVID–19 Emergency PRA waiver. This Emergency Waiver is expected to be discontinued. PMP will prioritize transitioning CDC program performance measure data collection from the Emergency Waiver to PMP.

(4) Some CDC programs are developing common performance metrics across multiple public health initiatives. PMP will prioritize cross-NOFO collaboration with these programs to increase efficiency.

(5) As CDC/ATSDR programs transition back to normal function after the COVID–19 pandemic, there has been increased interest in PMP. The revision will increase the estimated number of new programs that may participate from 25 programs to 40 programs.

(6) CDC proposes changes to the GenIC Request Template that clarify the calendar years in which each program's customized templates will be administered, and total burden hours for the entire period of information collection. The template will adopt the standard burden table format utilized throughout CDC/ATSDR which provides greater clarity with respect to the frequency of information collection (annual, semi-annual, quarterly, or other). These changes will improve recordkeeping for the 0920–1282 generic and improve CDC/PPEO's ability to monitor capacity and usage of the generic, while also providing increased flexibility for CDC/ATSDR programs to describe their data collection plans.

Finally, in addition to requesting increased PMP capacity (respondents and burden hours) to cover expanded eligibility and anticipated increases in PMP utilization, CDC is also requesting additional capacity to ensure seamless continuation of GenIC data collections that were previously approved but have not been completed.

The requested total estimated annualized burden will increase from 35,000 hours to 97,049 hours. OMB approval is requested for three years. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of responses	Number of responses per respondent	Average burden per response (in hours)
CDC Award Recipients (new GENICs)	Performance Measures Project Information Collection Tool.	1,750	1	40
CDC Award Recipients (continuation of previously approved GENICs).	Performance Measures Project Information Collection Tool.	2,192	1	740/60

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 Medicare & Medicaid Services

[Document Identifier: CMS–1572]

Agency Information Collection Activities: Submission for OMB Review; 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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by February 17, 2023.

ADDRESSES: Written 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Home Health Agency Survey and Deficiencies Report; *Use:* This is a request to revise form CMS–1572 by adding fillable text or check blocks to each data field, thus converting it to a fillable .pdf format. A previous version of the CMS–1572 form had been in a fillable format. However, when it was revised in the past, it was placed into a non-fillable format. We also added a new selection to item #7. The CMS–1572 form is used by State Survey Agencies (SAs) when surveying Home Health Agencies (HHAs) and to collect information about an HHA. These regulations were created by CMS under the authority of sections 1861(o) and 1891 of the Social Security Act (''the Act'').

In the Medicare and Medicaid programs, CMS is responsible for developing Conditions of Participation (CoPs) that facilities must meet to become eligible to receive Medicare payments. State survey agencies (SAs) conduct on-site surveys of Home Health Agencies (HHAs) to ensure that HHA facilities are in compliance with these requirements.

Surveys of HHA providers are intended to ensure and strengthen patient health and safety, to enhance quality of care by emphasizing outcomes rather than process, to implement the Omnibus Reconciliation Act of 1987 (OBRA 87), and to achieve more effective compliance with Federal requirements. The CMS–1572 HHA survey form reflects this fundamental change and directs surveyors to observe and monitor the provision of care in the home setting. HHA surveyors use the CMS–1572 form to assist and direct them in evaluating important information relating to the quality of services provided HHAs in the home setting. Moreover, the CMS–1572 form represents a deficiency-based approach to evaluating and reporting compliance. *Form Number:* CMS–1572 (OMB control number: 0938–0355); *Frequency:* Yearly; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 3,833; *Total Annual Responses:* 3,833; *Total Annual Hours:* 1,917. (For policy questions regarding this collection contact Caroline Gallaher at 410–786–8705.)