

• **Instructions:** Please submit comments only and cite “Notice BSC–RPM–2022–02” in all correspondence related to this notice. Comments received generally will be posted without change to <http://www.regulations.gov>, including any personal or business confidential information, or both, provided. To confirm receipt of your comment(s), please check <http://www.regulations.gov> approximately two to three business days after submission to verify posting.

FOR FURTHER INFORMATION CONTACT:

Chris Coneeney, Director, Real Property Policy Division, at 202–208–2956, or by email at chris.coneeney@gsa.gov.

SUPPLEMENTARY INFORMATION: On April 26, 2019, the Office of Management and Budget (OMB) published OMB memorandum M–19–16, “Centralized Mission Support Capabilities for the Federal Government” (available at <https://www.whitehouse.gov/wp-content/uploads/2019/04/M-19-16.pdf>). Mission support business standards, established and agreed to by the CFO Act agencies, using the Federal Integrated Business Framework website at <https://ussm.gsa.gov/fibf/>, enable the Federal Government to better coordinate on the decision-making needed to determine what mission support services can be adopted and commonly shared. These business standards are an essential first step towards agreement on outcomes, data, and cross-functional end-to-end processes that will drive economies of scale and leverage the government’s buying power. The business standards will be used as the foundation for common mission support services shared by the CFO Act agencies.

GSA serves as the real property management business standards lead on the Business Standards Council. The goal of the real property management business standards is to drive real estate management consistency, equity, and standardization across the Federal Government.

GSA is seeking public feedback on these draft business data elements, including comments on the understandability of the standards, suggested changes, and usefulness of the draft standards to industry and agencies.

Guiding questions in the standards development include:

- Do the draft business standards appropriately document the business processes covered?
- Are the draft business standards easy to understand?
- Will your organization be able to show how your solutions or services, or both, can meet these draft business standards?

• What would you change about the draft business standards? Is there anything missing?

Comments will be used in the formulation of the final real property management business standards.

Saul Japson,

Acting Associate Administrator, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2022–27954 Filed 12–22–22; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—DD23–001, Birth Defects Study To Evaluate Pregnancy exposureS (BD–STEPS).

Dates: March 28–29, 2023.

Times: 10 a.m.–5 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Catherine Barrett Ph.D., Scientific Review Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, Mailstop S107–3, Atlanta, Georgia 30341–3717; Telephone: (404) 718–7664; Email: CBarrett@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.

[FR Doc. 2022–28002 Filed 12–22–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA–IP–23–002, Understanding Adult Immunization Quality Improvement Approaches Among Adult HCP and Health Departments; and RFA–IP–23–003, Programmatic Interventions To Increase Uptake of Influenza and COVID–19 Vaccination Among Students Attending Institutions of Higher Education; 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–IP–23–002, Understanding Adult Immunization Quality Improvement Approaches Among Adult HCP and Health Departments; and RFA–IP–23–003, Programmatic Interventions to Increase Uptake of Influenza and COVID–19 Vaccination Among Students Attending Institutions of Higher Education; March 29, 2023, 10:00 a.m.–5:00 p.m., EDT, Teleconference, Centers for Disease Control and Prevention, Room 1080, 8 Corporate Boulevard, Atlanta, Georgia 30329, in the original FRN.

The meeting was published in the **Federal Register** on November 15, 2022, Volume 87, Number 219, pages 68498–68499.

The meeting is being amended to change the meeting date and the room number and should read as follows:

Dates: March 29–30, 2023.

Times: 10 a.m.–5 p.m., EDT.

Place: Teleconference, Centers for Disease Control and Prevention, Room 1077, 8 Corporate Boulevard, Atlanta, Georgia 30329.

The meeting is closed to the public.

FOR FURTHER INFORMATION CONTACT:

Gregory Anderson, M.S., M.P.H., Scientific Review Officer, National Center for HIV, Viral Hepatitis, STD,

and TB Prevention, CDC, 1600 Clifton Road NE, Mailstop US8-1, Atlanta, Georgia 30329-4027; Telephone: (404) 718-8833; Email: GAnderson@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

[30-Day-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. 1/31/2025)—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 No. 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 emphasis on those states and municipalities acquiring varying consequences for failure to use NHSN. Additionally, healthcare facilities in five U.S. territories (Puerto Rico, American Samoa, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands) are voluntarily reporting to NHSN. Additional territories are projected to follow with similar use of NHSN for reporting purposes. NHSN’s data is used to aid in the tracking of HAIs and guide infection prevention activities/practices that protect patients. The Centers for Medicare and Medicaid Services (CMS) and other payers use these data to determine incentives for performance at healthcare facilities across the US and surrounding territories, and members of the public may use some protected data to inform their selection among available providers. Each of these parties is dependent on the completeness and accuracy of the data. CDC and CMS work closely and are fully committed to ensuring complete and accurate reporting, which are critical for protecting patients and guiding national, state, and local prevention priorities.

CMS collects some HAI data and healthcare personnel influenza vaccination summary data, which is done on a voluntary basis as part of its Fee-for-Service Medicare quality reporting programs, while others may report data required by a federal mandate. Facilities that fail to report quality measure data are subject to partial payment reduction in the applicable Medicare Fee-for-Service payment system. CMS links their quality reporting to payment for Medicare-eligible acute care hospitals, inpatient rehabilitation facilities, long-term acute care facilities, oncology hospitals, inpatient psychiatric facilities, dialysis facilities, and ambulatory surgery centers. Facilities report HAI data and healthcare personnel influenza vaccination summary data to CMS via NHSN as part of CMS’s quality reporting programs to