

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[Docket No. CDC–2023–0062]****Draft Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections****AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), in the Department of Health and Human Services (HHS), announces the opening of a docket to obtain comment on the *Draft Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* (“*Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections*”). The *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* updates the *Guideline for infection control in health care personnel, 1998* (“*1998 Guideline*”), Part E: *Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients*, and its corresponding recommendations in Part II of the *1998 Guideline*: “8. Measles;” “10. Mumps;” “15. Rubella;” and “21. Varicella.” The updated recommendations in the *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* are intended for use by the leaders and staff of healthcare facilities and systems’ Occupational Health Services (OHS), as further provided herein. These updated recommendations will help facilitate the provision of occupational infection prevention and control services to healthcare personnel (HCP) who have been exposed or infected and may be contagious to others in the workplace.

**DATES:** Written comments must be received on or before September 18, 2023.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2023–0062 by either of the methods listed below. Do not submit comments by email. CDC does not accept comments by email.

• *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

• *Mail:* Healthcare Infection Control Practices Advisory Committee (HICPAC) Secretariat, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–3, Atlanta, Georgia 30329, Attn: Docket Number CDC–2023–0062.

*Instructions:* All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:** Laura Wells, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H16–2, Atlanta, Georgia 30329; Telephone: (404) 639–4000.

**SUPPLEMENTARY INFORMATION:****Public Participation**

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data related to the *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections*.

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. Do not submit comments by email. CDC does not accept comments by email.

**Background**

The *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections*, located in the “Supporting & Related Material” tab of the docket, updates the *Guideline for infection control in health care personnel, 1998*, Part E: *Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients*, and

its corresponding recommendations in Part II of the *1998 Guideline*: “8. Measles;” “10. Mumps;” “15. Rubella;” and “21. Varicella.” The *1998 Guideline* provided information and recommendations for Occupational Health Services (OHS) of healthcare facilities and systems on the prevention of transmission of infectious diseases among healthcare personnel (HCP) and patients and can be found at <https://stacks.cdc.gov/view/cdc/11563>.

As described in the Executive Summary of this guideline (<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/exec-summary.html>), in this document, “OHS” is used synonymously with “Employee Health,” “Employee Health Services,” “Employee Health and Safety,” “Occupational Health,” and other such programs. OHS refers to the group, department, or program that addresses many aspects of health and safety in the workplace for HCP, including the provision of clinical services for work-related injuries, exposures, and illnesses. In healthcare settings, OHS addresses workplace hazards including communicable diseases; slips, trips, and falls; patient handling injuries; chemical exposures; HCP burnout; and workplace violence.

This *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* update is part of a larger guideline update: *Infection Control in Healthcare Personnel*. Part I, *Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services* (2019), and the Diphtheria, Group A *Streptococcus*, Meningococcal Disease, Pertussis, and Rabies sections of Part II, *Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients* (2022) are complete and have been published on the CDC Infection Control Guideline website: <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>. The *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections*, once finalized, is intended for use by the leaders and staff of OHS to guide the management of exposed or infected HCP who may be contagious to others in the workplace. The draft recommendations in *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* update the 1998 recommendations with current guidance on the management of HCP exposed to or potentially infected with measles, mumps, rubella, or varicella-zoster virus, focusing on postexposure management, including postexposure

prophylaxis, for exposed HCP and work restrictions for exposed or infected HCP.

Since 2015, the Healthcare Infection Control Practices Advisory Committee (HICPAC) has worked with national partners, academicians, public health professionals, healthcare providers, and other partners to develop *Infection Control in Healthcare Personnel* (<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>) as a segmental update of the 1998 Guideline. HICPAC is a Federal advisory committee appointed to provide advice and guidance to HHS and CDC regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections, antimicrobial resistance, and related events in United States healthcare settings. HICPAC includes representatives from public health, infectious diseases, regulatory and other Federal agencies, professional societies, and others impacted. *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections*, once finalized, will be the next sections to be posted to the *Infection Control in Healthcare Personnel* website.

The updated draft recommendations in *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* are informed by reviews of the 1998 Guideline; CDC resources (e.g., CDC infection control website), guidance, and guidelines, as noted more specifically in the draft document; and new scientific evidence, when available. CDC is seeking comments on the *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections*. Please provide references to new evidence and justification to support any suggested revisions or additions. This *Draft Guideline: Measles, Mumps, Rubella, and Varicella-Zoster Virus Sections* is not a Federal rule or regulation.

Dated: July 13, 2023.

**Tiffany Brown,**

*Executive Secretary, Centers for Disease Control and Prevention.*

[FR Doc. 2023–15175 Filed 7–17–23; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS 3444–PN]

#### Medicare Program; Application by The Joint Commission (TJC) for Continued CMS Approval of Its Home Infusion Therapy (HIT) Accreditation Program

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice with comment.

**SUMMARY:** This notice acknowledges the receipt of an application from The Joint Commission (TJC) for continued recognition as a national accrediting organization providing home infusion therapy (HIT) services that wish to participate in the Medicare or Medicaid programs. The statute requires that within 60 days of receipt of an organization's complete application, the Centers for Medicare & Medicaid Services (CMS) publish a notice that identifies the national accrediting body making the request, describes the nature of the request, and provides at least a 30-day public comment period.

**DATES:** To be assured consideration, comments must be received at one of the addresses provided below, by August 16, 2023.

**ADDRESSES:** In commenting, refer to file code CMS–3444–PN.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the “Submit a comment” instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3444–PN, P.O. Box 8016, Baltimore, MD 21244–8016.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3444–PN, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:** Shannon Freeland, (410) 786–4348.

#### SUPPLEMENTARY INFORMATION:

*Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: <http://www.regulations.gov>. Follow the search instructions on that website to view public comments. We will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the individual will take actions to harm the individual. We continue to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments.

#### I. Background

Home infusion therapy (HIT) is a treatment option for Medicare beneficiaries with a wide range of acute and chronic conditions. Section 5012 of the 21st Century Cures Act (Pub. L. 114–255, enacted December 13, 2016) added section 1861(iii) to the Social Security Act (the Act), establishing a new Medicare benefit for HIT services. Section 1861(iii)(1) of the Act defines “home infusion therapy” as professional services, including nursing services; training and education not otherwise covered under the Durable Medical Equipment (DME) benefit; remote monitoring; and other monitoring services. Home infusion therapy must be furnished by a qualified HIT supplier and furnished in the individual's home. The individual must:

- Be under the care of an applicable provider (that is, physician, nurse practitioner, or physician assistant); and
- Have a plan of care established and periodically reviewed by a physician in coordination with the furnishing of home infusion drugs under Part B, that prescribes the type, amount, and duration of infusion therapy services that are to be furnished.

Section 1861(iii)(3)(D)(i)(III) of the Act requires that a qualified HIT supplier be accredited by an accrediting organization (AO) designated by the Secretary in accordance with section 1834(u)(5) of the Act. Section 1834(u)(5)(A) of the Act identifies factors for designating AOs and in reviewing and modifying the list of designated AOs. These statutory factors are as follows: