collection activities to increase research capacity and improve data quality. The information collected through this Generic ICR will not be used to make generalizable statements about the population of interest or to inform public policy; however, methodological findings from these projects may be reported. The purpose and use of projects under this National Health and Nutrition Examination Survey (NHANES) Generic Clearance would include developmental projects necessary for activities such as testing new procedures, equipment, technology and approaches that are going to be folded into NHANES or other NCHS programs; designing and testing examination components or survey questions; creating new studies including biomonitoring and clinical measures; creating new cohorts, including a pregnancy and/or a birth—24 month cohort; testing of the cognitive and interpretive aspects of survey methodology; feasibility testing of proposed new components or modifications to existing components; testing of human-computer interfaces/usability; assessing the acceptability of proposed NHANES components among likely participants; testing alternative approaches to existing NHANES procedures, including activities related to improving nonresponse; testing the use of or variations/adjustments in incentives; testing content of web based surveys; testing the feasibility of obtaining bodily fluid specimens (*e.g.,* blood, urine, semen, saliva, breastmilk) and tissue samples (swabs); testing digital imaging technology and related procedures (*e.g.,* retinal scan, liver ultrasound, Dual-energy X-ray absorptiometry (DEXA), prescription and over-the-counter dietary supplements bottles); testing the feasibility of and procedure/processes for accessing participant's medical records from healthcare settings (*e.g.,* hospitals and physician offices); testing the feasibility and protocols for home examination measurements; testing survey materials and procedures to improve response rates, including changes to advance materials and protocols, changes to the incentive structure, introduction of new and timely outreach and awareness procedures including the use of social media; conducting crossover studies; creating and testing digital survey materials; and conducting customer satisfaction assessments.

The types of participants covered by the NHANES Generic ICR may include current or past NHANES participants; family or household members of NHANES participants; individuals eligible to be participants in NHANES, but who did not screen into the actual survey; convenience samples; volunteers; subject matter experts or consultants such as survey methodologist, academic researchers, clinicians or other health care providers; NHANES data or website users; members of the general public or individuals abroad who would be part of a collaborative development project or projects between NCHS and related public health agencies in the U.S. and/or abroad. The type of participant involved in a given developmental project would be determined by the nature of the project. The details of each project will be included in the specific GenIC submissions.

CDC requests OMB approval for an estimated 59,465 annualized burden hours for this Generic ICR. A three-year clearance is requested. There is no cost to respondents other than their time.

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)
Individuals or Households	Developmental Projects & Focus Group documents.	35,000	1	90/60	52,500
Volunteers	Developmental Projects & Focus Group documents.	300	1	90/60	450
Individuals or households, Volunteers, NHANES Participants.	24-hour developmental projects	200	1	25	5,000
NHANES participants	Developmental Projects	1,000	1	90/60	1,500
Subject Matter Experts	Focus Group/Developmental Project Documents.	15	1	1	15
Total					59,465

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022–22930 Filed 10–20–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–22ER]

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 ''Formative Respirator and Protective Clothing Laboratory Testing'' 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 May 6, 2022, to obtain comments from the public and affected agencies. One public comment was received. 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

Formative Respirator and Protective Clothing Laboratory Testing—NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), is requesting approval of a New Generic Information Collection Request (ICR) for a period of three years under the project titled ''Formative Respirator and Protective Clothing Laboratory Testing.'' The National Personal Protective Technology Laboratory (NPPTL) is a division of the NIOSH which operates within the CDC. NIOSH is the federal institute specifically dedicated to generating new knowledge in the field of occupational safety and health and responsible for transferring that knowledge into practice for the betterment of workers.

NPPTL was established in 2001, at the request of Congress, with the mission of preventing disease, injury, and death for the millions of working men and women relying on personal protective technology (PPT). PPT plays an important role in keeping many workers within various industries safe while performing their professional duties. To achieve the Laboratory's mission, NPPTL conducts scientific research, develops guidance and authoritative recommendations, disseminates information, and responds to requests for workplace health hazard evaluations. The development of NPPTL filled a need for improved personal protective equipment (PPE) and focused research into PPT.

Respiratory protection, a specific type of PPE commonly tested by NPPTL, is the cornerstone of NPPTL's efforts. One of the primary responsibilities of the Laboratory is to test and approve respirators used in U.S. occupational settings. This function ensures a standard level of quality and filtration efficiency for all respirators used within a U.S. workplace setting. The NPPTL Respirator Approval Program exists to increase the level of worker protection from airborne particulates, chemicals, and vapors. In addition to respirators, NPPTL conducts research on other types of PPE, including chemical-resistant clothing, hearing protection, gloves, eye and face protective devices, hard hats, sensors to detect hazardous substances, and communication devices used for safety deployment of emergency workers. NPPTL PPE research examines exposure to inhalation hazards, dermal hazards, and any other hazardous environmental threats within an occupational setting.

PPE performance requirements and test methods are specified within: (1) federal regulations by NIOSH, Food and Drug Administration (FDA), and the Mine Safety and Health Administration (MSHA); and (2) voluntary consensus standards published by organizations such as the American National Standards Institute (ANSI), American Society for Testing and Materials (ASTM) International, and International Organization for Standardization (ISO). Thus, the information collected from human subjects in a laboratory setting are generally consistent across NPPTL studies with only the boundary conditions changing (*e.g.,* environmental conditions such as heat or humidity, human subject activity such as simulated surgery or climbing a ladder, distance between two subjects communicating by spoken word, various PPE use durations, or the use of novel PPE designs). Considering these consistent data collection methods employed with only changes in boundary conditions specified to a specific industry or standard, NPPTL requests a Generic ICR package for laboratory-collected information for testing respirators and protective clothing.

The resulting data will benefit the federal government in that the performance standards and test methods supported will directly aid in ensuring the adequate protection via PPE of workers across a variety of industry sectors. Furthermore, the continued research in these methods will ensure the performance standards and test methods are up to date with an ever-evolving workplace safety climate, as well as technological advancements in PPE. Through this data collection, the federal government will ultimately be able to efficiently react to the PPE protection needs of workers across the country thereby fulfilling CDC/NIOSH's mission.

The methods used to collect the information from human participants will include health screenings, demographic information collection instruments, psychometrically supported surveys of user experience and perception of PPE, direct physiological measurements of response to PPE, biological measures of physiological responses, anthropometric measures of body size and shape, measures of PPE fit, and measures of the body's movement through space (biomechanics). The respondent universe for the proposed data collection will be recruited from the general population but their demographic characteristics are expected to be reflective of the full spectrum of the U.S. workforce and from industries that rely heavily on PPE to protect workers (*e.g.,* healthcare and social assistance, public safety and emergency response, and agriculture). Because the U.S. worker population in some cases includes children down to the age of eight years in certain industries such as agriculture, it is expected that studies included in this data collection may also include children. Because respondents will be recruited via a variety of different avenues (email, flyers, advertisements, etc.), it is expected that the respondent pool will vary in gender, age, race/ethnicity, persons residing in rural and/or urban locations, and/or in specific regions or health jurisdictions. Additionally, pregnant women may also be a focus of these data collection efforts as pregnant women are regular users of PPE which must be considered due to

specific needs related to changes in body shape and size.

CDC estimates that up to 1,750 individuals could be burdened per year with an estimated annualized burden of 15,591 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)
Members of the general public	Informed Consent	970	1	30/60
	Health Screening Questionnaire: Standardized form w/decision logic allowing some questions to be omitted.	970	6	1
	Demographics Questionnaire: Standardized form w/decision logic allowing some questions to be omitted, W–9 Tax Form, etc.	970	1	30/60
	Job-related Data: Occupational tasks, postures used, duration of exposure, etc.	970	1	15/60
	Physiological Measurements: Chest-worn heart rate monitor strap, COSMED Kb5, SQ2020–1F8 temperature logger, TOSCA 500 pulse oximeter, koken breathing waveform recording mask, etc.	200	6	1.5
	Biological Measurements: Cortisol (stress) levels, pregnancy tests, hydration status, lipids, inflammatory markers, heat shock proteins, etc.	100	6	15/60
	Anthropometric Measurements: Calipers/digital measuring of facial and body dimensions.	750	1	15/60
	Respirator Fit Measurements: Filter cassettes with air pumps,fit-testing equipment, QLFT/sodium saccharin solution etc.	225	100	15/60
	Self-Perception Data: Level of exertion, perceived comfort level, heat sensation, fatigue, etc.	500	6	15/60
	Biomechanics Measurements: Force plate, stopwatch, accelerometers, etc.	30	3	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022–22928 Filed 10–20–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10260]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice; partial withdrawal.

SUMMARY: On Wednesday, October 5, 2022, the Centers for Medicare & Medicaid Services (CMS) published a notice document entitled, ''Agency Information Collection Activities: Proposed Collection; Comment Request''. That notice invited public comments on two separate information collection requests, under Document Identifiers: CMS–10260 and CMS–10142. Through the publication of this document, we are withdrawing the portion of the notice requesting public comment on the information collection request titled, '' Medicare Advantage and Prescription Drug Program: Final Marketing Provisions.'' Form number: CMS–10260 (OMB control number: 0938–1051).

DATES: The original comment period for the document that published on October 5, 2022, remains in effect and ends December 5, 2022.

SUPPLEMENTARY INFORMATION: In FR document, 2022–21657, published on October 5, 2022 (87 FR 60403), we are withdrawing item 1 ''Medicare Advantage and Prescription Drug Program: Final Marketing Provisions in 42 CFR 422.111(a)(3) and 423.128(a)(3)'' which begins on page 60404. The notice will be republished at a later date, thereby allowing the public to have a full 60-day comment period.

Dated: October 17, 2022.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2022–22844 Filed 10–20–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10407 and CMS–R–244]

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