

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****[30Day–23–0822]****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 National Intimate Partner and Sexual Violence Survey (NISVS)” 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 March 7, 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 National Intimate Partner and Sexual Violence Survey (NISVS) (OMB Control No. 0920–0822, Exp. 03/31/2023)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a revision request for the currently approved National Intimate Partner and Sexual Violence Survey (NISVS, OMB# 0920–0822). Sexual violence, intimate partner violence, and stalking are significant public health issues that impact the health and well-being of women and men across the United States. An extensive field of research has demonstrated that sexual violence, intimate partner violence, and stalking can have serious long-term health consequences and significant social and public health costs. Sexual violence is a major public health problem; 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape. Sexual violence starts early; 1 in 3 female and 1 in 4 male rape victims experienced it for the first time between 11–17 years old.

In 2010, the National Intimate Partner and Sexual Violence Surveillance System (NISVS) reported that

approximately 6.9 million women and 5.6 million men experienced rape, physical violence and/or stalking by an intimate partner within the last year. The health care costs of sexual violence exceed \$5.8 billion each year, nearly \$3.9 billion of which is for direct medical and mental health care services. To address this important public health problem, CDC implemented, beginning in 2010, the National Intimate Partner and Sexual Violence Surveillance System that produces national and state level estimates of Intimate Partner Violence, Sexual Violence and stalking on an annual basis.

This Revision request describes the redesign of the NISVS and the approach for collecting NISVS data. More specifically, this Revision request is to use the restructured methodology based on recommendations resulting from experimental studies conducted in 2018–2021 and approved by OMB 6/19/2019, 3/20/2020, and 9/2/2021. This Revision request incorporates methodological design changes to improve response rate, reduce cost, and reduce non-response bias. Additionally, survey questions and their formatting were revised to improve clarity and reduce respondent burden or to update content with more recent concerns (*e.g.*, stalking technology, technology-facilitated sexual violence). The survey question revisions were modified by results from cognitive testing conducted in 2021–2022. Data are analyzed using appropriate statistical software to account for the complexity of the survey design to compute weighted counts, percentages, and confidence intervals using national and state-level data.

NISVS is a surveillance system used to monitor the magnitude of sexual violence, stalking, and Intimate Partner Violence victimization among adults in the U.S. Data are used by the federal government, states, partner organizations, and stakeholders to inform prevention programs and policies related to sexual violence, stalking, and Intimate Partner Violence. OMB approval is requested for three years. The total estimated annualized burden hours are 17,949. There are no costs 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)
Individuals and Households	Advance Letter	134,933	1	1/60
	Screeners	48,667	1	5/60
	Questionnaire, web	26,667	1	25/60
	Questionnaire, phone	800	1	40/60

Jeffrey M. Zirger,

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

[FR Doc. 2023-01167 Filed 1-20-23; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-23-1283]

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 “Monitoring and Reporting for the Overdose Data to Action Cooperative Agreement” 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 September 7, 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

Monitoring and Reporting for the Overdose Data to Action Cooperative Agreement (OMB Control No. 0920-1283, Exp. 01/31/2023)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a Revision request for the currently approved Monitoring and reporting for the Overdose Data to Action Cooperative Agreement (OMB Control No. 0920-1283). In 2020, a total of 91,799 drug overdose deaths occurred in the United States; the age-adjusted rate in 2020 was 31% higher than the rate in 2019. Approximately 75% of drug overdose deaths in 2020 involved an opioid, and opioid overdose deaths in 2020 were 8.5 times the number they were in 1999. In addition, opioids are nested in a broadening polysubstance

crisis, largely driven by deaths co-involving opioids and stimulants, such as cocaine and methamphetamine. While the overdose epidemic worsens in scope and magnitude, it is also becoming more complex.

In response to the growing severity of the opioid overdose epidemic, the U.S. government declared the opioid overdose epidemic a Public Health Emergency (PHE) on October 26, 2017, joining at least eight states that have declared the opioid overdose epidemic a statewide emergency. The opioid overdose epidemic is one of the U.S. Department of Health and Human Services (HHS) top priorities. In 2017, HHS launched a five-point Opioid Strategy: (1) Access: Better Prevention, Treatment, and Recovery Services; (2) Data: Better Data on the Epidemic; (3) Pain: Better Pain Management; (4) Overdoses: Better Targeting of Overdose-Reversing Drugs; and (5) Research: Better Research on Pain and Addiction.

CDC's overdose surveillance and prevention efforts include the Overdose Data to Action (OD2A) cooperative agreement. The purpose of OD2A is to support funded jurisdictions in obtaining high quality, complete, and timelier data on opioid prescribing and overdoses involving opioids, stimulants, and polysubstance use, and to use those data to inform prevention and response efforts. The OD2A cooperative agreement, ending in August 2023, will be followed by two fundings aimed at reducing non-fatal and fatal overdoses; one will be focused on states and the other on localities. OD2A in States (OD2A-S) will focus on overdose surveillance and prevention efforts by state health departments and Washington, DC, while OD2A Limiting Overdose through Collaborative Actions in Localities (OD2A-LOCAL), will focus on overdose surveillance and prevention efforts by city and county health departments, and territories. These two cooperative agreements will allow funded jurisdictions to continue the work started in OD2A and adapt their overdose surveillance and