

ESTIMATED ANNUALIZED BURDEN TO RESPONDENTS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hrs.) | Total burden hours |
|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------------|--------------------|
| BRFSS Adults | ACBS Landline Screener—Adult | 8,170 | 1 | 1/60 | 136 |
| | ACBS Cell Phone Screener—Adult | 20,780 | 1 | 1/60 | 346 |
| BRFSS Parents or Guardians of Children. | ACBS Landline Screener—Child | 834 | 1 | 2/60 | 28 |
| | ACBS Cell Phone Screener—Child | 4,109 | 1 | 2/60 | 137 |
| ACBS Adults | ACBS Adult Consent and Survey | 20,155 | 1 | 10/60 | 3,359 |
| ACBS Parents or Guardians of Children. | ACBS Child Consent and Survey | 3,764 | 1 | 10/60 | 627 |
| State BRFSS Coordinators | ACBS Data Submission Layout | 40 | 12 | 3 | 1,440 |
| Total | | | | | 6,073 |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-23-0950]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) is submitting the information collection request titled “The National Health and Nutrition Examination Survey (NHANES)” 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 November 21, 2022 to obtain comments from the public and affected agencies. CDC received two comments 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 Health and Nutrition Examination Survey (NHANES), (OMB Control No. 0920-0950, Exp. 04/30/2023)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary

of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States.

The National Health and Nutrition Examination Survey (NHANES) is designed to study the relationship between diet, nutrition, and health in a representative sample of the civilian, non-institutionalized population of the United States. Information collection involves a variety of modes and sources including physical examinations, laboratory tests, and interviews. Findings are used to produce descriptive statistics that measure the health and nutrition status of the general population, generate national reference data on height, weight, and nutrient levels in the blood, and monitor the prevalence of chronic conditions and risk factors for those conditions.

The NHANES was conducted periodically between 1970 and 1994 and has been conducted continuously since 1999 by the NCHS, CDC, in collaboration with a variety of agencies that sponsor specific components of NHANES. To manage participant burden and respond to changing public health research needs, NCHS cycles in and out various components, however, the study design generally allows results from more recent NHANES to be compared to findings reported from previous surveys. NCHS collects personally identifiable information (PII) to allow for linkages to other data sources such as the National Death Index and data from the Centers for Medicare and Medicaid Services. Participant-level data items include basic demographic information, name, address, Social Security Number, Medicare number and participant health information.

Data collection for the 2021/2022 cycle of NHANES began in August 2021. The 2021/2022 NHANES physical examination includes the following components: anthropometry (all ages), liver elastography (ages 12 and older), standing balance (ages 20–69), 24-hour dietary recall via phone (all ages), blood pressure measurement (ages eight and older), and dual X-ray absorptiometry (DXA) (ages 8–69, total body scan). While at the examination center, additional interview questions are asked of participants and a second 24-hour dietary recall (all ages) is scheduled to be conducted by phone 3–10 days later. The bio specimens collected for laboratory tests include urine and blood. Serum, plasma and urine specimens are stored for future testing, including genetic research, if the participant consents. Consent to store DNA is continuing in NHANES.

Beginning in 2021, NHANES added the following laboratory tests: Acetylcholinesterase Enzyme Activity in whole blood; an Environmental Toxicant in Washed Red Blood Cells (Hemoglobin Adducts); Environmental Toxicants in serum (seven terpenes); Environmental Toxicants in urine (seven volatile organic compound (VOC) metabolites); Infectious Disease Markers in serum (Enterovirus 68 (EV–D68) and Human Papilloma Virus (HPV) in serum); Nutritional Biomarkers in plasma (Four trans-fatty acids (TFA)); and two Nutritional Biomarkers in serum. Additionally, at the start of the 2021 survey year, the following Laboratory Tests were modified: Steroid hormones in serum (eleven steroid hormones).

NHANES components that were cycled out in 2021–22 are the Blood

Pressure Methodology Study and laboratory tests of Adducts of Hemoglobin (Acrylamide, Glycidamide) and Urine flow rate.

Most sections of the NHANES interviews provide self-reported information to be used in combination with specific examination or laboratory content, as independent prevalence estimates, or as covariates in statistical analysis (*e.g.*, socio-demographic characteristics). Some examples include alcohol, drug, and tobacco use, sexual behavior, prescription and aspirin use, and indicators of oral, bone, reproductive, and mental health. Several interview components support the nutrition-monitoring objective of NHANES, including questions about food security and nutrition program participation, dietary supplement use, and weight history/self-image/related behavior.

Burden for individuals varies based on their level of participation. For example, infants and children tend to have shorter interviews and exams than adults. This is because young people may have fewer health conditions or medications to report so their interviews take less time or because certain exams are only conducted on individuals 18 and older, etc. In addition, adults often serve as proxy respondents for young people in their families. Finally, the burden estimate for NHANES includes developmental projects that support the planning process for future cycles of information collection. Developmental projects may include activities such as tests of new equipment, crossover studies between current and proposed methods, test of different study modes, settings or technology, outreach materials, incentive strategies, sample

storage and processing or sample designs.

The 2021/2022 cycle of NHANES includes a number of modifications necessitated by the ongoing COVID–19 pandemic, such as additional COVID–19 screening tests and procedures, additional laboratory content for COVID–19 serology, decreased use of in-person interviews, and increased use of telephone interviews and/or audio-computer assisted self-interview (ACASI). Selected data collection components were discontinued from the NHANES survey and physical exams in order to manage participant risk and burden. Some modifications were described in the Revision request for NHANES 2021/2022 and further adjustments were incorporated through the Change Request mechanism.

The COVID–19 pandemic also resulted in operational delays. CDC therefore requests OMB approval to extend information collection for 18 months in order to complete the 2021/2022 NHANES as previously approved, with the COVID–19 modifications such as multi-mode screening and electronic consent procedures. The base sample will remain at approximately 5,000 interviewed and examined individuals annually. The yearly goal for interview, exam and post exam components is 5,600 participants. To achieve this goal, NHANES may need to screen up to 8,300 individuals annually. Participation in NHANES is voluntary and confidential. There is no cost to respondents other than their time. The total estimated annualized burden is 65,630 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---------------------------------|---|-----------------------|------------------------------------|--|
| Individuals in households | Screener | 8,300 | 1 | 10/60 |
| Individuals in households | Household Interview | 5,600 | 1 | 1 |
| Individuals in households | MEC Interview & Examination | 5,600 | 1 | 2.5 |
| Individuals in households | Telephone Dietary Recall & Dietary Supplements. | 5,600 | 1 | 1.3 |
| Individuals in households | Flexible Consumer Behavior Survey Phone Follow-Up. | 5,600 | 1 | 20/60 |
| Individuals in households | Developmental Projects & Special Studies ... | 3,500 | 1 | 3 |
| Individuals in households | 24-hour wearable device projects | 1,000 | 1 | 25 |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-7070-N]

Announcement of the Advisory Panel on Outreach and Education (APOE) In- Person Meeting

AGENCY: Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces the next meeting of the APOE (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning the Health Insurance Marketplace®, Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). This meeting is open to the public.

DATES: *Meeting Date:* Thursday, April 20, 2023 from 8:30 a.m. to 4 p.m. eastern daylight time (e.d.t.).

Deadline for Meeting Registration, Presentations, Special Accommodations, and Comments: Thursday, April 13, 2023 5 p.m. (e.d.t.).

ADDRESSES:

Meeting Location: U.S. Department of Health & Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

Presentations and Written Comments: Presentations and written comments should be submitted to: Walt Gutowski, Jill Darling, Lisa Carr, Designated Federal Official (DFO), Office of Communications, Centers for Medicare & Medicaid Services, 200 Independence Avenue SW, Mailstop 325G HHH, Washington, DC 20201, 202-690-5742, or via email at APOE@cms.hhs.gov.

Registration: This meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the website <https://CMS-APOE-April2023.rsvpify.com> or by contacting the DFO listed in the **FOR FURTHER**

INFORMATION CONTACT section of this notice, by the date listed in the **DATES** section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

FOR FURTHER INFORMATION CONTACT: Walt Gutowski, Jill Darling or Lisa Carr, Designated Federal Official, Office of Communications, 200 Independence Avenue SW, Mailstop 325G HHH, Washington, DC 20201, 202-690-5742, or via email at APOE@cms.hhs.gov.

Additional information about the APOE is available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE> Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background and Charter Renewal Information

A. Background

The Advisory Panel for Outreach and Education (APOE) (the Panel) is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of federal advisory committees. The Panel is authorized by section 1114(f) of the Social Security Act (the Act) (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a).

The Panel, which was first chartered in 1999, advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (the Department) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Marketplace outreach and education programs.

The APOE has focused on a variety of laws, including the Medicare Modernization Act of 2003 (Pub. L. 108-173), and the Affordable Care Act (Patient Protection and Affordable Care Act, (Pub. L. 111-148) and Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152)).

The APOE helps the Department determine the best communication channels and tactics for various programs and priorities, as well as new rules and legislation. In the coming years, we anticipate the American Rescue Plan, the Inflation Reduction Act, and the SUPPORT Act will be some of the topics the Panel will discuss. The

Panel will provide feedback to CMS staff on outreach and education strategies, communication tools and messages and how to best reach minority, vulnerable and Limited English Proficiency populations.

B. Charter Renewal

The Panel's charter was renewed on January 19, 2023, and will terminate on January 19, 2025, unless renewed by appropriate action. The Charter can be found at <https://www.cms.gov/regulations-and-guidance/guidance/faca/apoe>.

In accordance with the renewed charter, the APOE will advise the Secretary and the CMS Administrator concerning optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for, Medicare, Medicaid, the CHIP, and coverage available through the Health Insurance Marketplace® and other CMS programs.
- Enhancing the federal government's effectiveness in informing Medicare, Medicaid, CHIP, or the Health Insurance Marketplace® consumers, issuers, providers, and stakeholders, pursuant to education and outreach programs of issues regarding these programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers, partners and stakeholders.
- Expanding outreach to minority and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid, CHIP, and the Health Insurance Marketplace® education programs and other CMS programs as designated.

- Assembling and sharing an information base of "best practices" for helping consumers evaluate health coverage options.

- Building and leveraging existing community infrastructures for information, counseling, and assistance.

- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices, and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under the Affordable Care Act.

The current members of the Panel as of February 9, 2023, are as follows:

- Julie Carter, Senior Federal Policy Associate, Medicare Rights Center.
- Scott Ferguson, Psychotherapist, Scott Ferguson Psychotherapy.