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 Associate Director for Science, Office of the
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 Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2015-0038; 60Day-15-
 0964]

Proposed Data Collection Submitted for Public Comment and Recommendations

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), as part of
 its continuing efforts to reduce public
 burden and maximize the utility of
 government information, invites the
 general public and other Federal
 agencies to take this opportunity to
 comment on proposed and/or
 continuing information collections, as
 required by the Paperwork Reduction
 Act of 1995. This notice invites
 comment on a proposed reinstatement
 of an information collection entitled
 "Interventions to Reduce Shoulder
 MSDs in Overhead Assembly". This
 information collection is part of a study
 to assess the effectiveness and cost-
 benefit of occupational safety and health
 (OSH) interventions to prevent
 musculoskeletal disorders (MSDs)
 among workers in the Manufacturing
 (MNF) sector.

DATES: Written comments must be
 received on or before August 4, 2015.

ADDRESSES: You may submit comments,
 identified by Docket No. CDC-2015-
 0038 by any of the following methods:

Federal eRulemaking Portal:
Regulation.gov. Follow the instructions
 for submitting comments.

Mail: Leroy A. Richardson,
 Information Collection Review Office,
 Centers for Disease Control and
 Prevention, 1600 Clifton Road NE., MS-
 D74, Atlanta, Georgia 30329.

Instructions: All submissions received
 must include the agency name and
 Docket Number. All relevant comments
 received will be posted without change
 to *Regulations.gov*, including any
 personal information provided. For
 access to the docket to read background

documents or comments received, go to
Regulations.gov.

Please note: All public comment should be
 submitted through the Federal eRulemaking
 portal (*Regulations.gov*) or by U.S. mail to the
 address listed above.

FOR FURTHER INFORMATION CONTACT: To
 request more information on the
 proposed project or to obtain a copy of
 the information collection plan and
 instruments, contact the Information
 Collection Review Office, Centers for
 Disease Control and Prevention, 1600
 Clifton Road NE., MS-D74, Atlanta,
 Georgia 30329; phone: 404-639-7570;
 Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: Under the
 Paperwork Reduction Act of 1995 (PRA)
 (44 U.S.C. 3501-3520), Federal agencies
 must obtain approval from the Office of
 Management and Budget (OMB) for each
 collection of information they conduct
 or sponsor. In addition, the PRA also
 requires Federal agencies to provide a
 60-day notice in the **Federal Register**
 concerning each proposed collection of
 information, including each new
 proposed collection, each proposed
 extension of existing collection of
 information, and each reinstatement of
 previously approved information
 collection before submitting the
 collection to OMB for approval. To
 comply with this requirement, we are
 publishing this notice of a proposed
 data collection as described below.

Comments are invited on: (a) Whether
 the proposed collection of information
 is necessary for the proper performance
 of the functions of the agency, including
 whether the information shall have
 practical utility; (b) the accuracy of the
 agency's estimate of the burden of the
 proposed collection of information; (c)
 ways to enhance the quality, utility, and
 clarity of the information to be
 collected; (d) ways to minimize the
 burden of the collection of information
 on respondents, including through the
 use of automated collection techniques
 or other forms of information
 technology; and (e) estimates of capital
 or start-up costs and costs of operation,
 maintenance, and purchase of services
 to provide information. Burden means
 the total time, effort, or financial
 resources expended by persons to
 generate, maintain, retain, disclose or
 provide information to or for a Federal
 agency. This includes the time needed
 to review instructions; to develop,
 acquire, install and utilize technology
 and systems for the purpose of
 collecting, validating and verifying
 information, processing and
 maintaining information, and disclosing
 and providing information; to train
 personnel and to be able to respond to

a collection of information, to search
 data sources, to complete and review
 the collection of information; and to
 transmit or otherwise disclose the
 information.

Proposed Project

Interventions to Reduce Shoulder
 MSDs in Overhead Assembly—
 Reinstatement—(OMB Control No.
 0920-0964, Expired 4/30/2015),
 National Institute for Occupational
 Safety and Health (NIOSH), Centers for
 Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute
 for Occupational Safety and Health
 (NIOSH) is to promote safety and health
 at work for all people through research
 and prevention. Under Public Law 91-
 596, sections 20 and 22 (Section 20-22,
 Occupational Safety and Health Act of
 1970), NIOSH has the responsibility to
 conduct research to advance the health
 and safety of workers. In this capacity,
 NIOSH proposes a reinstatement for a
 study to assess the effectiveness and
 cost-benefit of occupational safety and
 health (OSH) interventions to prevent
 musculoskeletal disorders (MSDs)
 among workers in the Manufacturing
 (MNF) sector. The original information
 collection request expired on April 30,
 2015. A reinstatement is being requested
 in order to allow the program to resume
 the data collection activities.

MSDs represent a major proportion of
 injury/illness incidence and cost in the
 U.S. Manufacturing (MNF) sector. In
 2008, 29% of non-fatal injuries and
 illnesses involving days away from
 work (DAW) in the MNF sector involved
 MSDs and the MNF sector had some of
 the highest rates of MSD DAW cases.
 The rate for the motor vehicle
 manufacturing sub-sector (NAICS 3361)
 was among the highest of MNF sub
 sectors, with MSD DAW rates that were
 higher than the general manufacturing
 MSD DAW rates from 2003-2007.

In automotive manufacturing
 overhead conveyance of the vehicle
 chassis requires assembly line
 employees to use tools in working
 postures with the arms elevated. These
 postures are believed to be associated
 with symptoms of upper limb
 discomfort, fatigue, and impingement
 syndromes (Fischer et al., 2007).
 Overhead working posture, independent
 of the force or load exerted with the
 hands, may play a role in the
 development in these conditions.

However, recent studies suggest a
 more significant role of localized
 shoulder muscle fatigue in contributing
 to these disorders. Fatigue of the
 shoulder muscles may result in changes

in normal shoulder kinematics (motion) that affect risk for shoulder impingement disorders (Ebaugh et al., 2006; Chopp et al., 2010).

The U.S. Manufacturing sector has faced a number of challenges including an overall decline in jobs, an aging workforce, and changes in organizational management systems. Studies have indicated that the average age of industrial workers is increasing and that older workers may differ from younger workers in work capacity, injury risk, severity of injuries, and speed of recovery (Kenny et al., 2008; Gall et al., 2004; Restrepo et al., 2006). As the average age of the industrial population increases and newer systems of work organization (such as lean manufacturing) are changing the nature of labor-intensive work, prevention of MSDs will be more critical to protecting older workers and maintaining productivity.

This study will continue to evaluate the efficacy of two intervention strategies for reducing musculoskeletal symptoms and pain in the shoulder attributable to overhead assembly work in automotive manufacturing. These interventions are, (1) an articulating spring-tensioned tool support device that unloads from the worker the weight of the tool that would otherwise be manually supported, and, (2) a targeted exercise program intended to increase

individual employees' strength and endurance in the shoulder and upper arm stabilizing muscle group. As a primary prevention strategy, the tool support engineering control approach is preferred; however, a cost-efficient opportunity exists to concurrently evaluate the efficacy of a preventive exercise program intervention. Both of these intervention approaches have been used in the Manufacturing sector, and preliminary evidence suggests that both approaches may have merit. However, high quality evidence demonstrating their effectiveness, by way of controlled trials, is lacking.

This project will be conducted as a partnership between NIOSH and Toyota Motors Engineering & Manufacturing North America, Inc. (TEMA), with the intervention evaluation study taking place at the Toyota Motor Manufacturing Kentucky, Inc. (TMMK) manufacturing facility in Georgetown, Kentucky. The prospective intervention evaluation study will be conducted using a group-randomized controlled trial multi-time series design. Four groups of 25–30 employees will be established to test the two intervention treatment conditions (tool support, exercise program), a combined intervention treatment condition, and a control condition. The four groups will be comprised of employees working on

two vehicle assembly lines in different parts of the facility, on two work shifts (first and second shift). Individual randomization to treatment condition is not feasible, so a group-randomization (by work unit) will be used to assign the four groups to treatment and control conditions. Observations will be made over the 10-month study period and questionnaires will include the Shoulder Rating Questionnaire (SRQ), Disabilities of the Arm, Shoulder and Hand (DASH) questionnaire, a Standardized Nordic Questionnaire for body part discomfort, and a Work Organization Questionnaire. In addition to the questionnaires, a shoulder-specific functional capacity evaluation test battery will be administered at 90 and 210 days, immediately pre- and post-intervention, to confirm the efficacy of the targeted exercise program in improving shoulder capacity.

In summary, this study will evaluate the effectiveness of two interventions to reduce musculoskeletal symptoms and pain in the shoulder associated with repetitive overhead work in the manufacturing industry. In addition, NIOSH will disseminate the results of evidence-based prevention practices to the greatest audience possible. NIOSH expects to complete all data collection by 2018. 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 hrs.)
Employees	PAR-Q (Physical Activity Readiness)	125	1	2/60	4
Employees	Shoulder rating Questionnaire (SQR)	125	10	4/60	83
Employees	Disabilities of Arm Shoulder and Hand (DASH).	125	10	6/60	125
Employees	Standardized Nordic Questionnaire for Musculoskeletal Symptoms.	125	10	4/60	83
Employees	Work Org Questionnaire	125	3	26/60	163
Total	458

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers CMS-10561]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid 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 Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our