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 and Brief Description

Hepatitis B virus (HBV) is transmitted via blood or sexual contact. Persons with chronic HBV infection are at increased risk for cirrhosis and liver cancer and require medical care (Schillie et al., 2018). National health survey data indicate that about 880,000 people were living with HBV infection in the United States during 2013–2018, with modeled data putting that estimate at 1.89 million (Roberts, Ly, et al., 2021; Wong et al., 2021). Testing is the first step in accessing treatment, but an estimated two-thirds of people living with hepatitis B in the United States during 2013–2018 were unaware of their HBV infection (Kim et al., 2013). Despite the availability of highly effective hepatitis B vaccines that can prevent development of subsequent acute and chronic liver disease, 70 percent of adults in the United States self-reported they were unvaccinated as of 2018 (Lu et al., 2021). National surveillance data reveal that during 2011–2019, rates of reported acute hepatitis B steadily increased among persons aged 40–49 and 50–59 years (CDC Viral Hepatitis Surveillance, 2021). Among the acute HBV cases reported to CDC in 2019, injection drug use was the most common risk factor (CDC Viral Hepatitis Surveillance, 2021). Rates of newly reported chronic hepatitis B were highest among persons aged 30–49 years, Asian/Pacific Islander persons, and Black/African American persons in 2019 (CDC Viral Hepatitis Surveillance, 2021). Providing a framework to reach the World Health Organization (WHO) viral hepatitis elimination goals, the Viral Hepatitis National Strategic Plan for the United States calls for an increase in the proportion of people with HBV infection who are aware of their infection from a baseline of 32 percent during 2013–2016 to 90 percent by 2030 (Department of Health and Human Services, 2020). In support of this goal, CDC used current evidence to update its previous 2008 recommendations for testing and management for people with chronic hepatitis B in the United States.

As described in the recommendation document found in the Supporting and Related Materials tab of the docket, these recommendations supplement previously published CDC recommendations for testing and identifying persons with chronic HBV infection in the United States published in 2008 (Weinbaum et al., 2008). They do so by adding hepatitis B screening at least once in a lifetime for persons aged 18 years of age and older and specifying the use of the three-test panel during screening to identify persons who: (1) Have a current HBV infection, (2) have resolved infection and who may be susceptible to reactivation, (3) are susceptible and need vaccination, or (4) are vaccinated.

Dated: March 30, 2022.

Angela K. Oliver,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2022–07050 Filed 4–1–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–P–0015A and CMS–10394]

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 Paperwork Reduction Act of 1995 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by May 4, 2022.

ADDRESSES: Written 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at website address at: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Current Beneficiary Survey (MCBS); *Use:* CMS is the largest single payer of health care in the United States. The agency plays a direct or indirect role in administering health insurance coverage for more than 120 million people across

the Medicare, Medicaid, CHIP, and Exchange populations. A critical aim for CMS is to be an effective steward, major force, and trustworthy partner in supporting innovative approaches to improving quality, accessibility, and affordability in healthcare. CMS also aims to put patients first in the delivery of their health care needs.

The Medicare Current Beneficiary Survey (MCBS) is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through our operations. The MCBS is a nationally-representative, longitudinal survey of Medicare beneficiaries that we sponsor and is directed by the Office of Enterprise Data and Analytics (OEDA). MCBS data collection includes both in-person and phone interviewing. The survey captures beneficiary information whether aged or disabled, living in the community or facility, or serviced by managed care or fee-for-service. Data produced as part of the MCBS are enhanced with our administrative data (*e.g.,* fee-for-service claims, prescription drug event data, enrollment, etc.) to provide users with more accurate and complete estimates of total health care costs and utilization. The MCBS has been continuously fielded for more than 30 years, encompassing over 1.2 million interviews and more than 140,000 survey participants. Respondents participate in up to 11 interviews over a four-year period. This gives a comprehensive picture of health care costs and utilization over a period of time.

The MCBS continues to provide unique insight into the Medicare program and helps CMS and our external stakeholders better understand and evaluate the impact of existing programs and significant new policy initiatives. In the past, MCBS data have been used to assess potential changes to the Medicare program. For example, the MCBS was instrumental in supporting the development and implementation of the Medicare prescription drug benefit by providing a means to evaluate prescription drug costs and out-of-pocket burden for these drugs to Medicare beneficiaries. Beginning in 2023, this proposed revision to the clearance will add a few new measures to existing questionnaire sections and will remove COVID–19-related content that is no longer relevant for administration. New respondent materials are also included in this request. The revisions will result in a net decrease in respondent burden as compared to the current clearance due to the removal of COVID–19 items.

Form Number: CMS–P–0015A (OMB: 0938–0568); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 13,656; *Total Annual Responses:* 35,998; *Total Annual Hours:* 46,680. (For policy questions regarding this collection contact William Long at 410–786–7927.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Application and Triennial Re-application to Be a Qualified Entity to Receive Medicare Data for Performance Measurement; *Use:* The Patient Protection and Affordable Care Act (ACA) was enacted on March 23, 2010 (Pub. L. 111–148). ACA amends section 1874 of the Social Security Act by adding a new subsection (e) to make standardized extracts of Medicare claims data under Parts A, B, and D available to qualified entities to evaluate the performance of providers of services and suppliers. This is the application needed to determine an organization's eligibility as a qualified entity. The information from the collection is used by CMS to determine whether an organization meets the criteria required to be considered a qualified entity to receive Medicare claims data under ACA Section 10332. CMS evaluates the organization's eligibility in terms of organizational and governance capabilities, addition of claims data from other sources, and data privacy and security. This collection covers the application through which organizations provide information to CMS to determine whether they will be approved as a qualified entity. This collection also covers the triennial re-application (CMS–10596; 0938–1317) through which organizations provide information to CMS to determine whether they are approved to continue as a qualified entity. *Form Number:* CMS–10394 (OMB control number: 0938–1144); *Frequency:* Occasionally; *Affected Public:* Not-for-profits institutions and Business or other for-profits; *Number of Respondents:* 30; *Total Annual Responses:* 30; *Total Annual Hours:* 3,800. (For policy questions regarding this collection contact Kari A. Gaare at 410–786–8612.)

Dated: March 30, 2022.

William N. Parham, III,

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

[FR Doc. 2022–07055 Filed 4–1–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Judicial, Court, and Attorney Measures of Performance (New Collection)

AGENCY: Children's Bureau; Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: The Children's Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to collect data for a new descriptive study, Judicial, Court, and Attorney Measures of Performance (JCAMP).

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget (OMB) is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written 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. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This study will collect information from Court Improvement Program (CIP) staff to (1) understand data capacity and current use of performance measures and (2) gather feedback from the performance measure pilot process. This will be accomplished using two instruments:

JCAMP CIP Data Capacity Survey

The survey asks CIPs about their current capacity to collect specific data elements from the following six categories of measurement: (1) Legal and judicial context (*e.g.,* court docketing), (2) Practices (*e.g.,* attorney pre-petition legal practice), (3) Short-term outcomes that happen during hearings (*e.g.,* discussion of key issues), (4) Intermediate outcomes that happen