e.g., permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Enhanced Surveillance of Persons with Early and Late HIV Diagnosis—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

National HIV Surveillance System (NHSS) data indicate that 37,968 adolescents and adults received an HIV diagnosis in the United States and dependent areas in 2018. During 2015–2019, the overall rate of annual diagnoses decreased only slightly, from 12.4 to 11.1 per 100,000. Although not every jurisdiction reports complete laboratory data needed to identify stage of infection, data from most jurisdictions show that many of these cases were classified as Stage 0 (7.9%) or Stage 3 (20.2%) infection (*i.e.,* cases diagnosed in early infection or late infection, respectively). Early and late diagnoses represent recent failures in prevention and testing systems, as well as opportunities to understand needed improvements in these systems.

The NHSS classifies HIV infections as Stage 0 if the first positive HIV test was within six months of a negative HIV test. Persons who received a diagnosis at Stage 0 (*i.e.,* early diagnosis) were able to access HIV testing shortly after infection yet were unable to benefit from biomedical and behavioral interventions to prevent HIV infection.

The federal initiative ''Ending the HIV Epidemic in the U.S.'' (EHE), prioritizes the provision of HIV preexposure prophylaxis (PrEP), syringe services programs, treatment as prevention efforts, and other proven interventions—as part of the Prevent pillar to prevent new HIV infections of the EHE initiative.

HIV infections are classified as Stage 3 (AIDS) by the presence of an AIDS-defining opportunistic infection or by the lowest CD4 lymphocyte test result. Persons with Stage 3 infection at the time of their initial HIV diagnosis (*i.e.,* late diagnosis) did not benefit from timely receipt of testing or HIV prevention interventions and were likely unaware of their infection for a substantial length of time. Nationally, an estimated 13.3% of persons with HIV are unaware of their infection, contributing to an estimated 40% of all ongoing transmission. Increasing early diagnosis is a key pillar of efforts to end HIV in the United States.

Given the continued occurrence of HIV infections in the United States, the barriers and gaps associated with low uptake of HIV testing and prevention services must be addressed to reduce new infections and facilitate timely diagnosis and treatment. Therefore, CDC is sponsoring this data collection to improve understanding of barriers and gaps associated with new infection and late diagnosis in the era of multiple testing modalities and prevention options such as PrEP. These enhanced surveillance activities will identify actionable missed opportunities for early diagnosis and prevention, thus informing allocation of resources, development and prioritization of interventions, and evidence-based local and national decisions to improve HIV testing and address prevention gaps.

CDC requests OMB approval for an estimated 3167 annual burden hours. 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 hr)	Total burden (in hr)
Persons screened	Recruitment Screener English	2,500	1	5/60	208
Persons screened	Recruitment Screener Spanish	500	1	5/60	42
Enrolled Participant: English Adults	Survey Consent English	2,000	1	15/60	500
Enrolled Participant: Spanish Adults	Survey Consent Spanish	500	1	15/60	125
Enrolled Participant: English Adults	English Survey	2,000	1	55/60	1,833
Enrolled Participant—Spanish Adults	Spanish Survey	500	1	55/60	458
Total					3,167

Jeffrey M. Zirger,

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

[FR Doc. 2022–15734 Filed 7–21–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–22–22HJ; Docket No. CDC–2022–0086]

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 effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Field Testing of Spanish-language Toolbox Talks for Spanish-speaking Construction Workers. The project will evaluate Spanish-language toolbox talks with Spanish-speaking construction workers to assess the effectiveness of toolbox talks as an OSH training tool with this audience.

DATES: CDC must receive written comments on or before September 20, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0086 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (www.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 Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 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 the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. 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 submissions of responses; and
5. Assess information collection costs.

Proposed Project

Field Testing of Spanish-language Toolbox Talks for Spanish-speaking Construction Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Construction is one of the most dangerous industry sectors in which to be employed. There are approximately 1.8 million Spanish-speaking workers employed in construction, and Latino workers are injured and killed at rates 2–3 times higher than non-Latino construction workers. Among the challenges to meeting the occupational safety and health (OSH) needs of the construction industry is the large number of small businesses, with approximately 90% of small construction contractors employing 20 or fewer workers. Over 40% of Spanish-speaking construction workers work for businesses employing 10 or fewer workers. Latino workers are more likely to be employed in small establishments, and these small establishments have a higher risk of fatal injuries. In 2010 alone, 56.3% of construction deaths occurred in establishments with fewer than 20 employees. From 2003–2008, small establishments with 1–10 employees reported an average of 47% work-related deaths among Latino workers, while employing 44% of the Latino construction workers. These small construction contractors have limited resources to apply to OSH training needs.

Toolbox talks are brief (approximately 5–10 minutes) OSH instructional sessions held on the worksite or at the contractor's office. Requiring minimal resources, toolbox talks may provide an ideal OSH training format for small construction contractors and have been successfully disseminated throughout the construction industry. However, evaluations of their effectiveness have been limited, the results of which suggest increased knowledge, positive safety attitude change, and increased intentions to apply recommended safe work practices among English-speaking workers. Building on this initial work, the purpose of this study is to evaluate a subset of Spanish language toolbox talks as an OSH training tool for Spanish-speaking construction workers, and to assess whether the addition of a narrative scenario and discussion questions increases training effectiveness.

Data will be collected at the work site for four weeks, using a total of four toolbox talks. The data collection will occur prior to presentation of the first toolbox talk and following presentation of the final toolbox talk of the project. The data collection instrument will consist of items that will include basic demographics, safety knowledge related to the content of the selected toolbox talks, safety culture, and attitudes toward safety.

CDC requests OMB approval for an estimated 333 annual burden hours. There are no costs 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)	Total burden hours
Construction workers	Pre-Test	400	1	20/60	133
Construction workers	Post-Test	400	1	20/60	133
Construction workers	Toolbox Talks Training	400	1	10/60	67
Total					333

Jeffrey M. Zirger,

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

[FR Doc. 2022–15733 Filed 7–21–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1778–N]

Medicare Program; Announcement of the Advisory Panel on Hospital Outpatient Payment Meeting—August 22–23, 2022

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a virtual meeting of the Advisory Panel on Hospital Outpatient Payment (the Panel) for Calendar Year 2022. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services concerning the clinical integrity of the Ambulatory Payment Classification groups and their associated weights, which are major elements of the Medicare Hospital Outpatient Prospective Payment System (OPPS) and the Ambulatory Surgical Center (ASC) payment system; and supervision of hospital outpatient therapeutic services. The advice provided by the Panel will be considered as we prepare the annual update for the OPPS.

DATES:

Meeting Dates: The virtual meeting of the Panel is scheduled for Monday, August 22, 2022 from 9:30 a.m. to 5:00 p.m. Eastern Daylight Time (EDT) and Tuesday, August 23, 2002 from 9:30 a.m. to 5:00 p.m. EDT. The times listed in this notice are EDT and are approximate times. Consequently, the meetings may last longer or be shorter than the times listed in this notice, but will not begin before the posted time.

Deadline for presentations and comments: Presentations or comment letters must be received by 5:00 p.m. EDT on Friday, August 05, 2022. Presentations or comment letters must be submitted through the ''Hospital Outpatient Payment (HOP) Panel Meeting Presentation & Comment Letters'' module. To access the module, go to *https://mearis.cms.gov* to register/log in, and submit your presentation or comment letter. CMS can only accept HOP Panel Meeting presentations and comment letters that are submitted via MEARIS™. We note that with the submissions in MEARIS, CMS no longer requires the completion or submission of form CMS–20017 as part of the presentation or comment letter package. Submitters do not need to complete this form.

Presentations and comment letters that are not received by the due date and time will be considered late or incomplete and will not be included on the agenda.

Presentations and comment letters may not be revised once they are submitted. If a presentation or comment letter requires changes, a new submittal must be submitted by August 05, 2022.

ADDRESSES:

Virtual meeting location and webinar: The public may participate in this meeting via webinar, or listen-only via teleconference. Closed captioning will be available on the webinar. Teleconference dial-in and webinar information will appear on the final meeting agenda, which will be posted on our website when available at: *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.*

Advisory committee information line: The telephone number for the Advisory Panel on Hospital Outpatient Payment Committee Hotline is (410) 786–3985.

Websites: For additional information on the Panel, including the Panel charter, and updates to the Panel's activities, we refer readers to view our website at: *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.* Information about the Panel and its membership in the Federal Advisory Committee Act database are located at: *https://www.facadatabase.gov.*

Virtual meeting registration: While there is no meeting registration, presenters must be identified and included as part of the MEARIS™ presentation submission process by the deadline specified above. We note that no advanced registration is required for participants who plan to view the Panel meeting via webinar, listen via teleconference, or may wish to make a public comment during the meeting.

FOR FURTHER INFORMATION CONTACT: Nicole Marcos, Designated Federal Official (DFO) by email at: *APCPanel@cms.hhs.gov.*

Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) and is allowed by section 222 of the Public Health Service Act to consult with an expert outside panel, such as the Advisory Panel on Hospital Outpatient Payment (the Panel), regarding the clinical integrity of the Ambulatory Payment Classification (APC) groups and relative payment weights. The Panel is governed by the provisions of the Federal Advisory Committee Act (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), to set forth standards for the formation and use of advisory panels. We consider the technical advice provided by the Panel as we prepare the proposed and final rules to update the Hospital Outpatient Prospective Payment System (OPPS) for the following calendar year (CY).

The Panel presently consists of members and a Chair named below.

- E.L. Hambrick, M.D., J.D., CMS Chairperson
- Terry Bohlke, C.P.A., C.M.A, M.H.A., C.A.S.C
- Carmen Cooper-Oguz, P.T., D.P.T, M.B.A, C.W.S, W.C.C
- Paul Courtney, M.D.
- Peter Duffy, M.D.
- Lisa Gangarosa, M.D.
- Bo Gately, M.B.A.
- Michael Kuettel, M.D., M.B.A, Ph.D.
- Scott Manaker, M.D., Ph.D.
- Brian Nester, D.O., M.B.A.
- Matthew Wheatley, M.D., F.A.C.E.P.

II. Annual Advisory Panel Meeting

A. Meeting Agenda

The agenda for the August 22, 2022 through August 23, 2022 virtual Panel meeting will provide for discussion and comment on the following topics as designated in the Panel's Charter:

- Addressing whether procedures within an APC group are similar both clinically and in terms of resource use.
- Reconfiguring APCs.
- Evaluating APC group weights.
- Reviewing packaging the cost of items and services, including drugs and devices, into procedures and services, including the methodology for packaging and the impact of packaging the cost of those items and services on APC group structure and payment.
- Removing procedures from the inpatient only list for payment under the OPPS.
- Using claims and cost report data for the Centers for Medicare & Medicaid Services' (CMS) determination of APC group costs.