

participant outcomes. Data collection activities include a Program Survey with all WISEWOMAN awardee programs, administered in the second and fourth program years, and a one-time site visit to each recipient spread across the three-year data collection effort. During site visits, semi-structured

interviews will be conducted with WISEWOMAN staff members and staff at partner organizations, such as clinical providers and community-based resource providers, who are positioned to provide a variety of perspectives on program implementation.

OMB approval is requested for a one-year Extension. CDC requests approval for an estimated 84 annual burden hours. Participation is voluntary and there are no costs 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 hours)
WISEWOMAN Recipient Administrators.	Program survey .....	16	1	1	16
	Site Visit Discussion Guide .....	8	1	90/60	12
	Innovation Site Visit Discussion Guide.	2	1	45/60	2
Recipient partners .....	Site Visit Discussion Guide .....	16	1	1	16
	Innovation Site Visit Discussion Guide.	2	1	45/60	2
Healthy behavior support staff .....	Site Visit Discussion Guide .....	16	1	1	16
	Innovation Site Visit Discussion Guide.	2	1	45/60	2
Clinical providers .....	Site Visit Discussion Guide .....	16	1	1	16
	Innovation Site Visit Discussion Guide.	2	1	45/60	2
Total .....	.....	.....	.....	.....	84

**Jeffrey M. Zirger,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Solicitation of Nominations for Appointment to the Board of Scientific Counselors, National Center for Health Statistics (BSC, NCHS)

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the Board of Scientific Counselors, National Center for Health Statistics (BSC, NCHS). The BSC, NCHS consists of up to 15 experts including the Chair in fields associated with statistical, demographic, and epidemiological research, such as biostatistics/biometry, survey methodology and polling, sociology, reproductive health, minority health, nutrition, social and behavioral health sciences, and population-based public and environmental health; public health practice, e.g., state and local health data systems; operations

research, health policy, and health services research, including health economics and econometrics; provision of health services, e.g., medicine, nursing, rehabilitation, other allied health care, and preventive medicine; health quality measurement and health indicators; health promotion; medical informatics; and data and health information security, storage, confidentiality, and dissemination.

**DATES:** Nominations for membership on the BSC, NCHS must be received no later than October 14, 2022. Packages received after this time will not be considered for the current membership cycle.

**ADDRESSES:** All nominations should be emailed to [NCHS-BSCmail@cdc.gov](mailto:NCHS-BSCmail@cdc.gov).

**FOR FURTHER INFORMATION CONTACT:** Rebecca Hines, M.H.S., Designated Federal Officer, Board of Scientific Counselors, NCHS, CDC, 3311 Toledo Road, Mailstop P-08, Hyattsville, Maryland 20782; Telephone: (301) 458-4715; Email: [RSHines@cdc.gov](mailto:RSHines@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Nominations are being sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the Board's objective to provide advice and guidance on statistical and epidemiological research, data collection, and activities that support the National Center for Health Statistics,

such as: determinants of health; extent and nature of illness and disability, including life expectancy; incidence of various acute and chronic illnesses/ impairments and accidental injuries; prevalence of chronic diseases and impairments; infant and maternal morbidity and mortality; nutrition status; environmental, social, and other hazards affecting health status; health resources associated with physician and dental visits, hospitalizations, nursing, extended care facilities, home health agencies, and other health institutions; utilization of health care in a broad array of settings; trends in prices/costs and sources of payments; federal, state, and local government expenditures for health care services; the relationship between demographic and socioeconomic characteristics and health characteristics; family formation, growth, and dissolution; new or improved methods for obtaining current data on the aforementioned factors; data security and confidentiality and comparability of data; and standardized means to collect information and statistics.

Additionally, the Board makes recommendations about opportunities for NCHS programs to examine and employ new approaches to monitoring and evaluating key public health, health policy, and public policy changes. This includes automation, data modernization, and technological

improvements to enhance data collection, analysis, access, and reporting capabilities of the Center.

Members of the BSC, NCHS are responsible for surveying the state-of-the-art of their respective disciplines, and reporting, as appropriate, to the full Board and recommending convening of workshops or symposia to educate or update all Board members.

The selection of members is based on candidates' qualifications to contribute to accomplishing BSC, NCHS objectives (<https://www.cdc.gov/nchs/about/bsc.htm>). Members may be invited to serve for up to four-year terms.

The U.S. Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the Board's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for BSC, NCHS membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in June, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. Candidates should submit the following items:

- Current resume/curriculum vitae, including complete contact information (telephone numbers, mailing address, email address) in Microsoft Word or PDF format.

- Short biographical sketch, including the top 3–5 areas of expertise and a statement of interest in serving on the Board.

- At least two professional references from person(s) not employed by the U.S. Department of Health and Human Services. Candidates may submit references from current HHS employees if they wish, but at least one reference

must be submitted by a person not employed by an HHS agency (e.g., CDC, HRSA, NIH, AHRQ).

Nominations may be submitted by the candidate or by the person/organization recommending the candidate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

*Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day0–22–22HY; Docket No. CDC–2022–0099]

#### 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, Centralized Institutional Review for the CDC Expanded Access Investigational New Drug (EA-IND) for Use of Tecovirimat (TPOXX®) for Treatment of Human Non-Variola Orthopoxvirus Infections. This proposed project is essential to CDC's Monkeypox emergency response and is designed to assist healthcare providers to provide tecovirimat (TPOXX) treatment to patients with monkeypox under the EA-IND.

**DATES:** CDC must receive written comments on or before October 21, 2022.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2022–0099 by either of the following methods:

- **Federal eRulemaking Portal:** [www.regulations.gov](http://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](http://www.regulations.gov).

**Please note:** Submit all comments through the Federal eRulemaking portal ([www.regulations.gov](http://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: 404–639–7118; Email: [omb@cdc.gov](mailto: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