

EXHIBIT 2 ESTIMATED ANNUALIZED COST BURDEN—Continued

| Form name | Number of respondents | Total burden hours | Average hourly wage rate | Total cost burden |
|--|-----------------------|--------------------|--------------------------|-------------------|
| Infrastructure Assessment | | | | |
| Gap Analysis (1 assessment per unit or facility, pre- and post-implementation for all four cohorts, 1,400 sites total) | 467 | 934 | *51.53 | 48,129.02 |
| Implementation Assessments | | | | |
| Team Checkup Tool (1 checklist conducted monthly during 3 months of ramp-up and 15 months of implementation periods for ICU, non-ICU, and Surgical cohorts, 1,100 units total) | 367 | 1,123 | *51.53 | 57,868.19 |
| Team Checkup Tool (1 checklist conducted monthly per facility during 18 months of implementation for LTC cohort, 300 facilities total) | 100 | 306 | *51.53 | 15,768.18 |
| Electronic Health Record (EHR) Extracts | | | | |
| Initial data pull for 10% of hospitals that do not confer rights to their NHSN data—(once at baseline for ICU and non-ICU cohorts, 800 units total) | 27 | 135 | ^35.17 | 4,747.95 |
| Initial data pull for hospital onset bacteremia (including MSSA) and MRSA-positive clinical cultures (not available in NHSN) (once at baseline for ICU and non-ICU cohorts, 800 units total) | 267 | 935 | ^35.17 | 32,883.95 |
| Initial data pull for 10% of units that submit point prevalence survey data (once at baseline for ICU and non-ICU cohorts, 800 units total) | 27 | 14 | ^35.17 | 492.38 |
| Subsequent data pull for 10% of units that submit point prevalence data (every six months during 18 months of implementation for ICU and non-ICU cohorts, 800 units total) | 27 | 20 | ^35.17 | 703.40 |
| Initial data pull for 50% of surgical settings that do not confer rights to NHSN data—(once at baseline for Surgical cohort, 300 settings total) | 50 | 50 | ^35.17 | 1,758.50 |
| Initial data pull—(once at baseline for LTC cohort, 300 facilities total) | 100 | 600 | ^35.17 | 21,102.00 |
| Quarterly data—(quarterly during 18 months of implementation for ICU and non-ICU cohorts, 1,100 units total) | 267 | 801 | ^35.17 | 28,171.17 |
| Quarterly data collection of monthly data for 50% of hospitals that do not confer rights to their NHSN data (quarterly during 18 months of implementation for surgical cohorts, 300 units total) | 50 | 150 | ^35.17 | 5,275.50 |
| Monthly data—(monthly per facility during 18 months of implementation for LTC cohort, 100 facilities total) | 100 | 1,350 | ^35.17 | 47,479.50 |
| Total | 13,516 | 12,052 | | 554,699.76 |

* This is an average of the average hourly wage rate for physician, nurse, nurse practitioner, physician's assistant, and nurse's aide from the May 2019 National Occupational Employment and Wage Estimates, United States, U.S. Bureau of Labor Statistics (https://www.bls.gov/oes/current/oes_nat.htm#00-0000).

^ This is an average of the average hourly wage rate for nurse and IT specialist from the May 2019 National Occupational Employment and Wage Estimates, United States, U.S. Bureau of Labor Statistics (https://www.bls.gov/oes/current/oes_nat.htm#00-0000).

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of

automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 4, 2022.

Marquita Cullom,

Associate Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[30Day–23–22GG]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Pilot Plan for the Interim Local Health Department Strategy for Response, Control, and Prevention of Healthcare Associated Infections (HAI) and Antibiotic Resistance (AR)” 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 June 17th, 2022 to obtain comments from the public and affected agencies. CDC did not receive 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

Pilot Plan for the Interim Local Health Department Strategy for Response, Control, and Prevention of Healthcare Associated Infections (HAI) and Antibiotic Resistance (AR)—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Through piloting the Interim Local Strategy, CDC’s Division of Healthcare Quality Promotion (DHQP) aims to understand Local Health Departments’

(LHDs) experience implementing the strategy and collect their feedback for refinement. A secondary goal of this study is to create a network of LHDs working in Healthcare Associated Infections (HAI) and Antibiotic Resistance (AR) activities to learn from one another and share best practices. Data collected during the pilot will be used to assess the extent to which the strategy materials and resources help LHDs to: (1) grow and expand their HAI/AR partner networks and collaboration; (2) build operational capacity to conduct and promote sustainable HAI/AR infection prevention and control practices; and (3) expand HAI/AR infection prevention, outbreak response, and stewardship activities. Furthermore, data will inform any necessary refinements of the materials and resources.

CDC will conduct data collection through interviews and electronic surveys, to capture feedback on the strategy’s usability and effectiveness, as well as on each individual material and resource. CDC will use a mixed methods approach with both deductive and inductive analysis of qualitative data collected through surveys and structured interviews, and aggregate quantitative survey data.

CDC requests OMB approval for an estimated 360 annualized burden hours. There is no cost 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) |
|--|--|-----------------------|------------------------------------|--|
| Voluntary LHD Participants/NACCHO Coag LHD participants. | LHD HAI/AR Strategy Pilot Feedback Form .. | 60 | 1 | 4 |
| Voluntary LHD Participants | LHD HAI/AR Strategy Pilot Interview Guide .. | 30 | 1 | 2 |
| NACCHO CoAg LHD Participants | LHD HAI/AR Strategy Pilot Survey | 30 | 1 | 2 |

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Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-23-22CX]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Preferences for Longer-Acting Preexposure Prophylaxis (PrEP) Methods Among Persons in US

Populations at Highest Need: A Discrete Choice Experiment” 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 March 2, 2022, to obtain comments from the public and affected agencies. CDC did not receive 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