

Meaningfully Promote Excellence in Technology, Education and Science Reauthorization Act of 2010 (COMPETES Act). The Challenge is designed to help CDC: (1) identify clinical practices and health systems that have been successful in achieving high rates of hypertension control; and (2) develop models for dissemination. The Challenge is open to single practice providers, group practice providers, and healthcare systems. Providers whose hypertensive population achieves exemplary levels of hypertension control are recognized as Million Hearts Hypertension Control Champions.

Interested clinicians or practices complete a web-based application form which collects the minimum amount of data needed to demonstrate hypertension control among their adult patients, including: (a) Two point-in-time measures of the clinical hypertension control rate for the patient population; (b) the size of the clinic population served; (c) a brief description of the characteristics of the patient population served and geographic location; and (d) a description of the sustainable systems and strategies adopted to achieve and maintain hypertension control rates. CDC scientists or contractors review each application form and rank applications by reported hypertension control rate.

In the second phase of assessment, applicants with the highest preliminary scores are asked to participate in a two-

hour data verification and validation process. The applicant reviews the application form with a reviewer, describes how information was obtained from the providers' (or practices') electronic records, chart reviews, or other sources, and reviews the methodology used to calculate the reported hypertension control rate. Data verification and validation is conducted to ensure that all applicants meet eligibility criteria and assure accuracy of their reported hypertension control rate according to a standardized method. Applicants must have achieved a hypertension control rate of at least 80% among their adult patients aged 18–85 years with hypertension.

Up to 35 finalists who pass the data verification and background check are selected as Champions. Several Champions participate in a one-hour, semi-structured interview and provide detailed information about the patient population served, the geographic region served, and the strategies employed by the practice or health system to achieve exemplary rates of hypertension control, including barriers and facilitators for those strategies. Based on the information collected for Challenges in 2013 through 2020, CDC recognized a total of 133 public and private health care practices and systems as Million Hearts Hypertension Control Champions. The Champions are announced roughly annually, approximately six months after the Challenge application period ends.

CDC plans to conduct the Million Hearts Hypertension Control Challenge annually through 2027. The 2023 Challenge is planned to launch in February 2023, coinciding with American Heart Month. The application period will be open for approximately 45–60 days, with recognition of the 2023 Champions in the fall of 2023. A similar calendar year schedule is planned for 2024 and 2025.

CDC will use the information collected through the Million Hearts Hypertension Control Challenge to increase widespread attention to hypertension at the clinical practice level, improve understanding of successful and sustainable implementation strategies at the practice or health system level, bring visibility to organizations that invest in hypertension control, and motivate individual practices to strengthen their hypertension control efforts. Information collected through the Million Hearts Hypertension Control Challenge will link success in clinical outcomes of hypertension control with information about strategies that can be used to achieve similar favorable outcomes so that the strategies can be replicated by other providers and health care systems.

CDC requests OMB approval for an estimated 215 annual burden hours. Participation is voluntary, and there are no costs to the 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)
Clinicians, practices, and healthcare systems	Million Hearts Hypertension Control Champion Application Form.	200	1	30/60
Finalists .....	Data Verification Form .....	40	1	2
Champions .....	Semi-structured Interview Guide .....	35	1	1

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 Advisory Board on Radiation and Worker Health for the Energy Employees Occupational Illness Compensation Program Act of 2000.**

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) is seeking

nominations for membership on the Advisory Board on Radiation and Worker Health (ABRWH) for the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA). The ABRWH consists of not more than 20 members appointed by the President of the United States, and shall reflect a balance of scientific, medical, and worker perspectives.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the ABRWH's objectives. Nominees will be appointed based on their demonstrated

qualifications, professional experience, and knowledge of issues the ABRWH may be asked to consider. Federal employees will not be considered for membership.

**DATES:** Nominations for individuals to serve on the ABRWH must be submitted (postmarked, if sending by mail; submitted electronically; or received, if hand delivered) no later than November 16, 2022. Packages received after this time will not be considered.

**ADDRESSES:** Nominations may be submitted, including attachments, by any of the following methods below:

- *Electronically: Email:* (recommended) to Nancy Adams, [dcas@cdc.gov](mailto:dcas@cdc.gov) (Specify in the email subject line, “Advisory Board on Radiation and Worker Health Nomination”); or
- *Mail: Express Delivery, hand delivery messenger, or courier service:* Submit one copy of all required documents to the following address: Nancy Adams, ABRWH, Office of the Director, National Institute of Occupational Safety and Health, Centers for Disease Control and Prevention, 395 E Street SW, Suite 9200, Patriots Plaza, Washington, DC 20201.

Follow-up communications with nominees may occur as necessary throughout the process.

**FOR FURTHER INFORMATION CONTACT:** Nancy Adams, National Institute for Occupational Safety and Health (NIOSH), (202) 321–9956, [dcas@cdc.gov](mailto:dcas@cdc.gov) (specify in the email subject line, “Advisory Board on Radiation and Worker Health Nomination”).

**SUPPLEMENTARY INFORMATION:** The Centers for Disease Control and Prevention (CDC) invites interested parties to submit nominations for individuals to serve on the ABRWH for the Energy Employees Occupational Illness Compensation Program Act of 2000. The ABRWH was established pursuant to section 3624 of Public Law 106–398, and section 4 of Executive Order 13179, “Providing Compensation to America’s Nuclear Weapons Workers,” dated December 7, 2000. The ABRWH is governed by the provisions of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees. The statutory authority for the ABRWH is codified at 42 U.S.C. 7384o. The ABRWH currently operates under Executive Order 13889, dated March 22, 2022.

Section 4(b) of Executive Order 13179 establishes that the ABRWH shall provide advice to the Secretary, HHS on (1) the development of guidelines to assess the likelihood that an individual

with cancer sustained the cancer in the performance of duty at a Department of Energy (DOE) or an Atomic Weapons Employer (AWE) facility, and methods for arriving at and providing reasonable estimates of the radiation doses received by individuals applying for assistance under this program for whom there are inadequate records of radiation exposure; (2) the scientific validity and quality of dose reconstruction efforts performed for purposes of the compensation program; and (3) upon request by the Secretary, HHS, whether there is a class of employees at any DOE or AWE facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation dose may have endangered the health of members of the class. More information on the ABRWH is available at <https://www.cdc.gov/niosh/ocas/ocasadv.html>.

As required by 42 U.S.C. 7384o(a)(2), the President shall make appointments to the Board in consultation with organizations with expertise on worker health issues in order to ensure that the membership of the Board reflects a balance of scientific, medical, and worker perspectives. The U.S. Department of Health and Human Services (HHS) policy stipulates that committee membership shall be made without discrimination on the basis of race, color, sex, religion, ethnicity, age, disability, gender, sexual orientation, gender identity, HIV status, genetic information, cultural, religious, or socioeconomic status. Minorities, women, and people with disability are encouraged to submit their nomination. 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. ABRWH members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports, and they serve with compensation and may receive reimbursement for travel expenses for their attendance at ABRWH meetings, including per diem in lieu of subsistence, as authorized by the Federal travel regulations. The activities of the ABRWH may necessitate its members to obtain a top-secret security clearance.

HHS may consider representation of a nominee’s knowledge, experience, and expertise in the fields of health physics, industrial hygiene, toxicology,

epidemiology, occupational medicine, or the worker perspective in the nuclear facilities spanning the operationally and geographically diverse DOE and AWE facilities covered by the EEOICPA programs; or familiarity, experience, or history of participation with the EEOICPA program. Any interested person or organization may nominate one or more individuals for membership. Interested persons are also invited and encouraged to submit statements in support of nominees.

The ABRWH consists of not more than 20 members appointed by the President of the United States. As required by 42 U.S.C. 7384o(a)(2), the President makes appointments to the ABRWH in consultation with organizations with expertise on worker health issues in order to ensure that the membership of the ABRWH reflects a balance of scientific, medical, and worker perspectives. As required by 42 U.S.C. 7384o(a)(3), the President designates a Chair for the ABRWH from among its members. The authorizing statutory provision under 42 U.S.C. 7384o and section 4 of Executive Order 13179 do not include a limit for terms of appointment for ABRWH members.

**Nomination Process:** Any interested person or organization may nominate one or more qualified individuals for membership. If you would like to nominate an individual or yourself for appointment to the ABRWH, please submit the following information:

- The nominee’s contact information (name, title, business address, business phone, fax number, and/or business email address) and current employment or position.
- A copy of the nominee’s resume or curriculum vitae; category of membership (e.g., scientific, medical, and/or worker perspective) that the nominee represents; a summary of the background, experience, and qualifications that addresses the nominee’s suitability for the nominated membership category identified above.
- Articles or other documents the nominee has authored that indicate the nominee’s knowledge, experience, and expertise in the fields of health physics, industrial hygiene, toxicology, epidemiology, occupational medicine, or the worker perspective in the nuclear facilities covered by the EEOICPA program; or familiarity, experience, or history of participation with the EEOICPA program. Nominations may be submitted by the candidate him or herself, or by the person/organization recommending the candidate.
- At least one letter of recommendation from person(s) not employed by the U.S. Department of

Health and Human Services. Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (e.g., CDC, NIH, FDA, etc.).

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

[30Day–23–1132]

#### 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 “Performance Progress and Monitoring Report (PPMR)” 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 February 14, 2022 to obtain comments from the public and affected agencies. CDC received one comment 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](http://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

Performance Progress and Monitoring Report (PPMR) (OMB Control No. 0920–1132, Exp. 10/31/2022)—Extension—Office of Scientific Integrity (OSI), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Each year, approximately 80% of the CDC’s budget is distributed via contracts, grants and cooperative agreements, from the Office of Financial Resources (OFR) to partners (Awardees) throughout the world in an effort to promote health, prevent disease, injury and disability and prepare for new health threats. OFR is responsible for the stewardship of these funds while providing excellent, professional services to our partners and stakeholders.

Currently, CDC uses the Performance Progress and Monitoring Report (PPMR,

OMB Control No. 0920–1132), a set of progress reporting forms for Non-Research awards to collect information semi-annually from Awardees regarding the progress made over specified time periods on CDC funded projects. The PPMR was originally modified from SF–PPR (OMB Control No. 0970–0406), a similar progress report that was owned by the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS). The PPMR was created by CDC to provide an agency-wide collection tool that would be able to obtain data on the progress of CDC Awardees for the purposes of evaluation, and to bring the Awardee reporting procedure into compliance with the Paperwork Reduction Act (PRA).

The information collected enables the accurate, reliable, uniform, and timely submission to CDC of each Awardee’s work plans and progress reports, including strategies, activities and performance measures. The information collected by the PPMR is designed to align with, and support the goals outlined for each of the CDC Awardees. Collection and reporting of the information will occur in an efficient, standardized, and user-friendly manner that will generate a variety of routine and customizable reports. The PPMR will allow each Awardee to summarize activities and progress towards meeting performance measures and goals over a specified time period specific to each award. CDC will also have the capacity to generate reports that describe activities across multiple Awardees. In addition, CDC will use the information collection to respond to inquiries from HHS, Congress and other stakeholder inquiries about program activities and their impact. The current submission process allows Awardees to submit a completed PDF version of the PPMR by uploading it to [www.grants.gov](http://www.grants.gov), or directly to the programs at CDC that will be performing the evaluation.

This Extension request is being submitted to allow CDC to continue collection of this valuable information from Awardees for an additional three years. There are no anticipated changes to the information collection instruments or associated burden at this time. CDC requests OMB approval for an estimated 12,936 annual burden hours. There is no cost to respondents other than their time.