ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Total					250

Jeffrey M. Zirger,

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

[FR Doc. 2023–00809 Filed 1–17–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 1009(d) of 5 U.S.C. 10, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 117–286. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA–TS–23–001: Identify and Evaluate Potential Risk Factors for Amyotrophic Lateral Sclerosis (ALS).

Date: March 21, 2023.

Time: 8:30 a.m.–5:30 p.m., EDT.

Place: Videoconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Carlisha Gentles, PharmD, BCPS, CDCES, Scientific Review Officer, National Center for Injury Prevention and Control, CDC, 4770 Buford Highway NE, Mailstop F–63, Atlanta, Georgia 30341; Telephone: (770) 488–1504; Email: *CGentles@cdc.gov.*

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.

[FR Doc. 2023–00783 Filed 1–17–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–23BX; Docket No. CDC–2022–0144]

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 efforts to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies to take this opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a new proposed information collection project titled Pre-Shift Lighting Interventions to Improve Miner Safety and Well-Being. The purpose of this information collection is to examine the effect of human centric lighting (HCL) interventions on circadian disruption (CD) and well-being in underground mineworkers.

DATES: Written comments must be received on or before March 20, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0144 by any 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: 404–639–7118; 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

Pre-shift Lighting Interventions to Improve Miner Safety and Well-being—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health (NIOSH) seeks a two-year approval from the Office of Management and Budget (OBM) to collect information needed to develop strategies and guidance to improve the safety, health, and well-being of underground shift workers in the U.S. mining industry. Light has both visual and non-visual impacts on the human body, enabling us to visually perceive the world and non-visually experience circadian entrainment and acute effects that include alertness, concentration, and performance on cognitive tasks. Hence, light drives our fundamental physiological functioning.

It is not surprising that underground miners have significant reductions in exposure to daylight—especially those miners working shifts. This lack of exposure to daylight can lead to fatigue and circadian disruption (CD) that can result in sleep loss and reduced alertness. These factors can increase risk of accidents and lead to health problems that include obesity, diabetes, and cancer.

This study will evaluate the impacts of blue and red-light treatment at the beginning of the work shift on reaction time task performance, sleepiness and alertness, subjective well-being, sleep efficiency and circadian rhythms in underground mine workers.

A 2 x 2 randomized crossover, mixed design will be used to test the efficacy and acceptability a human centric lighting (HCL) intervention using light-emitting eyewear delivered to shift workers at multiple mines within a two-year study period. A cross-over design has a significant advantage because the subjects serve as their own control, which serves to minimize variations caused by circadian phase differences, sleep patterns, etc. of the individual participants. The other advantages include greater sample size efficiency with randomization of treatment order and all subjects receive all the treatments. Participants will be underground miners who regularly work the 1st, 2nd or 3rd shifts.

NIOSH researchers will obtain informed consent from volunteer mineworkers to conduct an intervention study and administer both electronic and paper and pencil surveys. Before beginning the study, the respondents will provide their informed consent to participate, be given an overview of the demographic information that will be collected and will be instructed how to properly wear the lighted eyewear, how to use the actigraphy device, and how to use a wearable temperature sensor device. During the course of the study, participants will be asked to complete eight short surveys: (1) demographic information; (2) the Checklist of Individual Strengths; (3) the Karolinska Sleepiness Scale (KSS); (4) PROMIS Sleep Related Impairment Questionnaire (PSRIQ); (5) PROMIS Sleep Disturbance Questionnaire (PSDQ); (6) Shiftwork Disorder Screening Questionnaire; (7F) the Lighted Eyeglasses Intervention Acceptability survey; and (8) Morning-Eveningness Questionnaire. They will also be asked to take the NASA Psychomotor Vigilance Test (PVT), log caffeine intake and sleep, wear an actigraphy wristband, and on certain occasions wear a temperature sensing device.

Intervention lighting doses will be administered via commercially available lightweight, light-emitting glasses during the nonworking periods or pre-shift. Each participant will experience two lighting interventions: Treatment A is dim red light (10 lx, 3000 K, the placebo control), and Treatment B is blue-enriched, polychromatic lighting (the treatment intervention). For each study group, half of the subjects will first experience the blue-light exposure, and half will first experience the red-light exposure during a three-week experimental phase. After a two-week washout period designed to minimize carryover or residual learning effects from the prior treatments, subjects will experience the lighting treatment condition they did not yet experience for another three-week period. While wearing lighted eyewear the participants will evaluate comfort, glare and acceptability of the eyewear, while the KSS, the PSRIQ, PSDQ, and the NASA PVT will be re-administered at various intervals throughout the course of the study. The total number of responses for each data collection instrument are indicated in the estimated annualized burden hours table below.

Survey data will be collected during pre-shift periods and at home on working days and at home on non-working days. Time for data collection at the beginning of the shift will be no more than 25 minutes. NIOSH researchers will collect data at participating sites in above ground facilities on working days. Participants will also complete brief caffeine and sleep logs and wear an actigraphy wristband that records activity and sleep patterns and light/dark exposure while at home. At various intervals of the study, participants will wear a temperature sensor device to derive core body temperature. It is estimated that at-home data collection time will be no more than eight minutes per instance per participant.

This data collection will occur within a two-year period beginning after OMB approval and is designed to gather information not previously available. Potential impacts of this project include improvement of the health, safety, and well-being of underground mineworkers by reducing fatigue and CD through new recommendations and HCL-interventions. This project will also answer several research questions that will help establish the efficacy of the new HCL interventions so that they could be commercialized by mine lighting companies and used by underground mining companies.

CDC requests OMB approval for an estimated 1,007 annualized 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 (in hours)
Underground Mineworkers	Informed consent	90	1	30/60	45
Underground Mineworkers	Participant Training	90	1	30/60	45
Underground Mineworkers	Demographics	90	1	1/60	2
Underground Mineworkers	Checklist of Individual Strengths	90	1	2/60	3
Underground Mineworkers	Karolinska Sleepiness Scale	90	36	1/60	54
Underground Mineworkers	Lighted Eyewear	90	2	2/60	6
Underground Mineworkers	Lighted Eyeglasses Intervention Acceptability Survey.	90	2	1/60	3
Underground Mineworkers	PROMIS Sleep Related Impairment Questionnaire.	90	4	10/60	60
Underground Mineworkers	PROMIS Sleep Disturbance Questionnaire.	90	4	5/60	30
Underground Mineworkers	Psychomotor Vigilance Test	90	36	6/60	324
Underground Mineworkers	Shiftwork Disorder Screening	90	1	8/60	12
Underground Mineworkers	Actigraphy Don and Remove	90	49	3/60	221
Underground Mineworkers	Caffeine log	90	49	1/60	74
Underground Mineworkers	Temperature Sensor Device (on and remove).	90	12	3/60	54
Underground Mineworkers	Sleep Log	90	49	1/60	74
Total					1,007

Jeffrey M. Zirger,

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

[FR Doc. 2023–00808 Filed 1–17–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2023–0005; NIOSH 248–J]

World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP–STAC)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting and request for comment.

SUMMARY: In accordance with provisions of Title 5 U.S.C. 10, the Centers for Disease Control and Prevention (CDC) announces the following meeting for the World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP–STAC). This virtual meeting is open to the public. Time will be available for public comment.

DATES: The meeting will be held on February 9, 2023, from 11:00 a.m. to 4:30 p.m., EST. Written public comments must be received by February 9, 2023. Written comments received prior to the meeting will be part of the official record of the meeting. Members of the public who wish to address the WTCHP–STAC during the oral public comment session must sign up to speak by February 3, 2023, at the email address provided in the Procedure for Oral Public Comment section below.

ADDRESSES: This is a virtual meeting conducted via Zoom. The public is welcome to follow the proceedings via live webcast at the following link: *https://www.ustream.tv/channel/QyXBRzYjVCS.* No registration is required. For additional information, please visit the World Trade Center Health Program website at *https://www.cdc.gov/wtc/stac_meeting.html.*

You may submit comments, identified by Docket No. CDC–2023–0005; NIOSH 248–J by either of the following methods:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Ms. Sherri Diana, NIOSH Docket Office, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C–34, Cincinnati, Ohio 45226. Attn: Docket No. CDC–2023–0005; NIOSH 248–J.

Instructions: All submissions received must include the Agency name and Docket Number (CDC–2023–0005; NIOSH 248–J). The docket will close on February 9, 2023. All relevant comments, including any personal information provided, will be posted without change to *https://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Tania Carreón-Valencia, Ph.D., M.S., Designated Federal Officer, World Trade Center Health Program Scientific/Technical Advisory Committee, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop R–12, Atlanta, Georgia 30329–4027; Telephone: (513) 841–4515; Email: *wtc-stac@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The World Trade Center (WTC) Health Program, including the World Trade Center Health Program Scientific/Technical Advisory Committee (WTCHP–STAC), was established by Title I of the James Zadroga 9/11 Health and Compensation Act of 2010, Public Law 111–347 (January 2, 2011), as amended by Public Law 114–113 (December 18, 2015) and Public Law 116–59 (September 27, 2019), adding Title XXXIII to the Public Health Service (PHS) Act (codified at 42 U.S.C. 300mm to 300mm-61). All references to the Administrator in this document mean the Director of the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), or his or her designee.

Purpose: The purpose of the WTCHP–STAC is to review scientific and medical evidence and to make recommendations to the Administrator of the WTC Health Program regarding additional WTC Health Program eligibility criteria, potential additions to the List of WTC-Related Health