be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://www.effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Guiding Questions

The brief will be facilitated by guiding questions (GQs), documenting research and key informant input:

GQ1. Which prioritization criteria for health care quality measures have been proposed?

- What settings and intended use were the criteria developed for?
- How are the criteria defined and operationalized?
- In what context have these criteria been used?
- How are the criteria similar or different from the current NHQDR criteria?

GQ2. How should the current NHQDR measure selection prioritization criteria be updated?

- What is the operationalized definition of each updated prioritization criteria?
- What type of health care quality measures would help the NHQDR's primary audience monitor the effectiveness of health policy levers?

GQ3. How should the new NHDQR measure selection prioritization criteria be applied?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

CRITERIA FOR INCLUSION/EXCLUSION OF STUDIES IN THE REVIEW

Domain	Inclusion	Exclusion
Population	• Publications that address quality of care indicators, criteria, or benchmarks. We will accept the authors' definition of quality of care. Quality indicators may include care processes-related measures (*e.g.,* follow-up post discharge, continuity of care, medication errors), heath services utilization measures (*e.g.,* hospital readmission, emergency department visit), care satisfaction (*e.g.,* patient satisfaction, care needs met, trust in care provider), or health outcomes (*e.g.,* mortality, physical functional status, mental functioning, quality of life) used as quality indicators; care disparities may either address differences in provided health services, focus on care services or health outcomes of priority populations.	• Publications not addressing quality of care, disparities, or social determinants of health.
Concept	• Publications that describe a process of developing, selecting, applying, comparing, evaluating, or prioritizing measures, *i.e.,* procedures, guiding principles, suggested selection criteria, proposed decision rules, or consensus finding methods; publications must describe an empirical ongoing or completed process to select measures used to assess care quality of a healthcare delivery organization or healthcare system.	• Publications describing only the need for quality of care measures, only quality of care measures without describing the process of how to select measures, only discussing the importance of selecting measures, suggesting measures only for individual clinical areas or patient populations, or only describing hypothetical steps to select measures.
Context	• Healthcare, specifically healthcare delivery organizations ..	• Studies in contexts outside of healthcare, not specific to healthcare, or not applicable to the U.S. health care system.
Other limiters	• Reports published in English-language journal manuscripts, trial records, and gray literature in the public domain from the outlined sources.	• Data reported in abbreviated format (*e.g.,* conference abstracts) will be excluded; studies not published in English. • Systematic reviews will be retained for reference mining.

Searches will be conducted without date restriction.

Dated: January 8, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–00617 Filed 1–12–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–0621]

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 ''National Youth Tobacco Survey 2024–2026'' 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 5, 2023 to obtain comments from the public and affected agencies. CDC received five 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

National Youth Tobacco Survey 2024–2026 (OMB Control No. 0920–0621, Exp. 1/31/2024)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)

Background and Brief Description

Tobacco use is the leading cause of preventable disease and death in the United States, and nearly all tobacco use begins during youth and young adulthood. A limited number of health risk behaviors, including tobacco use, account for the overwhelming majority of immediate and long-term sources of morbidity and mortality. Because many health risk behaviors are established during adolescence, there is a critical need for public health programs directed towards youth, and for information to support these programs.

Since 2004, the Centers for Disease Control and Prevention (CDC) has periodically collected information about tobacco use among adolescents (National Youth Tobacco Survey (NYTS) 2004, 2006, 2009, 2011–2023 (OMB Control No. 0920–0621, Exp. 01/31/2024). This surveillance activity builds on previous surveys funded by the American Legacy Foundation in 1999, 2000, and 2002. At present, the NYTS is the most comprehensive source of nationally representative tobacco-related data among students in grades 9–12, moreover, the NYTS is the only source of such data for students in grades 6–8. The NYTS has provided national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, and information about tobacco-related racial and ethnic disparities. Information collected through the NYTS is used to identify trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

CDC plans to request OMB approval to conduct additional cycles of the NYTS in 2024, 2025, and 2026. The survey will be conducted among nationally representative samples of students attending public and private schools in grades 6–12. The survey will be digital, web-based, self-administered, and will be taken on school or personal computers, tablets, or mobile devices. Information supporting the NYTS also will be collected from state-, district-, and school-level administrators and teachers. During the 2024–2026 timeframe, changes will be incorporated that reflect CDC's ongoing collaboration with FDA and the need to measure progress toward meeting strategic goals established by the Family Smoking Prevention and Tobacco Control Act. Information collection will occur annually and may include a number of new questions, as well as increased representation of minority youth.

The survey will examine the following topics: Use of e-cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, roll-your-own cigarettes, pipes, snus, dissolvable tobacco, bidis, heated tobacco products, and nicotine pouches; knowledge and attitudes; media and advertising; access to tobacco products and enforcement of restrictions on access; secondhand smoke and e-cigarette aerosol exposure; social determinants of health such as family/household affluence; provision of school- and community-based interventions, and cessation.

Results of the NYTS will continue to be used to inform and evaluate the National Comprehensive Tobacco Control Program, provide data to inform the Department of Health and Human Service's Tobacco Control Strategic Action Plan, and provide national benchmark data for state-level Youth Tobacco Surveys. Information collected through the NYTS also is expected to provide multiple measures and data for monitoring progress on seven tobacco-related objectives for Healthy People 2030.

CDC requests OMB approval for an estimated 22,086 annual burden hours over each of the next three years. 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 hours)
State administrators	State-level Recruitment Script for the NYTS	42	1	30/60
District administrators	District-level Recruitment Script for the NYTS	308	1	30/60
School administrators	School-level Recruitment Script for the NYTS	420	1	30/60
Teachers	Data Collection Checklist	1,497	1	15/60
Students	National Youth Tobacco Survey	28,109	1	45/60
	Screening for Cognitive Interviews	300	1	10/60
	Cognitive Interviews	30	2	120/60
	Pilot Testing	100	1	45/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2024–00652 Filed 1–12–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2020–0046, NIOSH–233–C]

Request for Public Comment on NIOSH Initial Recommendations To Change the Status of Liraglutide and Pertuzumab on the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings

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

ACTION: Request for comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), in the Department of Health and Human Services (HHS), requests public comment on two draft reevaluations with initial recommendations to change the status of two drugs, liraglutide and pertuzumab, on the NIOSH List of Antineoplastics and Other Hazardous Drugs in Healthcare Settings (List). The reevaluations were developed based on the process described in the NIOSH Procedures for Developing the NIOSH List of Hazardous Drugs in Healthcare Settings. Based on the reevaluations, the NIOSH initial recommendations are to remove liraglutide and pertuzumab from the List.

DATES: Electronic or written comments must be received by February 15, 2024.

ADDRESSES: You may submit comments, identified by CDC–2020–0046 and docket number NIOSH–233–C, by either of the following methods:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

Instructions: All information received in response to this notice must include the agency name and docket number (CDC–2020–0046; NIOSH–233–C). All relevant comments, including any personal information provided, will be posted without change to *https://www.regulations.gov.* Do not submit comments by email. CDC does not accept comments by email. For access to the docket to read background documents or comments received, go to *https://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: R. Todd Niemeier, Ph.D., National Institute for Occupational Safety and Health, MS–C15, 1090 Tusculum Avenue, Cincinnati, OH 45226. Telephone: (513) 533–8166.

SUPPLEMENTARY INFORMATION: NIOSH seeks public comments on its reevaluations with initial recommendations to change the status of two drugs, pertuzumab and liraglutide, on the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings (the List). The NIOSH reevaluations were conducted based on the process described in the NIOSH Procedures for Developing the NIOSH List of Hazardous Drugs in Healthcare Settings, available at *https://www.cdc.gov/niosh/docs/2016-161/.*

NIOSH reevaluated the placement of pertuzumab on the NIOSH List in response to a request for reevaluation from the manufacturer. Based on this reevaluation, the initial NIOSH recommendation is to remove pertuzumab from the NIOSH List. In its reevaluation NIOSH determined that, due to the intrinsic molecular properties of pertuzumab and the nature of the specific hazard posed by exposure to pertuzumab, it is not likely to pose a hazard to workers in healthcare settings. The potential adverse health effect relevant to pertuzumab occupational exposure is the increased potential for fetal developmental abnormalities due to oligohydramnios during pregnancy [FDA 2012]. However, the development of oligohydramnios during pregnancy is reversible and would require repeated exposures to pertuzumab that are high enough to cause oligohydramnios through the relevant period of development. Pertuzumab has limited dermal, oral, and inhalation bioavailability due to its intrinsic molecular properties. Repeated unintended exposures resulting from needlestick injuries at levels high enough to result in sustained oligohydramnios is unlikely. For these reasons, pertuzumab is not expected to pose a hazard to workers in healthcare workplaces.

NIOSH reevaluated the placement of liraglutide on the NIOSH List in response to a request for reevaluation from the manufacturer. Based on this reevaluation, the initial NIOSH recommendation is to remove liraglutide from the NIOSH List. In its reevaluation NIOSH determined that, due to the intrinsic molecular properties of liraglutide and the nature of the specific hazard posed by exposure to liraglutide, it is not likely to pose a hazard to workers in healthcare settings. In animal studies liraglutide was reported to cause C-cell specific thyroid tumors [FDA 2009]. This carcinogenic effect was due to mitogenic activity, and the progression required continued liraglutide exposure. The relevance of C-cell specific thyroid tumor formation in response to liraglutide exposure to humans is unknown but cannot be ruled out. Potential fetal developmental abnormalities are also seen in some animal studies, and there may be risk to the fetus in pregnant patients. However, the intrinsic molecular properties of the liraglutide peptide greatly decrease dermal, oral, and inhalation bioavailability, and the hazards related to liraglutide exposure would require repeated needlestick injuries. Systemic exposures in workplaces are not likely to reach levels required for the potential adverse effects to pose a hazard.

In addition to providing the opportunity for public comment, NIOSH is conducting external peer review of its reevaluations. NIOSH has completed the peer review of pertuzumab and will conduct the peer review of liraglutide concurrently with the public review. The charges to the public and peer reviewers are provided below.

Public and Peer Review Charge for the Reevaluation of Pertuzumab on the NIOSH List of Hazardous Drugs

The manufacturer's request to reevaluate the inclusion of pertuzumab on the NIOSH List proposed that pertuzumab does not present a potential hazard to healthcare worker exposures because the properties of the drug limit the potential for exposure and therefore adverse health effects from that exposure. NIOSH developed a scenario for worker exposure to pertuzumab to evaluate this proposal. Based on this scenario NIOSH determined that pertuzumab does not meet the NIOSH definition of a hazardous drug and recommends that it be removed from the List. Please review the NIOSH reevaluation of pertuzumab and consider the following questions.

1. Is this an appropriate method for evaluating the potential for exposure to pertuzumab?

2. Is oligohydramnios the best health effect to evaluate? If not, what other health effect(s) should be evaluated and why?