Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHEP Recipients	Capability 9—Medical Materiel Management and Distribution.	62	1	195/60
PHEP Recipients	Capability 10—Medical Surge	62	1	2
PHEP Recipients	Capability 11—Nonpharmaceutical Intervention.	62	1	1.5
PHEP Recipients	Capability 12—Public Health Laboratory Testing.	62	1	1.5
PHEP Recipients	Capability 13—Public Health Surveillance and Epidemiological Investigation.	62	1	2.5
PHEP Recipients	Capability 14—Responder Safety and Health	62	1	1.5
PHEP Recipients	Capability 15—Volunteer Management	62	1	75/60
PHEP Recipients	Multiyear training and exercise plans (MYTEP)—training and exercise planning workshop.	62	1	1
PHEP Recipients	MYTEP—training and exercise planning (annual).	62	1	2
PHEP Recipients	Capability 13—Quality improvement process	62	1	20/60
PHEP Recipients	PHEP functional exercise (FE), full-scale exercise (FSE) or incident—annual PHEP exercise.	62	1	20/60
PHEP Recipients	PHEP FE, FSE, or incident—annual staff notification and assembly performance measure.	62	1	1.5
Directly Funded Localities	Facility setup drill	4	1	45/60
Directly Funded Localities	Site activation drill	4	1	1
PHEP Recipients	EOC activation	62	2	30/60
PHEP Recipients	PHEP FE, FSE, or incident—Five-year joint exercise.	62	1	20/60
PHEP Recipients	Five-year Distribution FSE OR Five-year Pan-flu FSE.	62	1	0.5
	Five-year Dispensing FSE	*4	1	0.5
PHEP Recipients	Five-year pan flu functional exercise	62	1	45/60
PHEP Recipients	Tabletop exercise (TTX)—Administrative or fiscal preparedness.	62	1	20/60
PHEP Recipients	TTX—Continuity of Operations	62	1	20/60
Directly Funded Localities and Freely Associated States.	Dispensing Throughput Drill	12	1	20/60

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–24IV]

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 ''Comprehensive Evaluation of the Implementation and Uptake of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain'' 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 October 1, 2024, to obtain comments from the public and affected agencies. There were two public 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

Comprehensive Evaluation of the Implementation and Uptake of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Beginning in the 1990s, opioid prescribing rates for pain management steadily increased until 2010, remained steady until 2012, and have declined since then. The increase in opioid prescribing rates corresponded with increases in opioid-involved overdose deaths, which initially primarily involved prescription opioids (natural and semi-synthetic opioids and methadone). In response to this emerging crisis, CDC issued the CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016 (2016 CDC Guideline). Implementing the 2016 CDC Guideline was associated with reductions in opioid prescribing and increases in use of non-opioid medications for pain. At the same time, laws and policies related to prescribing opioids were instituted that misapplied or were inconsistent with the 2016 CDC Guideline, potentially contributing to patient harm. In 2022, CDC released the CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022, (2022 CDC Clinical Practice Guideline) which provided up to date evidence regarding pain management approaches and re-emphasizes the need for prescribers to be focused on patient-centered care to provide effective pain management. CDC is comprehensively evaluating the uptake, implementation, and outcomes of the 2022 CDC Clinical Practice Guideline on evidence-based care for pain management to understand its impact.

To meet CDC's goal for a rigorous, comprehensive evaluation, this collection is proposing a mixed-method quasi-experimental approach to evaluate the 2022 CDC Clinical Practice Guideline. The evaluation includes dissemination and impact of the 2022 CDC Clinical Practice Guideline through population-wide changes in prescribing practices for opioids and medications for opioid use disorder. Also, evaluation of the implementation of the 2022 CDC Clinical Practice Guideline comes from perspectives of patients, caregivers, clinicians; and leaders from health systems, payers, professional associations, and medical boards.

CDC will use this information collection to evaluate the dissemination, impact, and implementation of the 2022 CDC Clinical Practice Guideline to ensure that Americans have access to safer, effective ways of managing their pain. CDC requests OMB approval for an estimated 310 annual burden hours. 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)
Clinicians	Clinician Survey	200	1	10/60
	Invitation	1000	1	5/60
	Follow up Emails	1000	1	5/60
	Clinician Interview	10	1	1
Dentists	Dentist Interview	2	1	1
Health System Leaders	Health System Leaders Interview	3	2	1
Payers	Payer Interview	3	2	1
Professional Association Leaders	Professional Association Leaders Interview	3	2	1
Medical Board Leaders	Medical Board Leaders Interview	3	2	1
Patients	Patient Focus Groups	15	3	1
Caregivers	Caregiver Focus Groups	15	2	1

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–25–0234]

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 Ambulatory Medical Care Survey (NAMCS)'' 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 September 20, 2024 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