

demographic information collection instruments, psychometrically supported surveys of user experience and perception of PPE, direct physiological measurements of response to PPE, biological measures of physiological responses, anthropometric measures of body size and shape, measures of PPE fit, and measures of the body's movement through space (biomechanics). The respondent universe for the proposed data collection will be recruited from the general population but their demographic characteristics are expected to be reflective of the United

States' workforce and from industries that rely heavily on PPE to protect workers (e.g., healthcare and social assistance, public safety and emergency response, and agriculture). Because the United States' worker population in some cases includes children down to the age of eight years in certain industries such as agriculture, it is expected that studies included in this data collection may also include children. Because respondents will be recruited via a variety of different avenues (email, flyers, advertisements, etc.), it is expected that the respondent pool will vary in sex, age, races/

ethnicities, persons residing in rural and/or urban locations, and/or in specific regions or health jurisdictions. Additionally, pregnant women may also be a focus of these data collection efforts as pregnant women are regular users of PPE which must be considered due to specific needs related to changes in body shape and size.

CDC requests OMB approval for an estimated 1,750 respondents per year with an estimated annualized burden of 15,591 hours. There is no cost 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)
Members of the general public ¹ .	Informed Consent	970	1	30/60
	Health Screening Questionnaire: standardized form w/decision logic allowing some questions to be omitted.	970	6	1
	Demographics Questionnaire: standardized form w/decision logic allowing some questions to be omitted, W-9 Tax Form, etc.	970	1	30/60
	Job-related Data: occupational Tasks, postures used, duration of exposure, etc.	970	1	15/60
	Physiological Measurements: chest-worn heart rate monitor strap, COSMED Kb5, SQ2020-1F8 temperature logger, TOSCA 500 pulse oximeter, koken breathing waveform recording mask, etc.	200	6	1.5
	Biological Measurements: cortisol (stress) levels, pregnancy tests, hydration status, lipids, inflammatory markers, heat shock proteins, etc.	100	6	15/60
	Anthropometric Measurements: calipers/digital measuring of facial and body dimensions.	750	1	15/60
	Respirator Fit Measurements: filter cassettes with air pumps, fit-testing equipment, QLFT/sodium saccharin solution etc.	225	100	15/60
	Self-Perception Data: level of exertion, perceived comfort level, heat sensation, fatigue, etc.	500	6	15/60
	Biomechanics Measurements: force plate, stopwatch, accelerometers, etc.	30	3	30/60

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Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

[FR Doc. 2025-20578 Filed 11-20-25; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-R-131, CMS-P-0015A, CMS-R-70 and CMS-R-72]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance

the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by December 22, 2025.

ADDRESSES: Written 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the

following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

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. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment.

1. *Title of Information Collection:* Advance Beneficiary Notice of Non-coverage; *Type of Information Collection Request:* Revision with change of a currently approved collection; *Use:* The use of the Advance Beneficiary Notice of Non-coverage (ABN) is to inform Medicare beneficiaries of their liability under specific conditions. This has been available since the “limitation on liability” provisions in section 1879 of the Social Security Act (the Act) were enacted in 1972 (Pub. L. 92-603). The ABN, Form CMS-R-13 was designed to inform Medicare beneficiaries of their potential financial liability.

ABNs are not given every time items and services are delivered. Rather, ABNs are given only when a physician, provider, practitioner, or supplier anticipates that Medicare will not provide payment in specific cases. An ABN may be given, and the beneficiary may subsequently choose not to receive the item or service. An ABN may also be issued because of other applicable statutory requirements other than § 1862(a)(1) such as when a beneficiary wants to obtain an item from a supplier who has not met Medicare supplier number requirements, as listed in section 1834(j)(1) of the Act or when statutory requirements for issuance

specific to HHAs are applicable. *Form Number:* CMS-R-131 (OMB control number: 0938-0566); *Frequency:* Yearly; *Affected Public:* Private Sector, Business or other for profits, Not for profits institutions; *Number of Respondents:* 1,723,755; *Number of Responses:* 331,715,277; *Total Annual Hours:* 38,701,221. (For questions regarding this collection contact Jennifer McCormick at 410-786-2852 or Jennifer.McCormick1@cms.hhs.gov.)

2. *Title of Information Collection:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Current Beneficiary Survey; *Use:* CMS is the largest single payer of health care in the United States. The agency plays a direct or indirect role in administering health insurance coverage for more than 150 million people across the Medicare, Medicaid, CHIP, and Health Insurance Marketplace populations. A critical aim for CMS is to be an effective steward, major force, and trustworthy partner in supporting innovative approaches to improving quality, accessibility, and affordability in healthcare. CMS also aims to put patients first in the delivery of their health care needs.

The Medicare Current Beneficiary Survey (MCBS) is the most comprehensive and complete survey available on the Medicare population and is essential in capturing information not otherwise collected through operational or administrative data on the Medicare program. The MCBS is a nationally-representative, longitudinal survey of Medicare beneficiaries that is sponsored by CMS and is directed by the Office of Enterprise Data and Analytics (OEDA). MCBS data collection is primarily conducted by phone and is supplemented with limited video interviewing or in-person visits. The survey captures beneficiary information whether aged or disabled, living in the community or facility, or serviced by managed care or fee-for-service. Data produced as part of the MCBS are enhanced with administrative data (e.g., fee-for-service claims, prescription drug event data, enrollment, etc.) to provide users with more accurate and complete estimates of total health care costs and utilization. The MCBS has been continuously fielded for more than 30 years, encompassing over 1.2 million interviews and more than 140,000 survey participants. Respondents participate in up to 11 interviews over a four-year period. The MCBS provides a holistic view of Medicare beneficiaries' social and medical risk factors and rich information on the

relationship between these risk factors, healthcare utilization, and health outcomes, at a point in time and over time.

The MCBS continues to provide unique insight into the Medicare program and helps CMS and its external stakeholders better understand and evaluate the impact of existing programs and significant new policy initiatives. MCBS data are used to assess potential changes to the Medicare program. For example, MCBS data were instrumental in supporting the initial implementation of the Medicare prescription drug benefit and continue providing a means to evaluate prescription drug costs and out-of-pocket burden for these drugs to Medicare beneficiaries. Beginning in Fall 2026, this proposed revision to the clearance will remove questionnaire items that are no longer relevant for administration. The revisions will result in a net decrease in respondent burden. *Form Number:* CMS-P-0015A (OMB control number 0938-0568); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits and Not-for-profits Institutions; *Number of Respondents:* 13,568; *Number of Responses:* 35,015; *Total Annual Hours:* 32,258. (For questions regarding this collection, contact William Long at 410-786-7927).

3. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* Information Collection Requirements in HSQ-110, Acquisition, Protection and Disclosure of Peer review Organization Information and Supporting Regulations; *Use:* The Peer Review Improvement Act of 1982 authorizes quality improvement organizations (QIOs), formally known as peer review organizations (PROs), to acquire information necessary to fulfill their duties and functions and places limits on disclosure of the information. The QIOs are required to provide notices to the affected parties when disclosing information about them. These requirements serve to protect the rights of the affected parties. The information provided in these notices is used by the patients, practitioners and providers to: obtain access to the data maintained and collected on them by the QIOs; add additional data or make changes to existing QIO data; and reflect in the QIO's record the reasons for the QIO's disagreeing with an individual's or provider's request for amendment.

Beneficiary and Family-Centered Care-Quality Improvement Organization (BFCC-QIO) Contracts have been signed with QIOs for their respective geographic areas (which includes all United States & Territories). The second type of QIOs and Quality Innovation Network-QIOs focus on health care quality improvement efforts.

The scope of information collection by the BFCC-QIOs includes the number of Medicare beneficiaries with expedited appeals, reconsideration appeals and Beneficiary Complaint cases which are then reported into the CMS System of Record. Medicare beneficiaries or their appointed representatives have the right to appeal the provider's decision to discharge or end services if beneficiaries believe their Medicare Part A Medicare services (e.g. hospital discharge, skilled nursing home care, home health, etc.) are ending too soon. They also have the right to file a Beneficiary Complaint case when they have concerns about the quality of care they received. *Form Number:* CMS-R-70 (OMB control number: 0938-0426); *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profits; *Number of Respondents:* 50,000; *Total Annual Responses:* 398,388; *Total Annual Hours:* 521,599. (For policy questions regarding this collection contact Malini.Krishnan@cms.hhs.gov).

4. Type of Information Collection

Request: Reinstatement without change of a previously approved collection; *Title of Information Collection:* Information Collection Requirements in 42 CFR 478.18, 478.34, 478.36, 478.42, QIO Reconsiderations and Appeals; *Use:* The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act to create the Utilization and Quality Control Peer Review Organization (PRO) program. Under this program, a PRO is designated in each State to ensure that care provided to Medicare patients is reasonable, medically necessary, and of a quality that meets professionally recognized standards of care. A **Federal Register** notice dated May 24, 2002, renamed the PROs as Quality Improvement Organizations (QIOs).

Beneficiary and Family-Centered Care-Quality Improvement Organization (BFCC-QIO) Contracts have been signed

with QIOs for their respective geographic areas (which includes all United States & Territories). The second type of QIOs are Quality Innovation Network-QIOs, and focus on health care quality improvement efforts.

The scope of this information collection includes that from the BFCC-QIOs for the number of Medicare beneficiary level 2 appeals. Medicare beneficiaries or their appointed representatives have the right to appeal the provider's decision to discharge or end services if beneficiaries believe that their Medicare Part A Medicare services (e.g. hospital discharge, skilled nursing home care, home health, etc.) are ending too soon. Medicare beneficiaries have the right to file a reconsideration of a BFCC-QIO appeals review determination. *Form Number:* CMS-R-72 (OMB control number: 0938-0443); *Frequency:* Reporting—On occasion; *Affected Public:* Individuals or Households and Business or other for-profit institutions; *Number of Respondents:* 20,129; *Total Annual Responses:* 60,729; *Total Annual Hours:* 22,014. (For policy questions regarding this collection contact Malini.Krishnan@cms.hhs.gov).

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Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2025-20486 Filed 11-20-25; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB #: 0970-0085]

Submission for Office of Management and Budget Review; 45 CFR 303.7—Provision of Services in Intergovernmental IV-D; Federally Approved Forms

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE) is requesting a 3-year extension of the Provision of Services in Intergovernmental IV-D; Federally Approved Forms (Office of Management and Budget (OMB) #0970-0085, expiration February 28, 2026). There are no changes requested to these forms.

DATES: *Comments due* December 22, 2025.

ADDRESSES: The public may view and comment on this information collection request at: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202511-0970-004. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act amends section 466(f) of the Social Security Act, requiring all states to enact any amendments to the Uniform Interstate Family Support Act “officially adopted as of September 30, 2008, by the National Conference of Commissioners on Uniform State Laws” (referred to as UIFSA 2008). Section 311(b) of UIFSA requires the states to use forms mandated by federal law. 45 CFR 303.7(a)(4) also requires child support programs to use federally approved forms in intergovernmental IV-D cases unless a country has provided alternative forms.

Respondents: State agencies administering a child support program under title IV-D of the Social Security Act.

Annual Burden Estimates

Annual burden estimates have been updated to reflect a decrease in the nationwide child support case load since the most recent full OMB review and approval process in 2023. Therefore, the annual number of responses per respondent has decreased, resulting in an overall decrease in estimated annual burden. The number of respondents and estimated time per response has not changed.

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Transmittal #1—Initial Request	54	14,216	0.17	130,503
Transmittal #1—Initial Request Acknowledgement	54	14,216	0.05	38,383
Transmittal #2—Subsequent Action	54	10,662	0.08	46,060
Transmittal #3—Request for Assistance/Discovery	54	2,132	0.08	9,210
Uniform Support Petition (English and Spanish)	54	5,686	0.05	15,352