

**Information Collection:** Disclosure of State Rating Requirements; **Use:** The final rule “Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review” implements sections 2701, 2702, and 2703 of the Public Health Service Act (PHS Act), as added and amended by the Affordable Care Act, and sections 1302(e) and 1312(c) of the Affordable Care Act. The rule directs that states submit to CMS certain information about state rating and risk pooling requirements for their individual, small group, and large group markets, as applicable. Specifically, states will inform CMS of age rating ratios that are narrower than 3:1 for adults; tobacco use rating ratios that are narrower than 1.5:1; a state-established uniform age curve; geographic rating areas; whether premiums in the small and large group market are required to be based on average enrollee amounts (also known as composite premiums); and, in states that do not permit any rating variation based on age or tobacco use, uniform family tier structures and corresponding multipliers. In addition, states that elect to merge their individual and small group market risk pools into a combined pool will notify CMS of such election. This information will allow CMS to determine whether state-specific rules apply or Federal default rules apply. It will also support the accuracy of the federal risk adjustment methodology. **Form Number:** CMS–10454 (OMB control number: 0938–1258); **Frequency:** Occasionally; **Affected Public:** State, Local, or Tribal

Governments; **Number of Respondents:** 3; **Total Annual Responses:** 3; **Total Annual Hours:** 17. (For policy questions regarding this collection contact Russell Tipps at 301–869–3502.)

Dated: February 9, 2021.

**William N. Parham, III,**  
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2021–02941 Filed 2–11–21; 8:45 am]

**BILLING CODE 4120–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Expedited OMB Review and Public Comment: Planned Use of Child Care and Development Fund Coronavirus Response and Relief Supplemental Appropriations Act, 2021 Funds Report**

**AGENCY:** Office of Child Care, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Child Care (OCC), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from the Office of Management and Budget (OMB). This information collection

requires states, territories, and tribes to submit a one-time report summarizing their plans for using supplemental Child Care and Development Fund (CCDF) appropriations provided by the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA). Emergency approval is requested in order to meet the new statutory deadline required by CRRSA. **ADDRESSES:** Copies of the collection of information can be obtained from, and written comments and recommendations related to this information collection may be submitted to, [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All correspondence should identify the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

**Description:** ACF is requesting that OMB grant a 60-day approval for this request under procedures for expedited processing. The information collection is to meet the requirement in CRRSA for states, territories, and tribes to report to the Secretary of the Department of Health and Human Services how they plan to spend supplemental CCDF appropriations to prevent, prepare for, and respond to the Coronavirus. States, territories, and tribes receiving these funds will submit a letter to the Director of OCC describing how they plan to spend funds based on the recommendations included in CRRSA. This is a one-time report.

**Respondents:** All state, territory, and tribal CCDF lead agencies.

**ANNUAL BURDEN ESTIMATES**

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Planned Use of CCDF CRRSA Funds Report .....	321	1	2	642

**Estimated Total Annual Burden Hours:** 642.

**Comments:** The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information

technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

**Authority:** Division M, Title III, Pub. L. 116–260.

**Mary B. Jones,**  
ACF/OPRE Certifying Officer.

[FR Doc. 2021–02871 Filed 2–9–21; 11:15 am]

**BILLING CODE 4184–43–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Center for Indigenous Innovation and Health Equity Supporting Native Hawaiian and Pacific Islander and American Indian/Alaska Native Populations**

**AGENCY:** Office of Minority Health, U.S. Department of Health and Human Services (HHS).

**ACTION:** Request for information.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) seeks input from Native Hawaiian and Pacific Islander (NHPI) communities and NHPI

servicing organizations to guide the development of a new Center for Indigenous Innovation and Health Equity (Center). This is NOT a solicitation for proposals or proposal abstracts.

**Please Note:** This request for information (RFI) is for planning purposes only. It is not a notice for a proposal and does not commit the federal Government to issue a solicitation, make an award, or pay any costs associated with responding to this announcement. All submitted information shall remain with the federal government and will not be returned. All responses will become part of the public record and will not be held confidential. The Federal Government reserves the right to use information provided by respondents for purposes deemed necessary and legally appropriate. Respondents are advised that the Federal Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. Responses will not be accepted after the due date. After a review of the responses received, a notice of funding opportunity or pre-solicitation synopsis and solicitation may be published.

A separate RFI exists to solicit feedback from American Indian/Alaska Native (AI/AN) tribes and tribal organizations.

**DATES:** To be assured consideration, written comments must be submitted and received at the address provided below, no later than 11:59 p.m. on March 14, 2021.

**ADDRESSES:** OMH, invites the submission of the requested information through one of the following methods:

- *Preferred method:* Submit information through the Federal eRulemaking Portal at <http://www.regulations.gov>. Follow the online instructions for submissions.

- *Email:* Send comments to [Paul.Rodriguez@hhs.gov](mailto:Paul.Rodriguez@hhs.gov) with the subject line "OMH: NHPI RFI: Center for Indigenous Innovation and Health Equity."

Submissions received after the deadline will not be reviewed. Respond concisely and in plain language. You may use any structure or layout that presents your information well. You may respond to some or all of our questions, and you can suggest other factors or relevant questions. You may also include links to online material or interactive presentations. Clearly mark any proprietary information and place it in its own section or file. Your response will become government property, and we may publish some of its non-proprietary content.

**FOR FURTHER INFORMATION CONTACT:** Paul Rodriguez, 1101 Wootton Parkway, Suite 100, Rockville, MD 20852, (240) 453-8208, [Paul.Rodriguez@hhs.gov](mailto:Paul.Rodriguez@hhs.gov).

## SUPPLEMENTARY INFORMATION:

### I. Background Information

#### *The Office of Minority Health*

Authorized under Section 1707 of the Public Health Service Act, 42 U.S.C. 300u-6, as amended, the mission of the OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that help eliminate health disparities. OMH awards and other activities are intended to support the identification of effective policies, programs and practices for improving health outcomes and to promote sustainability and dissemination of these approaches.

Under the authority of Public Law 116-260 (2021 Consolidated Appropriations Act), Congress called for the creation of a Center for Indigenous Innovation and Health Equity to support efforts including research, education, service, and policy development related to advancing Indigenous solutions to decrease health disparities in AI/AN and NHPI populations.

#### *Background*

NHPIs experience persistent health disparities, including higher rates of diabetes, high blood pressure, and obesity compared to the white population.<sup>1</sup> Identification and awareness of health outcomes and health determinants are essential steps towards reducing health disparities in minority communities at greatest risk.<sup>2,3</sup> Research has shown that community-driven interventions have a positive impact on health outcomes.<sup>4</sup>

#### *Program Information*

The purpose of this initiative is to create a Center for Indigenous Innovation and Health Equity (Center) to provide services for American Indian and Alaska Native and Native Hawaiian and Pacific Islander populations that

<sup>1</sup> Wu, Samuel, and Alexis Bakos. "The Native Hawaiian and Pacific Islander National Health Interview Survey: Data Collection in Small Populations." *Public Health Reports*, vol. 132, No. 6, Nov. 2017, pp. 606-608, doi:10.1177/0033354917729181.

<sup>2</sup> Centers for Disease Control and Prevention. *CDC Health Disparities and Inequalities Report—United States, 2013*. *MMWR* 2013;62 (Suppl 3). Retrieved December 7, 2020 from <https://www.cdc.gov/mmwr/pdf/other/su6203.pdf>.

<sup>3</sup> <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

<sup>4</sup> O'Mara-Eves A., Brunton G., Oliver S., Kavanagh J., Jamal F., Thomas J. The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis. *BMC Public Health*. 2015;15: 129. Published 2015 Feb 12. doi:10.1186/s12889-015-1352-y.

draws on deeply-rooted indigenous values and practices.

The Center should serve as a coordinating entity that will partner with accredited academic institutions with a focus on Indigenous health research, policy and innovation among AI/AN and NHPI populations. The Center will serve to build capacity and to support efforts including research, education, service, and policy development related to advancing Indigenous solutions. Work in these areas will increase the capacity to identify and address health disparities in AI/AN and NHPI communities. The Center is highly encouraged to engage Indigenous leaders and community partners to address AI/AN and NHPI health disparities focus areas that align with their goals and priorities. The Center is expected to use a dual track approach to address each populations' needs and tailor indigenous knowledge and practice specific to the AI/AN and NHPI populations. Each track will be parallel and complementary, both rooted in indigenous values and practices appropriate to each population.

The Center's objectives may include:

- Create an indigenous public health agenda focused on research needs, education, services, and health policies to address AI/AN and NHPI health disparities.
- Serve as a resource to support the development, implementation, evaluation, dissemination, and translation of evidenced-based public health interventions in AI/AN and NHPI communities.
- Partner with academic institutions and Indigenous leaders and community partners in health disparities focus areas.

- Train AI/AN and NHPI public health, medical practitioners, students and multi-sector partners.

The Center's outcomes may include:

- Expand community capacity and knowledge to develop evidence based program solutions, best practices and policies that address health disparities in AI/AN and NHPI population.
- Increase utilizations of effective strategies and tools to improve and reduce AI/AN and NHPI health disparities.
- Contribute to improved AI/AN and NHPI health, elimination of health disparities, and achievement of health equity.

### II. Request for Information

Through this RFI, OMH is seeking information from Native Hawaiian and Pacific Islander communities and Native

Hawaiian and Pacific Islander-serving organizations.

A separate RFI exists to solicit feedback from Federally-recognized Indian Tribes/American Indian and Alaska Native (AI/AN) Tribes, Tribal organizations, Tribal-serving organizations, Tribal Colleges and Universities, and AI/AN-serving institutions of higher education.

### III. Questions

- How might the proposed Center objectives and outcomes listed above meet the needs of NHPI populations?
- What is the recommended composition and governance infrastructure for the Center?
- Are there specific focus areas and activities this center should address?

Dated: February 9, 2021.

**Paul Rodriguez,**

*Senior Advisor for Operations, Office of Minority Health.*

[FR Doc. 2021-02947 Filed 2-11-21; 8:45 am]

**BILLING CODE 4150-29-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the COVID-19 Health Equity Task Force

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice of meeting.

**SUMMARY:** As required by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (HHS) is hereby giving notice that the COVID-19 Health Equity Task Force (Task Force) will hold a virtual meeting on February 26, 2021. The purpose of this meeting is to introduce Task Force members and to outline the charges as directed by Executive Order 13995, *Ensuring an Equitable Pandemic Response and Recovery*. This meeting is open to the public. Pre-registration is encouraged for members of the public who wish to attend the meeting and who wish to participate in the public comment session. Information about the meeting will be posted on the HHS Office of Minority Health website: <https://minorityhealth.hhs.gov/> prior to the meeting. Pre-registration for the meeting must be completed by 5 p.m. ET, Wednesday, February 24, 2021.

**DATES:** The Task Force meeting will be held on Friday, February 26, 2021, from 3 p.m. to 5 p.m. ET (times are tentative and subject to change). The confirmed time and agenda will be posted on the HHS Office of Minority Health website:

<https://minorityhealth.hhs.gov/> when this information becomes available.

### FOR FURTHER INFORMATION CONTACT:

Samuel Wu, Designated Federal Officer for the Task Force; Office of Minority Health, Department of Health and Human Services, Tower Building, 1101 Wootton Parkway, Suite 100, Rockville, Maryland 20852. Phone: 240-453-6173; email: [COVID19HETF@hhs.gov](mailto:COVID19HETF@hhs.gov).

### SUPPLEMENTARY INFORMATION:

*Background:* COVID-19 Health Equity Task Force (Task Force) was established by the Executive Order 13995, dated January 21, 2021. The Task Force is tasked with developing a set of recommendations to the President, through the Coordinator of the COVID-19 Response and Counselor to the President (COVID-19 Response Coordinator) for mitigating the health inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future. The Task Force shall submit a final report to the COVID-19 Response Coordinator addressing any ongoing health inequities faced by COVID-19 survivors that may merit a public health response, describing the factors that contributed to disparities in COVID-19 outcomes, and recommending actions to combat such disparities in future pandemic responses.

The meeting is open to the public. Please register for the meeting by sending a request to [COVID19HETF@hhs.gov](mailto:COVID19HETF@hhs.gov) by 5:00 p.m. ET on February 24, 2021. After registering, you will receive an email confirmation with a link to access the webcast. Members of the public will have the opportunity to provide comments during the meeting. Comments will be limited to no more than three minutes per speaker. Any individual who wishes to participate in the public comment session must register by sending a request to: [COVID19HETF@hhs.gov](mailto:COVID19HETF@hhs.gov) by close of business on February 24, 2021. Please provide name, affiliation, phone number, and email address. Individuals are encouraged to provide a written statement of any public comment(s) for accurate minute-taking purposes. Comments should be pertinent to the meeting discussion. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact: [COVID19HETF@hhs.gov](mailto:COVID19HETF@hhs.gov) and reference this meeting. Requests for special accommodations should be made at least ten (10) business days prior to the meeting.

Dated: February 9, 2021.

**Samuel Wu,**

*Designated Federal Officer, COVID-19 Health Equity Task Force.*

[FR Doc. 2021-02892 Filed 2-11-21; 8:45 am]

**BILLING CODE 4150-29-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Center for Indigenous Innovation and Health Equity Supporting Native Hawaiian and Pacific Islander and American Indian/Alaska Native Populations

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