

DEPARTMENT OF DEFENSE**Office of the Secretary**

[Docket ID: DoD–2021–OS–0112]

Proposed Collection; Comment Request**AGENCY:** Chief Information Officer (CIO), Department of Defense (DoD).**ACTION:** Information collection notice.

SUMMARY: In compliance with the *Paperwork Reduction Act of 1995*, the Defense Information Systems Agency announces a proposed public information collection and seeks public comment on the provisions thereof. Comments are invited on: 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; the accuracy of the agency's estimate of the burden of the proposed information collection; ways to enhance the quality, utility, and clarity of the information to be collected; and ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by December 28, 2021.

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

Mail: DoD cannot receive written comments at this time due to the COVID–19 pandemic. Comments should be sent electronically to the docket listed above.

Instructions: All submissions received must include the agency name, docket number and title for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to Defense Information Systems Agency, ATTN: CIO/IO2, 6910 Cooper Avenue, Fort Meade, MD 20755, Abigalee Conrad, 301–225–1262.

SUPPLEMENTARY INFORMATION:

Title; Associated Form; and OMB Number: System Authorization Access Request Form; DD 2875; OMB Control Number 0704–SAAR.

Needs and Uses: The information collection is necessary for validating the trustworthiness of individuals who request access to DoD systems and information. When an individual requires access to a DoD information system, application, or database, he/she retrieves the DD Form 2875. Executive Order 10450 “Security Requirements for Government Employment” establishes the security requirements for government employment. The requestor's security requirements (background investigation and clearance information) are identified on the DD Form 2875 and validated by the cognizant Security Manager. Collection of the requestor's information ensures that any system access granted is consistent with the interests of the national security.

Affected Public: Individuals or households.

Annual Burden Hours: 600,000 hours.

Number of Respondents: 900,000.

Responses per Respondent: 8.

Annual Responses: 7,200,000.

Average Burden per Response: 5 minutes.

Frequency: As required.

Dated: October 25, 2021.

Aaron T. Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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BILLING CODE 5001–06–P

DEPARTMENT OF DEFENSE**Office of the Secretary****Establishing a TRICARE Childbirth and Breastfeeding Support Demonstration**

AGENCY: Defense Health Agency, Department of Defense (DoD).

ACTION: Notice of demonstration project.

SUMMARY: The Assistant Secretary of Defense for Health Affairs issues this notice announcing the creation of a demonstration to cover the services of three new classes of extra-medical TRICARE-authorized providers: certified labor doula (CLDs), certified lactation consultants, and certified lactation counselors. The demonstration also adds childbirth support services, provided by CLDs, as a benefit under TRICARE and expands the existing breastfeeding counseling benefit to include group breastfeeding counseling sessions. The demonstration will

commence January 1, 2022, and will be conducted for a period of 5 years covering eligible beneficiaries in the 50 United States and District of Columbia. Eligible beneficiaries in overseas locations will be covered under the demonstration beginning January 1, 2025, until termination of the demonstration project.

FOR FURTHER INFORMATION CONTACT:

Erica Ferron, 303–676–3626, erica.c.ferron.civ@mail.mil.

SUPPLEMENTARY INFORMATION:**A. Background**

The purpose of the demonstration is to study the impact of adding these providers and services on cost, quality of care, and maternal and fetal outcomes for the TRICARE population, as required by Section 746 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (NDAA–2021). The demonstration will also study the appropriateness and administrative feasibility of making coverage under the TRICARE Program permanent.

In the NDAA–2021, enacted January 1, 2021 (Pub. L. 116–283), Congress directed the Secretary of Defense to carry out a demonstration project to evaluate the cost, quality of care, and impact on maternal and fetal outcomes of using extra-medical maternal health providers under the TRICARE Program, and to determine the appropriateness of making coverage of such providers under TRICARE permanent. Extra-medical maternal health care providers under the demonstration include doulas and lactation consultants and counselors not otherwise TRICARE-authorized providers (that is, that are not also physicians, registered nurses, certified nurse midwives, etc.).

In a recent Report to Congress (RTC), DoD reported on maternal and infant mortality rates. Military Health System (MHS) data reflects that from January 2009 to June 2018, the pregnancy-related mortality ratio (PRMR),¹ including the direct care (DC) and private sector care (PC) systems, was 7.40 deaths per 100,000 live births and statistically significantly lower than the benchmark data from National Perinatal Information Center (NPIC)² with a comparative rate of 11.3 deaths per 100,000 live births. During that same period, the infant mortality rate was 2.51 deaths per 1,000 live births and

¹ PRMR is defined as CDC as the death of a woman while pregnant or within one year of pregnancy from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes.

² The NPIC is a nationwide voluntary obstetric quality improvement database.