

experiences of persons at highest risk for HIV infection.

The Centers for Disease Control and Prevention requests a three-year approval for a revised information collection. Data will be collected through anonymous, in-person interviews conducted with persons systematically selected from up to 14 cities throughout the United States; these MSAs were chosen based on having high HIV prevalence. A brief screening interview will be used to determine eligibility for participation in the behavioral assessment. Participants will be recruited through respondent-driven sampling, a scientifically proven recruitment strategy for reaching hidden, hard-to-reach, or stigmatized populations. Interview data will be recorded on secure portable computers, without internet connections. Data will be transferred to secure, encrypted data servers. Data will be stored at CDC and shared with local health departments in accordance with existing data use

agreements and the Assurance of Confidentiality for HIV/AIDS Surveillance Data. Data will be disseminated in aggregate through academic and agency publications, presentations, and reports. All required data collection and activities will be anonymous.

Personally identifiable information (PII) is not included in the data collection. The CDC Privacy Officer has assessed this package for applicability of 5 U.S.C. 552a. The Privacy Act is not applicable because PII is not being collected under this CDC funded activity. The NHBS-Trans formative interview and optional HIV testing are anonymous (neither names nor Social Security numbers are collected). Data that will be collected through NHBS-Trans, while sensitive, are not personally identifying. The data from the behavioral assessment will provide estimates of (1) behavior related to the risk of HIV and other sexually transmitted diseases, (2) prior testing for

HIV, and (3) use of HIV prevention services. All persons interviewed will also be offered an HIV test and will participate in a pre-test counseling session. No other federal agency systematically collects this type of information from persons at risk for HIV infection. These data have substantial impact on prevention program development and monitoring at the local, state, and national levels.

The burden table below shows the estimated annualized burden hours for the participants' time. Annually, 1,540 participants will complete an eligibility screener (an average of 5 minutes to complete), 1,400 participants will complete the Behavioral Assessment (an average of 40 minutes to complete), and 1,400 will complete the Recruiter Debriefing Form (an average of two minutes to complete). The total estimated annualized burden is 1,110 hours. Participation of respondents is voluntary. 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)	Total burden (in hours)
Persons Screened .....	Eligibility Screener .....	1,540	1	5/60	129
Eligible Participants .....	NHBS-Trans Interview .....	1,400	1	40/60	934
Peer Recruiters .....	Recruiter Debriefing .....	1,400	1	2/60	47
<b>Total .....</b>					<b>1,110</b>

**Jeffrey M. Zirger,**  
*Lead, Information Collection Review Office,  
 Office of Scientific Integrity, Office of Science,  
 Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Charter Renewal for the National Advisory Committee on Rural Health and Human Services**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In accordance with the Federal Advisory Committee Act of 1972, HHS is hereby giving notice that the National Advisory Committee on Rural Health and Human Services (NACRHHS) has been renewed. The

effective date of the charter renewal is October 29, 2021.

**FOR FURTHER INFORMATION CONTACT:** Sahira Rafiullah, Designated Federal Officer, Federal Office of Rural Health Policy, HRSA, 5600 Fishers Lane, 17W59D, Rockville, Maryland 20857; 301-443-7095; or *SRafiullah@hrsa.gov*.

**SUPPLEMENTARY INFORMATION:** The NACRHHS provides advice and recommendations to the Secretary of HHS (Secretary) on policy, program development, and other matters of significance concerning the activities under Section 222 of the Public Health Service Act, as amended, 42 U.S.C. 217a. Each year, the NACRHHS selects one or more topics upon which to focus during the year. By the end of the calendar year, the Committee produces a report or white papers with recommendations on that issue for the Secretary.

The NACRHHS charter renewal filing date is October 29, 2021. Renewal of the NACRHHS charter gives authorization for the committee to operate until October 29, 2023.

A copy of the NACRHHS charter is available on the NACRHHS website at <https://www.hrsa.gov/advisory-committees/rural-health/>. A copy of the charter also can be obtained by accessing the FACA database that is maintained by the Committee Management Secretariat under the General Services Administration. The website address for the FACA database is <http://www.facadatabase.gov/>.

**Maria G. Button,**  
*Director, Executive Secretariat.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of Neurological Disorders and Stroke; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as