

IV. Submission Information

A. Submission Process

To receive funding, eligible entities must provide a *Letter of Assurance* and an *Initial Spend Plan* (if applicable) containing all the information outlined in Section III A. & B. above.

Materials should be addressed to: Alison Barkoff, Acting Administrator and Assistant Secretary for Aging, Administration for Community Living, 330 C Street SW, Washington, DC 20201.

Letters of Assurance and the Initial Spend Plan should be submitted electronically via email to aps@acl.hhs.gov.

B. Submission Dates and Times

To receive consideration, Letters of Assurance and the Initial Spend Plan must be submitted by 11:59 p.m. Eastern Time on EST June 24, 2022, Letters of Assurance and the Initial Spend Plan should be submitted electronically via email to aps@acl.hhs.gov and have an electronic time stamp indicating the date/time submitted.

VII. Agency Contacts

A. Programmatic Issues/Questions

Direct programmatic inquiries to: Elizabeth Petruy, Email: elizabeth.petruy@acl.hhs.gov, Phone: 202.260.0868.

B. Submission Issues/Questions

Direct inquiries regarding submission of applications to aps@acl.hhs.gov. ACL will provide a response within 2 business days.

Dated: May 19, 2022.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

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BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Bureau of Health Workforce Program Specific Form; OMB No. 0915-XXXX-New

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public

comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 25, 2022.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443-9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information collection request title for reference.

Information Collection Request Title: Bureau of Health Workforce (BHW) Program Specific Form OMB No. 0915-XXXX-New

Abstract: HRSA seeks to collect disparity related data on two forms, the Bureau of Health Workforce (BHW) Program Specific Form and the Scholarships for Disadvantaged Students (SDS) Application Program Specific Form. This clearance request is for approval of both forms. The SDS Application Program Specific Form is currently approved under OMB Approval No. 0915-0149 with the expiration date of November 30, 2022. For programmatic efficiency, HRSA is consolidating this previous separate ICR with this new ICR and will be discontinuing OMB No. 0915-0149.

Need and Proposed Use of the Information: Currently, disparity related data is not uniformly collected from applicants across all BHW programs. Historically, only the SDS Program collects disparity related data from applicants. In addition to the SDS data, HRSA seeks to obtain general demographic data for its other health workforce programs to assess the experience and performance of applicants in strengthening the health workforce and the populations in which they serve. Examples of this data include but are not limited to:

- *Demographic Information:* Students/trainees gender, race, and ethnicity;

- *Class Enrollment Information:* Student/trainees from disadvantaged backgrounds; and

- *Graduate Service Information:* Graduates or program completers serving in Medically Underserved Communities, rural communities and in primary care.

Collecting disparity related data from BHW applicants will close an important data gap.

The Public Health Service Act authorizes the Secretary of Health and Human Services (Secretary) to collect data for workforce information and analysis activities for BHW's Title VII and VIII programs in sections 799(c) and 806(b) and (f) (42 U.S.C. 295o-1(c); 42 U.S.C 296e(b) and (f)). The Public Health Service Act section 799(c) specifically authorizes the Secretary to ensure that such data collection takes into account age, sex, race, and ethnicity and sections 806(b) and (f) specifically provides the Secretary with authority to collect information and carry out workforce analytical activities. Collecting these data in the HRSA Electronic Handbook will help grant reviewers, policy makers, and HRSA staff make decisions that promote the health equity mission of the Department.

The SDS Application Program Specific Form seeks to assist HRSA in assessing applicants for the SDS Program, which makes grant awards to eligible schools to provide scholarships to full-time, financially needy students from disadvantaged backgrounds enrolled in health professions programs. To qualify for participation in the SDS program, a school must be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups, as required by section 737(d)(1)(B) of the Public Health Service Act (42 U.S.C 293a(d)(1)(B)). To meet this requirement, a school must provide data via the SDS Application Program Specific Form that at least 20 percent of the school's full-time enrolled students and graduates are from a disadvantaged background.

The SDS Application Program Specific form previously approved under OMB Control No. 0915-0149 does not include substantive changes. Both forms will be used to collect 3 years of student and participant data from BHW program applicants only.

Likely Respondents: Respondents vary by the specific program and are determined by each program's eligibility, to include but are not limited to the following: Accredited schools of

nursing with advanced education nursing programs; accredited allopathic schools of medicine; accredited schools of osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health; schools of nursing; nurse managed health clinics/centers; academic health centers; state or local governments; public or private nonprofit entities determined appropriate by the Secretary; and

consortiums and partnerships of eligible entities when applicable.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying

information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
BHW Program Specific Form	2,069	1	2,069	14	28,966
SDS Application Program Specific Form	323	1	323	31	10,013
Total	2,392	2,392	38,979

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

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

National Committee on Vital and Health Statistics

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice of meeting.

SUMMARY: Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting. This meeting is open to the public. The public is welcome to obtain the link to attend this meeting by following the instructions posted on the Committee website: <https://ncvhs.hhs.gov/meetings/standards-subcommittee-meeting-3/>.

NAME: National Committee on Vital and Health Statistics (NCVHS), Meeting of the Subcommittee on Standards.

DATES: The meeting will be held Thursday, June 9, 2022: 10:00 a.m.–5:30 p.m. EDT.

ADDRESSES: Virtual open meeting.

FOR FURTHER INFORMATION CONTACT: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, or via electronic mail to vgh4@cdc.gov; or by telephone (301) 458–4715. Summaries of meetings and a roster of Committee members are available on the home page of the NCVHS website <https://ncvhs.hhs.gov/>, where further information including an agenda and instructions to access the broadcast of the meeting will be posted.

Should you require reasonable accommodation, please telephone the CDC Office of Equal Employment Opportunity at (770) 488–3210 as soon as possible.

SUPPLEMENTARY INFORMATION:

Purpose: As outlined in its Charter, the National Committee on Vital and Health Statistics assists and advises the Secretary of HHS on health data, data standards, statistics, privacy, national health information policy, and the Department’s strategy to best address those issues. This includes the adoption and implementation of transaction standards, unique identifiers, and code sets adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),¹ and operating rules

adopted under the Patient Protection and Affordable Care Act (ACA).²

Based on input and information gathered during its current project, “Standardization of Information for Burden Reduction and Post-Pandemic America” (Convergence 2.0), NCVHS is working to finalize strategic concepts for health information technology standards to support more expansive health data flows than are currently encompassed under HIPAA and other federal legislation.³ Data flows common today did not exist at the time the HIPAA frameworks were adopted in regulation, e.g., HIPAA is statutorily limited to Covered Entities, but patient data now flows routinely to other parties who are not Covered Entities. The NCVHS Subcommittee on Standards’ Convergence 2.0 work also assessed the strengths and weaknesses of the current standards development and federal rulemaking processes and would set the

²Public Law 111–148, 124 Stat. 119 (Mar. 23, 2010), available at <https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf>.

³NCVHS Standards Subcommittee Project Scope: Standardization of Information for Burden Reduction and Post-Pandemic America (“Convergence 2.0”), available at <https://ncvhs.hhs.gov/wp-content/uploads/2021/07/NCVHS-SS-project-scoping-convergence-2021-06-21-508.pdf>. NCVHS Predictability Roadmap work, which addressed the need for the HIPAA standards to be adopted on a regular cadence, has evolved into a convergence project with a broader scope. The Subcommittee has been considering whether opportunities exist for updates to the HIPAA regulatory framework as well as standards adoption. In addition to these foundational topics, the Committee has incorporated the harmonization of public health and clinical standards in its scope, particularly with their relevance to interoperable data exchange. Underlying the data flows are privacy and security considerations.

¹Public Law 104–191, 110 Stat. 1936 (Aug. 21, 1996), available at: <https://www.congress.gov/104/plaws/publ191/PLAW-104publ191.pdf>.