

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.  
 [FR Doc. 2022–11230 Filed 5–24–22; 8:45 am]  
**BILLING CODE 4165–15–P**

**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](mailto: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),<sup>1</sup> and operating rules

adopted under the Patient Protection and Affordable Care Act (ACA).<sup>2</sup>

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.<sup>3</sup> 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

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

<sup>3</sup>NCVHS 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.

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

stage for future directions toward the strategic vision.

The Subcommittee on Standards drafted a suite of potential actions for consideration for near-term improvement of the current standards development and rulemaking processes informed by the August 21, 2021, Listening Session.<sup>4</sup> The Committee is seeking reaction to this draft set of actions from potential end-users, standards development organizations (SDOs), trade and professional organizations, and other members of the public. The purpose of this meeting is to provide a public forum to obtain this feedback. Based on that input, the Subcommittee anticipates developing recommendations for consideration by the full Committee. The draft considerations and supporting context may be viewed on the NCVHS website at <https://ncvhs.hhs.gov/Draft-Convergence-2-dot-0>.

### Summary

Subtitle F (Administrative Simplification) of HIPAA promoted the transition of routine business processes of health care from mailing and faxing of paper documents to electronic exchange of standardized data. Health data flows, standards, technology, and communications infrastructure have all evolved radically since HIPAA introduced the concept of national standards to health care administration. Consistent with the Office of the National Coordinator for Health Information Technology's (ONC) Federal Health Information Technology Strategic Plan,<sup>5</sup> the Subcommittee is investigating what would be necessary to prepare the U.S. health care system for its next leap forward. The Subcommittee is proposing for industry feedback actions to further a comprehensive, integrated health information ecosystem that incorporates claims, administrative records, digital medical records, public health data, and data about a patient's social risk. These proposed actions include specific updating of standardization processes under HIPAA to accommodate new business models, technologies, and information needs, while protecting investments in legacy standards that have demonstrably succeeded in

producing HIPAA's intended efficiencies and cost reductions.

As noted above, to inform this rethinking and updating, NCVHS' Convergence 2.0 project solicited input from industry on the HIPAA regulatory framework and the standards update processes in a public Listening Session on August 25, 2021. During the Listening Session, representatives of industry testified that current processes do not fit with the cadence needed to meet their business needs. They further advocated that options and alternatives for a modernized framework should be considered to support current and future needs, including additional harmonization of clinical, public health (including vital records), and other standards with HIPAA standards. The implication is that options or alternatives would need to consider significant portions of work done by ONC and its Health Information Technology Advisory Committee on electronic health records, data exchange networks, and an interoperability framework.

Based on its analysis of the input of expert panels and members of the public who responded to a Request for Public Comment,<sup>6</sup> the Committee continues to investigate whether the HIPAA framework is in need of modernization.

The Committee will invite statements from representatives of stakeholder organizations, and the agenda also will include time for public comment. Meeting times and topics are subject to change. Please refer to the agenda posted at the NCVHS website for this meeting for updates at: <https://ncvhs.hhs.gov/meetings/standards-subcommittee-meeting-3/>.

### Sharon Arnold,

*Associate Deputy Assistant Secretary, Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Microbiology, Infectious Diseases and AIDS Initial Review Group; Microbiology and Infectious Diseases Research Study Section Microbiology and Infectious Diseases Research Study Section.

*Date:* June 16–17, 2022.

*Time:* 10:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3F40A, Rockville, MD 20892 (Virtual Meeting).

*Contact Person:* Robert C. Unfer, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3F40A, Rockville, MD 20852, (240) 669-5035, [robert.unfer@nih.gov](mailto:robert.unfer@nih.gov). (Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: May 19, 2022.

### Tyeshia M. Roberson-Curtis,

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022-11220 Filed 5-24-22; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

<sup>4</sup> NCVHS Listening Session on Healthcare Standards Development, Adoption and Implementation, Aug. 25, 2021. Agenda, audio recording, transcript, and other meeting materials are available at: <https://ncvhs.hhs.gov/meetings/standards-subcommittee-listening-session/>.

<sup>5</sup> ONC, Ofc. of the Sec'y, U.S. Dept. of Health & Human Services, 2020–2025 Federal Health IT Strategic Plan (Oct. 2020), available at <https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan>.

<sup>6</sup> See U.S. Dept. of Health & Human Svcs., NCVHS, Notice of Meeting and Request for Public Comment, 86 FR 33318 (June 24, 2021), available at <https://www.govinfo.gov/content/pkg/FR-2021-06-24/pdf/2021-13334.pdf>; "Comments Received in Response to Request for Comment: **Federal Register** Notice: 86 FR 33318," available at <https://ncvhs.hhs.gov/wp-content/uploads/2021/08/Public-Comments-Standards-Subcommittee-Listening-Session-August-25-2021.pdf>.