approaches used by the Committee, if applicable), and a statement that the nominee would be willing to serve as a member of the Committee, if selected; (2) the name, address, telephone number, and email address for the individual being nominated and the nominator, if applicable; and (3) a copy of the nominee's curriculum vitae, limited to no more than 15 pages.

The curriculum vitae should include the following information: (a) education; (b) experience (current and former); (c) affiliations (food, nutrition, public health, and/or other relevant associations, including positions held); (d) current memberships (expert panels, committees, or other relevant groups, including positions held); (e) peer-reviewed publications (for past 10 years); (f) oral presentations (for past 5 years); (g) editorials, opinion pieces, and blogs (for past 5 years); (h) grants, contracts, or research funding (for past 15 years); (i) name of any corporation, professional society, association, panel, company, firm, government agency (federal, state, and local), research organization, educational institution, committee, or other organization or institution (government, private, and not-for-profit; domestic and foreign) in which the nominee's services have been, will be, or are expected to be provided, with or without compensation, including on a part-time or seasonal basis as an officer, medical staff, board member, owner, trustee, director, expert advisor, consultant, official spokesperson, member of speakers bureau, or expert witness (for past 10 years and upcoming); (j) other paid travel or honoraria received, not included above (for past 5 years). If the nominee does not have anything to report for the section(s), indicate ''none.'' Web links to publications, presentations, and other materials available online are requested, when available.

Where prohibited by federal law or regulations, nominations will not be accepted directly from USDA research and promotion boards. Self-nominations and nominations by members of research and promotion boards in their individual capacity will be considered. Federal employees should not be nominated for consideration for appointment to this Committee.

Rachel L. Levine,

ADM, Assistant Secretary for Health, U.S. Department of Health and Human Services.

[FR Doc. 2022–12865 Filed 6–14–22; 8:45 am]

BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

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

The meetings 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: Healthcare Delivery and Methodologies Integrated Review Group; Population and Public Health Approaches to HIV/AIDS Study Section.

Date: July 14–15, 2022.

Time: 8:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Jose H. Guerrier, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5222, MSC 7852, Bethesda, MD 20892, 301–435–1137, *guerriej@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel; Fellowships: Chemistry, Biochemistry and Biophysics A.

Date: July 21, 2022.

Time: 10:00 a.m. to 8:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Shan Wang, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 496–4390, *shan.wang@nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel; Fellowships: Surgical Sciences, Biomedical Imaging and Bioengineering.

Date: July 22, 2022.

Time: 12:00 p.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Weihua Luo, MD, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5114, MSC 7854, Bethesda, MD 20892, 301–435–1170, *luow@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: June 9, 2022.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–12832 Filed 6–14–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Board of Scientific Counselors, National Cancer Institute, July 11, 2022, 11:00 a.m. to July 12, 2022, 3:30 p.m., National Cancer Institute Shady Grove, 9609 Medical Center Drive, Rockville, MD 20850 which was published in the **Federal Register** on June 6, 2022, FR Doc 2022–12046, 87 FR 34280.

This notice is being amended to change the meeting end time on July 12, 2022, from 3:30 p.m. to 4:15 p.m. The meeting will now be held on July 11, 2022, from 11:00 a.m. to 2:40 p.m. and July 12, 2022, from 11:00 a.m. to 4:15 p.m. The meeting will be held as a virtual meeting and is partially closed to the public.

Dated: June 9, 2022.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–12834 Filed 6–14–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Request for Information: Inviting Comments and Suggestions From Stakeholders on Pediatric Medical Devices Public-Private Partnership

AGENCY: National Institutes of Health, HHS.

ACTION: Request for Information.

SUMMARY: The National Institute of Child Health and Human Development (NICHD), in collaboration with the National Institute of Biomedical Imaging and Bioengineering (NIBIB), seek

comments and input focusing on challenges, gaps, clinical needs, and research opportunities related to Pediatric Medical Devices (PMD) to inform priorities for a Public Private Partnership (PPP) to catalyze the national ecosystem. Such ecosystem will focus on optimizing the translation of technological advancements into medical devices designed, evaluated, and approved for pediatric populations to improve quality of life in this population. These comments are requested from public and private stakeholders such as, but not limited to, innovators, researchers, academic and medical centers, small- and large-scale industries, non-profit organizations, patients, providers, advocacy groups, payors, and federal agencies.

DATES: The Request for Information is open for public comment and will be accepted through Sept 21, 2022, to ensure consideration.

ADDRESSES: Responses should be limited to one to two page(s) and marked with this RFI identifier ''NOT–EB–22–008'' in the email subject line as well as in the title of the response. Responses should be directly submitted to *peds.medtech@nih.gov.*

FOR FURTHER INFORMATION CONTACT: Questions about this request for information should be directed to, Afrouz Anderson, Ph.D., National Institute of Biomedical Imaging and Bioengineering (NIBIB), National Institutes of Health, 6707 Democracy Boulevard, Suite 200, Bethesda, MD 20892, *peds.medtech@nih.gov,* 301–496–4558.

SUPPLEMENTARY INFORMATION: This RFI is in accordance with the NIH Reform Act of 2006, 42 U.S.C. Sec. 282, as amended. Catalyzing and unifying the national ecosystem around pediatric medical devices will necessitate leveraging collective opportunities, such as through the formation of a multi-stakeholder Public Private Partnership (PPP) to address the existing challenges in development, optimization, and translation of pediatric medical devices.

Despite numerous legislative, regulatory, and scientific efforts of the recent past, there has been little change in the number of devices being developed, reviewed, and/or approved for use in the pediatric population in the United States. The cause of this public health problem is multifold:

- Real and perceived ethical considerations of carrying out trials in pediatric patients.
- The heterogeneous developmental range of children, from birth to 21 years.
- Lack of access to disease- and age-specific patient sets, and experienced clinical-trial infrastructure.
- Unclear regulatory pathways and financial environment (*i.e.,* unpredictable reimbursement).
- A lack of technical innovation for approaches to meet pediatric-specific needs.
- Lack of clear value proposition to device manufacturers and industry partners.

Such problems have caused difficulties such as off-label use of devices in children, often without clear instructions or with non-standard modifications that create further complications and risks. Additionally, many conditions for children that could be treated via a device are not pursued. Pediatric patients with serious or life-threatening diseases that are often in greatest need might only have access to an investigational medical device without an appropriate level of evidence.

Information Requested

NICHD and NIBIB seek information and actionable recommendations on research gaps, needs, best practices, innovative study designs and measurement, resources and data resources, and opportunities to inform a PPP to enhance pediatric medical devices space.

Specifically, respondents are asked to briefly address the following topics or categories in the context of Pediatric Medical Devices. Comments are strongly encouraged to address unique challenges of using pediatric medical devices on health disparity populations. NIH defines health disparity populations as racial and ethnic minority populations, less privileged socioeconomic status (SES) populations, underserved rural populations, sexual and gender minorities (SGM), and any subpopulations that can be characterized by two or more of these descriptions. For more information, please refer to NIH definition of Health Disparity (*https://www.nimhd.nih.gov/about/strategic-plan/nih-strategic-plan-definitions-and-parameters.html#:~:text=NIH%20defines%20health%20disparity%20populations,or%20more%20of%20these%20descriptions.*)

(1) Potential partners to ensure success of public-private partnership to advance the national PMD ecosystem. Some of these challenges pertain, but are not limited to, involvement and integration of:

(a) Philanthropic and non-profit organizations.

(b) Patient advocacy groups.

(c) Primary care providers, specialists and clinicians, clinical trialists, and pediatric patients.

(d) Financial experts.

(e) Regulatory science experts to evaluate new and existing regulations in PMD.

(2) Involvement of Private Industry while considering factors such as:

(a) Small market size in pediatric medical devices being one of the key barriers for industry participation.

(b) Identifying approaches to de-risk development and commercialization of PMD.

(c) Federal efforts to assist further small companies.

(d) Overcoming manufacturing, clinical trials, logistical and regulatory burdens.

(e) Engineering and manufacturing challenges for evaluation of feasibility, validation and scale-up strategies of device prototype and relative costs.

(3) Priorities in Pediatric Medical Device innovation, research, and commercialization such as:

(a) Accelerating PMD Research & Development, including, but not limited to, point of care technologies in response to Health Emergencies.

(b) Specific preclinical and clinical research areas to enhance innovation in pediatric medical devices.

(c) Projects focusing on development of technologies based on specific disease, conditions, and patient population.

(d) Reduce off-label usage of adult medical devices for pediatric patients.

(e) Resources and support for innovators, small business concerns to enhance successful development and commercialization of PMD designed and tested for pediatric indications.

(f) Building inclusive, diverse, and transdisciplinary workforce. For more information on diverse workforce, please refer to the Notice of NIH's Interest in Diversity NOT–OD–20–031 (*https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html.*)

(4) Accountability measures to evaluate the program success in areas such as, but not limited to:

(a) Performance and accomplishment of public private partnership.

(b) Number of products and devices that obtain regulatory approval.

(c) Improvement of processes for PMD development and commercialization.

(5) Clinical Trial infrastructure, data sharing, and protocol standardization such as:

(a) Establishment of hospital-based and decentralized clinical trials networks to evaluate and validate new technologies and therapeutic devices.

(b) Issues pertaining to number of clinical sites.

(c) Patient reported outcomes.

(d) Challenges related to patient enrollment and limited dataset.

(e) Data science expertise, such as biostatistics, to address issues related to clinical trial database.

(f) Standardization of data and protocol integration across various health care settings.

(6) Reimbursement Challenges for Pediatric Medical Devices:

(a) Exploring reimbursement incentive strategies for Pediatric Medical Device innovators.

(b) Involvement of Federal agencies such as Centers for Medicare and Medicaid (CMS).

(c) Interaction with insurance companies during commercialization planning process.

(7) *Any other topics which may be relevant for NIH to enhance the national pediatric medical device ecosystem via public-private partnership.*

Responses to this RFI are voluntary and may be submitted anonymously. Please do not include any personally identifiable information or any information that you do not wish to make public. You may voluntarily include your name and contact information with your response. If you choose to provide NIH with this information, NIH will not share your name and contact information outside of NIH unless required by law. Proprietary, classified, confidential, or sensitive information should not be included in your response. The Government will use the information submitted in response to this RFI at its discretion. Other than your name and contact information, the Government reserves the right to use any submitted information on public websites, in reports, in summaries of the state of the science, in any possible resultant solicitation(s), grant(s), or cooperative agreement(s), or in the development of future funding opportunity announcements. This RFI is for informational and planning purposes only and is not a solicitation for applications or an obligation on the part of the Government to provide support for any ideas identified in response to it. Please note that the Government will not pay for the preparation of any information submitted or for use of that information.

Afrouz A. Anderson,

Program Director, National Institute of Biomedical Imaging and Bioengineering, National Institutes of Health.

[FR Doc. 2022–12833 Filed 6–14–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Citizenship and Immigration Services

[OMB Control Number 1615–0008]

Agency Information Collection Activities; Revision of a Currently Approved Collection: Biographic Information (for Deferred Action)

AGENCY: U.S. Citizenship and Immigration Services, Department of Homeland Security.

ACTION: 30-Day notice.

SUMMARY: The Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS) will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995. The purpose of this notice is to allow an additional 30 days for public comments.

DATES: Comments are encouraged and will be accepted until July 15, 2022.

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, must be submitted via the Federal eRulemaking Portal website at *http://www.regulations.gov* under e-Docket ID number USCIS–2005–0024. All submissions received must include the OMB Control Number 1615–0008 in the body of the letter, the agency name and Docket ID USCIS–2005–0024.

FOR FURTHER INFORMATION CONTACT: USCIS, Office of Policy and Strategy, Regulatory Coordination Division, Samantha Deshommes, Chief, Telephone number (240) 721–3000 (This is not a toll-free number; comments are not accepted via telephone message.). Please note contact information provided here is solely for questions regarding this notice. It is not for individual case status inquiries. Applicants seeking information about the status of their individual cases can check Case Status Online, available at the USCIS website at *http://www.uscis.gov,* or call the USCIS Contact Center at (800) 375–5283; TTY (800) 767–1833.

SUPPLEMENTARY INFORMATION:

Comments

The information collection notice was previously published in the **Federal Register** on March 30, 2022, at 87 FR 18378, allowing for a 60-day public comment period. USCIS did not receive any comments in connection with the 60-day notice.

You may access the information collection instrument with instructions, or additional information by visiting the Federal eRulemaking Portal site at: *http://www.regulations.gov* and enter USCIS–2005–0024 in the search box. The comments submitted to USCIS via this method are visible to the Office of Management and Budget and comply with the requirements of 5 CFR 1320.12(c). All submissions will be posted, without change, to the Federal eRulemaking Portal at *http://www.regulations.gov,* and will include any personal information you provide. Therefore, submitting this information makes it public. You may wish to consider limiting the amount of personal information that you provide in any voluntary submission you make to DHS. DHS may withhold information provided in comments from public viewing that it determines may impact the privacy of an individual or is offensive. For additional information, please read the Privacy Act notice that is available via the link in the footer of *http://www.regulations.gov.*

Written comments and suggestions from the public and affected agencies should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses.

Overview of This Information Collection

(1) *Type of Information Collection:* Revision of a Currently Approved Collection.

(2) *Title of the Form/Collection:* Biographic Information (for Deferred Action).

(3) *Agency form number, if any, and the applicable component of the DHS*