

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Countermeasures Injury Compensation Program: Electronic Submissions

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

ACTION: Notice.

SUMMARY: The Public Readiness and Emergency Preparedness Act (PREP Act) authorized the Secretary of Health and Human Services (Secretary) to establish the Countermeasures Injury Compensation Program (CICP or Program). This Program provides benefits to certain persons who sustain serious physical injuries or death as a direct result of administration or use of covered countermeasures identified by the Secretary in declarations issued under the PREP Act. In addition, the Secretary may provide death benefits to certain survivors of individuals who died as the direct result of such covered injuries or their health complications. In accordance with 42 CFR 110.41, the Department of Health and Human Services is issuing this notice to inform the public that the CICP is accepting electronic Request for Benefits package submissions through the Injury Compensation Programs web-based portal. Completed Request for Benefits Forms, Letters of Intent, copies of completed Authorization for Use or Disclosure of Health Information forms, medical records, and any supporting documentation for CICP Request for Benefits packages can be submitted electronically at <https://injurycompensation.hrsa.gov>.

DATES: This notice is effective immediately.

FOR FURTHER INFORMATION CONTACT: Dr. George Reed Grimes, Director, Division of Injury Compensation Programs, Health Systems Bureau, HRSA, 5600 Fishers Lane, 08-N146B, Rockville, MD 20857. Phone calls can be directed to 1-855-266-2427 (1-855-266-CICP). This is a toll-free number.

SUPPLEMENTARY INFORMATION: Request for Benefits Forms (or Letters of Intent) must be filed within 1 year of the date of the administration or use of the covered countermeasure that is alleged to have caused the injury. The filing date for Request Forms submitted electronically is the date the Request Form is submitted electronically at <https://injurycompensation.hrsa.gov>. 42 CFR 110.42(c). For Request Forms not

submitted electronically, the filing date is still the postmark date. A legibly dated receipt from a commercial carrier, a private courier service, or the U.S. Postal Service will be considered equivalent to a postmark.

In addition to the Request for Benefits Forms, requesters are also required to submit copies of the Authorization for Use or Disclosure of Health Information forms they submitted to their medical providers. Requesters must also arrange to have their providers submit the following medical records:

(1) All medical records documenting medical visits, procedures, consultations, and test results that occurred on or after the date of administration or use of the covered countermeasure; and

(2) All hospital records, including the admission history and physical examination, the discharge summary, all physician subspecialty consultation reports, all physician and nursing progress notes, and all test results that occurred on or after the date of administration or use of the covered countermeasure; and

(3) All medical records for 1 year prior to administration or use of the covered countermeasure as necessary to indicate an injured countermeasure recipient's pre-existing medical history.

To submit documentation online, individuals may navigate to the Injury Compensation Programs website (<https://injurycompensation.hrsa.gov>) and follow the steps on "How to Create an Account" to create a *Login.gov* account. Steps to create an account are also directly available here: <https://injurycompensation.hrsa.gov/DICPSubmit/Interface/Common/LoginAssistance>.

Once an account is created, individuals can submit a new Request for Benefits package or upload additional documents for an existing request.

Alternatively, Request for Benefits Forms, medical records, and any documentation to supplement a Request for Benefits package can continue to be sent by mail to the CICP at the following address: Health Resources and Services Administration, Countermeasures Injury Compensation Program, 5600 Fishers Lane, 08N186B, Rockville, Maryland 20857.

When the CICP receives a Request for Benefits package online or by mail, the CICP will send the requester a letter confirming receipt of the claim, providing them with a case number, and informing them if any additional documentation is required. Additional documentation may be submitted by mail or by uploading the documents

electronically, regardless of the initial filing method used. For more information or support, requesters may contact CICP directly by email at cicp@hrsa.gov or by phone at 1-855-266-2427 (1-855-266-CICP).

Diana Espinosa,
Deputy Administrator.

[FR Doc. 2022-13550 Filed 6-23-22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Hospital Campaign for Organ Donation Scorecard, OMB No. 0915-0373—Revision

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 Information Collection Request must be received no later than August 23, 2022.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail 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 request collection title for reference.

Information Collection Request Title: Hospital Campaign for Organ Donation Scorecard OMB No. 0915-0373—Revision.

Abstract: HRSA's Hospital Campaign for Organ Donation continues to enlist the help of healthcare organizations nationwide to increase the number of registered organ, eye, and tissue donors by hosting education, outreach, and donor registration events in their facilities and communities. A scorecard identifies activities that participants can implement and assigns points to each activity. Participants that earn a certain number of points annually are recognized by HRSA and the campaign's national partners.

Need and Proposed Use of the Information: There is a substantial imbalance in the U.S. between the more than 106,000 people whose lives depend on organ transplants and the annual number of organ donors (approximately 18,000 living and deceased donors). This imbalance results in approximately 17 deaths per day; about 6,200 waiting list deaths annually. In addition, a person in need of a life-saving or life-improving organ transplant is added to the national organ transplant waiting list every 9 minutes.

In response to the need for increased donation, HRSA conducts public outreach initiatives to encourage the American public to enroll on state donor registries as future organ donors.

The scorecard motivates and facilitates participation in the campaign, provides the basis for rewarding participants for their accomplishments, and enables HRSA to measure and evaluate campaign process and outcome. The scorecard also enables HRSA to make data-based decisions and improvements for subsequent campaigns.

Likely Respondents: Hospital development and public relations staff of organ procurement and other donation organizations; hospital staff such as nurses or public relations/communications professionals and staff members. Additional respondents may include staff at physician's offices, health clinics, and emergency medical services; and/or volunteers that specifically work with health care organizations on organ donation initiatives and activities, who may have

been engaged by or invited through word-of-mouth, local organ procurement organizations, and/or peers, and/or who work within a medical and/or health care setting, but outside of a hospital environment.

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
Activity Scorecard (online)	1,640	1	1,640	.25	410
Total	1,640	1,640	410

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. 2022-13488 Filed 6-23-22; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Biomedical Imaging and Bioengineering; Notice of Closed Meeting

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

amended, notice is hereby given of a meeting of the National Institute of Biomedical Imaging and Bioengineering Special Emphasis Panel.

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: National Institute of Biomedical Imaging and Bioengineering Special Emphasis Panel; Diversity and Health Disparities RFAs review.

Date: July 15, 2022.

Time: 8:30 a.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Democracy II, 6707 Democracy Blvd., Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Songtao Liu, MD, Scientific Review Officer, National Institute

of Biomedical Imaging and Bioengineering, National Institutes of Health, 6707 Democracy Blvd., Suite 920, MSC 5469, Bethesda, MD 20817, (301) 827-3025, songtao.liu@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, National Institute of Biomedical Imaging and Bioengineering, National Institutes of Health, HHS)

Dated: June 17, 2022.

Victoria E. Townsend,
Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022-13479 Filed 6-23-22; 8:45 am]

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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.