

The following information must be included in the package of materials submitted for each individual nominated for consideration: (1) A statement that includes the name and affiliation of the nominee and a clear statement regarding the basis for the nomination, including the area(s) of expertise and/or experience that may qualify a nominee for service on the ACIMM, as described above; (2) confirmation the nominee is willing to serve as a member of the ACIMM; (3) the nominee's contact information (please include home address, work address, daytime telephone number, and an email address); and (4) a current copy of the nominee's curriculum vitae or resume. Nomination packages may be submitted directly by the individual being nominated or by the person/organization recommending the candidate.

HHS endeavors to ensure that the membership of the ACIMM is fairly balanced in terms of points of view represented and that individuals from a broad representation of geographic areas, gender, and ethnic and minority groups, as well as individuals with disabilities, are considered for membership. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, or cultural, religious, or socioeconomic status.

Individuals who are selected to be considered for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is required in order for HRSA ethics officials to determine whether there is a potential conflict of interest between the SGE's public duties as a member of the ACIMM and their private interests, including an appearance of a loss of impartiality as defined by federal laws and regulations, and to identify any required remedial action needed to address the potential conflict.

**Authority:** ACIMM is authorized by section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended. The Committee is governed by provisions of Public Law 92-463, as amended, (5 U.S.C. app. 2).

**Maria G. Button,**

*Director, Executive Secretariat.*

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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: Ryan White HIV/AIDS Program: Allocations Forms, OMB No. 0915-0318—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 ICR should be received no later than January 23, 2023.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N39, 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, mail [paperwork@hrsa.gov](mailto: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:* Ryan White HIV/AIDS Program: Allocations Forms, OMB No. 0915-0318—Revision.

*Abstract:* HRSA's HIV/AIDS Bureau administers the Ryan White HIV/AIDS Program (RWHAP) authorized under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. The RWHAP Allocations and Expenditures Reports (A&E Reports) allow HRSA to monitor and track the use of grant funds for compliance with program and grants policies, and requirements as outlined in the legislation. To avoid duplication and reduce recipient reporting burden, HRSA created an electronic grantee

contract management system (GCMS) that includes data required for various reports, including the Allocations Reports and other HRSA data reports, such as the RWHAP Services Report. Recipients can access GCMS year-round to upload or manually enter data on their service provider contractors or subrecipients, the RWHAP core medical and support services provided, and their funding amounts. Data required for Allocations Reports and other reports are automatically prepopulated from GCMS. Expenditures Report data are not auto-populated in the GCMS, and are thus still manually entered into the data reporting system.

**Allocations and Expenditures (A&E) Reports**

Recipients funded under RWHAP Parts A, B, C, and D are required to report financial data to HRSA at the beginning (Allocations Report) and at the end of their grant budget period (Expenditures Report). The A&E Reports request information recipients already collect, including the use of RWHAP grant funds for core medical and support services; and on various program components, such as administration, planning and evaluation, and clinical quality management. RWHAP Parts A and B recipients funded under the Ending the HIV Epidemic Initiative (EHE) are also required to report EHE services allocations and corresponding EHE award expenditures in the A&E Reports. This allows HRSA to track and report progress toward meeting the EHE goals. The reports are similar in content; however, in the first report, recipients document the allocation of their RWHAP grant award at the beginning of their grant budget period. In the second report, recipients document actual expenditures of their RWHAP grant award (including any carryover dollars) at the end of their grant budget period.

HRSA is proposing the following updates to the RWHAP Allocation Reports.

*RWHAP Part A Allocations Report*

- Revising row and column headers and other language for clarity and alignment with RWHAP requirements;
- Combining the columns for RWHAP Part A Formula and Supplemental Allocation amounts and updating the title;
- Moving the RWHAP Part A Minority AIDS Initiative (MAI) Award Amount row after the RWHAP Part A Supplemental Award Amount row;
- Changing the calculation for Service Allocation Subtotal percent in the Total

RWHAP Part A Allocation Amounts column;

- Blacking out the percent columns for the RWHAP Part A Formula and Supplemental Allocation Amounts, RWHAP Part A MAI Allocation Amounts, and selected cells in the Total RWHAP Part A Allocation Amounts column; and
- Adding the Legislative Requirements Checklist.

*RWHAP Part B Allocations Report*

- Revising row and column headers and other language for clarity and alignment with RWHAP requirements;
- Adding the following rows to Table 1: 4c. Part B HIV Care Consortia Planning & Evaluation/Emerging Communities (EC) HIV Care Consortia Planning & Evaluation and 4d. Part B HIV Care Consortia Clinical Quality Management (CQM)/EC HIV Care Consortia CQM except for the AIDS Drug Assistance Program (ADAP) Earmark + ADAP Supplemental Award cells;
- Removing row 11. Total Part B X07 Allocations;
- Allowing users to enter data in Table 2 for 1d. Health Insurance Premium & Cost Sharing and 1e. Home and Community-based Health Services;

- Blacking out selected cells in the following rows, columns, or tables:
- 2. Part B Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals (Table 1) as this information is also reported in Table 2
- 3. Part B Home and Community-based Health Services (Table 1) as this information is also reported in Table 2
- 4. Total Column (Table 1)
- 1a. AIDS Drug Assistance Program Treatments (Table 2) as this information is also reported in Table 1
- MAI Award (Table 3); and
- Updating calculations and language in the Legislative Requirements Checklist.

*RWHAP Part C Allocations Report*

- There are no proposed changes to the RWHAP Part C Allocations Report.

*RWHAP Part D Allocations Report*

- There are no proposed changes to the RWHAP Part D Allocations Report.

*HRSA EHE A&E Reports*

- There are no proposed changes to the HRSA EHE Allocations Reports.

*Need and Proposed Use of the Information:* Accurate allocation, expenditure, and service contract records of the recipients receiving RWHAP funding are critical to the implementation of the RWHAP legislation and thus are necessary for HRSA to fulfill its monitoring and oversight responsibilities.

*Likely Respondents:* RWHAP Part A, Part B, Part C, and Part D recipients.

*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
Part A Allocations Report .....	52	1	52	4	208
Part B Allocations Report .....	54	1	54	6	324
Part C Allocations Report .....	346	1	346	4	1,384
Part D Allocations Report .....	116	1	116	4	464
EHE Allocations Reports .....	47	1	47	4	188
Total .....	615	.....	615	.....	2,568

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; Meeting**

**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/full-committee-meeting-12/>.

**DATES:** The meeting will be held Tuesday, December 6, 2022: 10:30 a.m.–5:30 p.m. EDT and Wednesday, December 7, 2022: 10:30 a.m.–4:30 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, 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