

Description, rationale, study design, data sources (to include harmonization/cleaning of data), funding organization(s), outcomes of interest, and how such an approach would avoid increasing disparities in care.

- Responses may include implications for scaling an intervention to broader population levels and other settings.

- The definition of “AI-driven solution”, for the purposes of this RFI, should be interpreted broadly. We seek an understanding of innovative activities across the spectrum of care in underserved settings for older adults.

- This RFI also seeks to identify opportunities to strengthen the U.S. healthcare system through public-private partnerships. The RFI seeks to identify organizations that would be interested in discussing the form and function of such collaborations.

Topics

A. Barriers and Opportunities for Technology-Driven Solutions

1. What barriers (*e.g.*, privacy concerns, other clinician and patient barriers) and opportunities are most relevant for bringing technology-driven solutions to aging populations in underserved areas?

2. What federal policies currently limit the capacity to deploy and scale technology-driven solutions for aging populations?

3. What new federal policies could facilitate the success of technology-driven solutions for aging populations?

4. What are the ways in which technology-driven solutions are manifested (*e.g.*, software platforms, wearables, robotics, etc.) and how is the integrity of data collected ensured (*e.g.*, fidelity, and accuracy of data)?

5. How will training data sets be established and implemented to drive effective technology solutions that improve chronic disease outcomes for aging populations in rural areas?

6. How will AI solutions be validated? What metrics will be used to evaluate the effectiveness of AI/machine learning algorithms?

7. How will healthcare team and patient trust in technology solutions be addressed? How will legal and ethical issues be addressed for technology solutions designed for improving chronic disease outcomes?

8. How will bias and variance be addressed in machine learning algorithms for this application? How will supervised versus unsupervised learning be used to develop inferences and patterns from data sources? What will be the challenges and proposed

solutions for data cleansing and transformation?

9. Will AI deep learning and neural networks approaches and solutions be appropriate and used for chronic disease improvement for aging populations?

10. What are the per-person-costs of technology-driven solutions in the context of this RFI?

B. Key Indicators & Data Sources of Technology-Driven Chronic Disease Management

1. What key indicators or data sets will be used to perform measure outcomes (*e.g.*, racial, ethnic, gender, and socioeconomic disparities)?

2. What existing methods, data sources, and analytic approaches are being used to assess and monitor technology-driven solutions (*e.g.*, AI) in healthcare systems?

3. What selected health conditions should be addressed as priority conditions to assess technology-driven capacity to influence access, timeliness, and quality of healthcare treatment and preventive services to aging populations living in rural areas?

C. Examples of Health Promotion Using Technology-Driven Solutions

1. Describe novel technology-driven approaches (*e.g.*, AI) that may prevent the onset, progression, or escalation of chronic disease states in patients who have decreased frequency of health system interaction during the COVID-19 pandemic, such as aging Americans living in rural areas.

2. Outline programs leveraging novel technology-driven approaches that may prevent increases in morbidity and mortality due to deferred care for acute medical conditions (*e.g.*, exacerbation of heart failure, decompensated lower respiratory tract disease).

3. What is the established evidence or evaluation supporting proposed benefits, and the evaluation of potential harms of AI-driven solutions such as increased racial bias?

D. Public-Private Partnerships

1. Provide ideas of the form and function of a public-private partnership model to leverage the adoption of technology-driven solutions to improve outcomes for at-risk populations such as aging Americans living in rural areas.

2. What organizations, groups, and/or associations should HHS engage as part of such a collaborative effort?

HHS encourages all potentially interested parties—individuals, associations, governmental, non-governmental organizations, academic institutions, and private sector

entities—to respond. To facilitate review of the responses, please reference the question category and number in your response.

Dated: November 10, 2020.

Brett P. Giroir,

ADM, U.S. Public Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Tick-Borne Disease Working Group

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As required by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the Tick-Borne Disease Working Group (TBDWG) will hold a virtual meeting. The meeting will be open to the public. During this meeting, the TBDWG will finalize and vote on the 2020 report to the HHS Secretary and Congress. The agenda will be available on the website prior to the meeting. The 2020 report will address ongoing tick-borne disease research, including research related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, and interventions for individuals with tick-borne diseases; advances made pursuant to such research; Federal activities related to tick-borne diseases; and gaps in tick-borne disease research

DATES: The meeting will be held online via webcast on December 2, 2020, from approximately 9:00 a.m. to 5:00 p.m. ET (times are tentative and subject to change). The confirmed times and agenda items for the meeting will be posted on the TBDWG web page at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2020-12-2/index.html> when this information becomes available.

FOR FURTHER INFORMATION CONTACT: James Berger, Designated Federal Officer for the TBDWG; Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, Department of Health and Human Services, Mary E. Switzer Building, 330 C Street SW, Suite L600, Washington, DC 20024. Email: tickbornedisease@hhs.gov; Phone: 202-795-7608.

SUPPLEMENTARY INFORMATION: Please register for the meeting at <https://events->

na4.adobeconnect.com/content/connect/c1/841425677/en/events/event_shared/1840895551/event_landing.html?sco-id=1840508041&_charset=utf-8. After registering, you will receive an email confirmation with a personalized link to access the webcast on December 2, 2020.

The public will have an opportunity to present their views to the TBDWG orally during the meeting's public comment session or by submitting a written public comment. Comments should be pertinent to the meeting discussion. Persons who wish to provide verbal or written public comment should review instructions at <https://www.hhs.gov/ash/advisory-committees/tickborne-disease-meetings/2020-12-2/index.html> and respond by midnight November 24, 2020, ET. Verbal comments will be limited to three minutes each to accommodate as many speakers as possible during the 30 minute session. Written public comments will be accessible to the public on the TBDWG web page prior to the meeting.

Background and Authority: The Tick-Borne Disease Working Group was established on August 10, 2017, in accordance with Section 2062 of the 21st Century Cures Act, and the Federal Advisory Committee Act, 5 U.S.C. App., as amended, to provide expertise and review Federal efforts related to all tick-borne diseases, to help ensure interagency coordination and minimize overlap, and to examine research priorities. The TBDWG is required to submit a report to the HHS Secretary and Congress on their findings and any recommendations for the Federal response to tick-borne disease every two years.

Dated: November 10, 2020.

B. Kaye Hayes,

Acting Director, Office of Infectious Disease and HIV/AIDS Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Information Technology Advisory Committee 2021 Schedule of Meetings

AGENCY: Office of the National Coordinator for Health Information Technology (ONC), HHS.

ACTION: Notice of meetings.

SUMMARY: The Health Information Technology Advisory Committee (HITAC) was established in accordance with the 21st Century Cures Act and the

Federal Advisory Committee Act. The HITAC, among other things, identifies priorities for standards adoption and makes recommendations to the National Coordinator for Health Information Technology (National Coordinator). The HITAC will hold public meetings throughout 2021. See list of public meetings below.

FOR FURTHER INFORMATION CONTACT: Lauren Richie, Designated Federal Officer, at Lauren.Richie@hhs.gov, (202) 205-7674.

SUPPLEMENTARY INFORMATION: Section 4003(e) of the 21st Century Cures Act (Pub. L. 114-255) establishes the Health Information Technology Advisory Committee (referred to as the "HITAC"). The HITAC will be governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463), as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

Composition

The HITAC is comprised of at least 25 members, of which:

- No fewer than 2 members are advocates for patients or consumers of health information technology;
- 3 members are appointed by the HHS Secretary
 - 1 of whom shall be appointed to represent the Department of Health and Human Services and
 - 1 of whom shall be a public health official;
- 2 members are appointed by the majority leader of the Senate;
- 2 members are appointed by the minority leader of the Senate;
- 2 members are appointed by the Speaker of the House of Representatives;
- 2 members are appointed by the minority leader of the House of Representatives; and
- Other members are appointed by the Comptroller General of the United States.

Members will serve for one-, two-, or three-year terms. All members may be reappointed for a subsequent three-year term. Each member is limited to two three-year terms, not to exceed six years of service. Members serve without pay, but will be provided per-diem and travel costs for committee services, if warranted.

Recommendations

The HITAC recommendations to the National Coordinator are publicly available at <https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it>.

Public Meetings

The schedule of meetings to be held in 2021 is as follows:

- January 13, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- February 10, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- April 15, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- May 13, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- June 9, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- July 14, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- September 9, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- November 10, 2021 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)

All meetings are open to the public. Additional meetings may be scheduled as needed. For web conference instructions and the most up-to-date information, please visit the HITAC calendar on the ONC website, <https://www.healthit.gov/topic/federal-advisory-committees/hitac-calendar>.

Contact Person for Meetings: Lauren Richie, Lauren.Richie@hhs.gov. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Please email Lauren Richie for the most current information about meetings.

Agenda: As outlined in the 21st Century Cures Act, the HITAC will develop and submit recommendations to the National Coordinator on the topics of interoperability, privacy and security, and patient access. In addition, the committee will also address any administrative matters and hear periodic reports from ONC. ONC intends to make background material available to the public no later than 24 hours prior to the meeting start time. If ONC is unable to post the background material on its website prior to the meeting, the material will be made publicly available on ONC's website after the meeting, at <http://www.healthit.gov/hitac>.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact