

D. Public Comment

A 60-day notice was published in the **Federal Register** at 85 FR 66565, on October 20, 2020. One comment was received; however, it did not change the estimate of the burden.

Comment: The commenter requested the requirement for presolicitation notices be removed from the FAR. The commenter does not see their value; and stated that presolicitation notices lengthen the acquisition timelines unnecessarily.

Response: Presolicitation notices are required by statute; see FAR 5.201. The primary purposes of the notices are to improve small business access to acquisition information and enhance competition by identifying contracting and subcontracting opportunities. The commenter did not express an opinion on whether the estimated number of burden hours is accurate; or ways to minimize the burden of the collection of information.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division, by calling 202-501-4755 or emailing GSARegSec@gsa.gov. Please cite OMB Control No. 9000-0037, Presolicitation Notice and Response.

William F. Clark,

Director, Federal Acquisition Policy Division, Office of Government-wide Acquisition Policy, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2020-29171 Filed 1-4-21; 8:45 am]

BILLING CODE 6820-EP-P

GOVERNMENT ACCOUNTABILITY OFFICE

Request for State All Payer Claims Databases Advisory Committee (SAPCDAC) Nominations

AGENCY: U.S. Government Accountability Office (GAO).

ACTION: Request for letters of nomination and resumes.

SUMMARY: The No Surprises Act, enacted as part of the Consolidated Appropriations Act, 2021 required the Secretary of Labor to convene an Advisory Committee of 15 members to advise on the standardized format for the voluntary reporting, by group health plans to State All Payer Claims Databases, of medical claims, pharmacy claims, dental claims, and eligibility and provider files collected from private and public payers. The Committee shall also advise the Secretary on the

process by which States may collect such data in the standardized reporting format. This Committee will be responsible for issuing a report to the Secretary of Labor and certain congressional committees within 180 days of the enactment of the Act, which shall include recommendations on the standardized format and guidance described above. The Act provides for members of this Committee to have distinguished themselves in fields of health services research, health economics, health informatics, data privacy and security, or the governance of State All Payer Claims Databases, or who represent organizations likely to submit data to or use the database, including patients, employers, employee organizations that sponsor group health plans, health care providers, health insurance issuers, or third-party administrators of group health plans. The Act gave the Secretary of Labor, in coordination with the Secretary of Health and Human Services, responsibility for appointing 9 of the 15 members to include eight representatives of various agencies within the Departments of Labor and Health and Human Services, as well as one representative of a State All Payer Claims Database. The Act gave the Comptroller General responsibility for appointing the remaining 6 of the committee's 15 members, including 1 representative of an employer that sponsors a group health plan; 1 representative of an employee organization that sponsors a group health plan; 1 academic researcher with expertise in health economics or health services research; 1 consumer advocate; and 2 additional members. GAO is accepting nominations of individuals for Committee appointments that will be effective in March 2021. Nominations should be sent to the email address listed below. Acknowledgement of submissions will be provided within a week of submission.

DATES: Letters of nomination and resumes should be submitted by January 27, 2021 to ensure adequate opportunity for review and consideration of nominees.

ADDRESSES: Submit letters of nomination and resumes to SAPCDACappointments@gao.gov.

FOR FURTHER INFORMATION CONTACT: Shannon Legeer at (202) 512-3197 or LegeerS@gao.gov if you do not receive an acknowledgement or need additional information. For general information, contact GAO's Office of Public Affairs, (202) 512-4800.

Authority: Section 115(b) of the No Surprises Act, enacted as part of the

Consolidated Appropriations Act, 2021, div. BB, tit. I (2020).

Gene L. Dodaro,

Comptroller General of the United States.

[FR Doc. 2020-29055 Filed 1-4-21; 8:45 am]

BILLING CODE 1610-02-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Development of Computed Tomography (CT) Image Quality and Safety Hospital Measures

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: Through this notice of funding opportunity (NOFO), the Centers for Medicare & Medicaid Services (CMS), Center for Clinical Standards and Quality, seeks an application for a single source, cooperative agreement, to develop a radiology electronic clinical quality measure(s) (eCQM) for the following CMS hospital programs: Hospital Inpatient Quality Reporting Program (IQR); Hospital Outpatient Quality Reporting Program (OQR); and Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals—formerly Meaningful Use (PI). CMS will provide support to the awardee in their planning, technical assistance, and reporting needs related to submission of a fully developed and tested radiology measures to the 2021 Measures Under Consideration (MUC) List in May 2021.

DATES: This notice of funding opportunity took effect on December 24, 2020.

FOR FURTHER INFORMATION CONTACT: Janis Grady, (410) 786-7217, for programmatic questions or concerns. Monica Anderson, (410) 786-2988, for administrative and compliance concerns.

SUPPLEMENTARY INFORMATION:

I. Background

Within the broader context of quality measure use and development, CMS engages in extensive ongoing measure development, quality reporting, and other measure-related activities. In particular, CMS works with measure developers to produce measures for use in CMS quality reporting and value-based payment programs. However, CMS recognizes the benefits of measure