outcome of their Level 2 Medicare appeal may request a hearing before an OMHA ALJ. The Appellant Climate Survey will be used to measure appellant satisfaction with their OMHA appeals experience, as opposed to their satisfaction with a specific ruling. OMHA was established by the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 (Pub. L. 108-173) and became operational on July 1, 2005. The MMA legislation and implementing regulations issued on March 8, 2007, instituted a number of changes in the appeals process. The MMA legislation also directed HHS to consider the feasibility of conducting hearings using telephone or video-

teleconference (VTC) technologies. In carrying out this mandate, OMHA makes use of both telephone and VTC to provide appellants with a vast nationwide network Field Offices for hearings. The first 3-year administration cycle of the OMHA survey began in fiscal year (FY) 2008, a second 3-year cycle began in FY 2011, a third 3-year cycle began in FY 2014, and a fourth 3year cycle began in FY 2018. The survey will continue to be conducted annually over a 3-year period with the next data collection cycle beginning in FY 2021. Data collection instruments and recruitment materials will be offered in English and Spanish. The estimated total number of respondents per FY

starting FY 2021 is 800 respondents. The estimated total annual burden hours starting FY 2021 is 200 hours.

Type of respondent; frequency (annual, quarterly, monthly, etc.); and the affected public (individuals, public or private businesses, state or local governments, etc.) The survey will be conducted annually, and survey respondents will consist of Medicare beneficiaries and non-beneficiaries (*i.e.*, providers, suppliers) who participated in a hearing before an OMHA ALJ. OMHA will draw a representative, nonredundant sample of appellants whose cases have been closed in the last 6 months.

#### ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Beneficiaries	400 400	1 1	15/60 15/60	100 100
Total	800	1	15/60	200

#### Sherrette A. Funn,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2021-03527 Filed 2-19-21; 8:45 am]

BILLING CODE 4150-46-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Sixth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19

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

**ACTION:** Notice, correction.

**SUMMARY:** This document corrects one technical error that appeared in the final notice published in the Federal Register on February 2, 2021 entitled "Fifth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19" and two technical errors that appeared in the final notice published in the Federal Register on Tuesday, February 16, 2021, entitled "Sixth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19."

**DATES:** The correction to the final notice entitled "Fifth Amendment to

Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19" is effective February 2, 2021 and the corrections to the final notice entitled "Sixth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19" are effective February 16, 2021.

FOR FURTHER INFORMATION CONTACT: L. Paige Ezernack, Office of the Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; 202–260–0365, paige.ezernack@hhs.gov.

## **Corrections**

1. Correction to final notice published in the **Federal Register** on February 2, 2021 entitled "Fifth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19.

Amendments to the Declaration, section 2, Effective Time Period, section XII; the sentence is corrected to read: "add to the end of the section: Liability protections for Qualified Persons under sections V(f) and V(g) of the declaration begin on February 2, 2021, and last through October 1, 2024.

2. Corrections to final notice published in the **Federal Register** on Tuesday, February 16, 2021, entitled "Sixth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19.

Amendments to the Declaration, section 1, subsection V(h) is amended to read:

(h) Any member of a uniformed service (including members of the National Guard in a Title 32 duty status) (hereafter in this paragraph "service member") or Federal government, employee, contractor, or volunteer who prescribes, administers, delivers, distributes or dispenses a Covered Countermeasure. Such Federal government service members, employees, contractors, or volunteers are qualified persons if the following requirement is met: The executive department or agency by or for which the Federal service member, employee, contractor, or volunteer is employed, contracts, or volunteers has authorized or could authorize that service member, employee, contractor, or volunteer to prescribe, administer, deliver, distribute, or dispense the Covered Countermeasure as any part of the duties or responsibilities of that service member, employee, contractor, or volunteer, even if those authorized duties or responsibilities ordinarily would not extend to members of the

public or otherwise would be more limited in scope than the activities such service member, employees, contractors, or volunteers are authorized to carry out under this declaration.

Amendments to the Declaration, section 2, Effective Time Period, section XII; the sentence is corrected to read: "add to the end of the section: Liability protections for Qualified Persons under section V(h) of the declaration begin on February 16, 2021, and last through October 1, 2024.

#### Wilma Robinson,

Deputy Executive Secretary, U.S. Department of Health and Human Services.

[FR Doc. 2021-03526 Filed 2-19-21; 8:45 am]

BILLING CODE 4150-37-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0955-0003]

# Agency Father Generic Information Collection Request. 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS. **ACTION:** Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before April 23, 2021.

**ADDRESSES:** Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795–7714.

## FOR FURTHER INFORMATION CONTACT:

When submitting comments or requesting information, please include

the document identifier 0955–0003–60D, and project title for reference, to Sherrette Funn, the Reports Clearance Officer, *Sherrette.funn@hhs.gov*, or call 202–795–7714.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

*Type of Collection:* Father Generic ICR.

OMB No. 0955–0003—Office of the National Coordinator for Health Information Technology.

Abstract: The Office of the National Coordinator for Health Information Technology is seeking a three-year extension of OMB control number 0955–0003 to continue collecting routine customer feedback on agency service delivery. The proposed information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. Qualitative feedback means information that provides useful insights on perceptions and opinions, and is not statistical

surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences, and expectations; provide an early warning of issues with the service; or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative, and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the Agency's services will be unavailable.

Affected Public: Individuals, households, professionals, and/or the public/private sector.

Average estimates for the next three years:

Estimated Total Number of Respondents: 10,000.

Expected Annual Number of Activities: 6.

Average Number of Respondents per Activity: 1,667.

 $\label{eq:Frequency of Response: Once per Activity.}$  Activity.

Average Minutes per Response: 7. Total Burden Hours: 1,167.

## ANNUALIZED BURDEN HOUR TABLE

Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
10,000	1	7/60	1,167
Total			1,167

Dated: February 10, 2021.

#### Sherrette A. Funn,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2021-03531 Filed 2-19-21; 8:45 am]

BILLING CODE 4150-45-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