ANNUAL BURDEN ESTIMATES

[2 year clearance]

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Classroom/home visitor sampling form (from EHS staff)	407	1	0.17	69	35
Child roster form (from EHS staff)	252	1	0.33	83	42
Parent consent form	2,495	1	0.17	424	212
Parent survey	2,084	1	0.53	1,105	553
Parent Child Report	2,008	1	0.33	663	332
Staff survey (Teacher survey and Home Visitor survey)	1,317	1	0.5	659	330
Staff Child Report	1,046	2.13	0.25	262	131
Program director survey	120	1	0.5	60	30
Center director survey	294	1	0.5	147	74
Parent-child interaction	996	1	0.17	169	85

Estimated Total Annual Burden Hours: 1,824.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Sec. 645A and 649 of the Improving Head Start for School Readiness Act of 2007.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–15509 Filed 7–20–21; 8:45 am]

BILLING CODE 4184–22–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank: Change in User Fees

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

ACTION: Notice.

SUMMARY: HRSA, a sub-agency of the Department of Health and Human Services, is announcing a change in user fees charged to individuals and entities authorized to request information from the National Practitioner Data Bank (NPDB). The new fee will be $2.50 for both continuous and one-time queries and $3.00 for self-queries. In addition, as self-query results are now digitally certified, the NPDB will no longer automatically provide a mailed paper copy of self-query results. If self-queriers would like paper copies mailed to them, there will be an additional $3.00 charge per copy. The change in NPDB user fees is intended to encourage electronic processing while both ensuring sufficient funding to the full cost of NPDB operations and retaining appropriate cash reserves. The cash reserves are used to mitigate risks, cover operational costs should revenue decrease, and cover the cost of reasonable enhancement and maintenance of the NPDB management system. HRSA operational standards require review of NPDB user fees every 2 years. The biennial review of NPDB user fees offers HRSA the opportunity to evaluate its reserves as well as revenue relative to costs. Further, the review provides essential information on whether the fee rates and authorized activities are aligned with actual program costs and activities, and can help promote greater understanding of the fee by NPDB users.

DATES: This change will be effective October 1, 2021.

FOR FURTHER INFORMATION CONTACT: David Loewenstein, Director, Division of Practitioner Data Bank, Bureau of Health Workforce, HRSA, (301) 443–2300, *NPDBPolicy@hrsa.gov.*

SUPPLEMENTARY INFORMATION: The current fee structure ($2.00/continuous query enrollment, $2.00/one-time query, and $4.00/self-query) was announced in the **Federal Register** on July 20, 2016 (81 FR 47173), and became effective on October 1, 2016. One-time queries, continuous query enrollments, and self-queries are submitted and query responses are received through the NPDB's secure website. Fees are paid via electronic funds transfer, debit card, or credit card.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99–660, as amended (42 U.S.C. 11101 *et seq.*). Further, two additional statutes expanded the scope of the NPDB—Section 1921 of the Social Security Act, as amended (42 U.S.C. 1396r–2) and Section 1128E of the Social Security Act, as amended (42 U.S.C. 1320a–7e). Information collected under the Section 1128E authority was consolidated within the NPDB pursuant to Section 6403 of the Affordable Care Act, Public Law 111–148; this consolidation became effective on May 6, 2013.

42 U.S.C. 11137(b)(4), 42 U.S.C. 1396r–2(e), and 42 U.S.C. 1320a–7e(d) authorize the establishment of fees for the costs of processing requests for disclosure of such information. Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and disclosed by the NPDB. In determining any changes in the amount of user fees, the Department uses the criteria set forth in section 60.19(b) of the regulations. Section 60.19(b) states:

''The amount of each fee will be determined based on the following criteria:

(1) Direct and indirect personnel costs, including salaries and fringe benefits such as medical insurance and retirement,

(2) Physical overhead, consulting, and other indirect costs (including materials and supplies, utilities, insurance, travel, and rent and depreciation on land, buildings, and equipment),

(3) Agency management and supervisory costs,

(4) Costs of enforcement, research, and establishment of regulations and guidance,

(5) Use of electronic data processing equipment to collect and maintain information—the actual cost of the service, including computer search time, runs and printouts, and

(6) Any other direct or indirect costs related to the provision of services.''

The Department will continue to review the user fees periodically as required by Office of Management and Budget Circular Number A–25 and will revise fees as necessary. Any future changes in user fees and their effective dates will be announced in the **Federal Register**.

Diana Espinosa,

Acting Administrator.

[FR Doc. 2021–15514 Filed 7–20–21; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Twelfth Meeting of the National Clinical Care Commission

AGENCY: Office on Women's Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The National Clinical Care Commission (the Commission) will conduct its twelfth and final meeting virtually on September 8, 2021. The Commission is charged to evaluate and make recommendations to the U.S. Department of Health and Human Services (HHS) Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

DATES: The final meeting will take place September 8, 2021 from 1 p.m. to approximately 6 p.m. Eastern Time (ET).

ADDRESSES: The meeting will be held online via webinar. To register to attend the meeting, please visit the registration website at *https://kauffmaninc.adobeconnect.com/ncccc12_2021/event/event_info.html.*

FOR FURTHER INFORMATION CONTACT: Kara Elam, Ph.D., MPH, MS, Designated Federal Officer, National Clinical Care Commission, U.S. Department of Health and Human Services, Office on Women's Health, 200 Independence Ave. SW, 7th floor, Washington DC, 20201, Phone: (240) 435–9438, Email: *Kara.Elam@hhs.gov.*

SUPPLEMENTARY INFORMATION: The National Clinical Care Commission Act (Pub. L. 115–80) requires the HHS Secretary to establish the National Clinical Care Commission. The Commission consists of representatives of specific federal agencies and non-federal individuals who represent diverse disciplines and views. The Commission will evaluate and make recommendations to the HHS Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

During the meeting, the Commission will vote to approve the final report to be submitted to Congress. The final meeting agenda will be available prior to the meeting at *https://health.gov/our-work/health-care-quality/national-clinical-care-commission/meetings.*

Public Participation at Meeting: The Commission invites public comment on issues related to the Commission's charge. There will be an opportunity for limited oral comments (each no more than 3 minutes in length) at this virtual meeting. Virtual attendees who plan to provide oral comments at the Commission meeting during a designated time must register prior to the meeting at *https://kauffmaninc.adobeconnect.com/ncccc12_2021/event/event_info.html.*

Written comments are welcome throughout the entire development process of the Commission's work and may be emailed to *OHQ@hhs.gov.* Written comments should not exceed three pages in length.

Individuals who need special assistance, such as sign language interpretation or other reasonable accommodations, should indicate the special accommodation when registering online or by notifying Jennifer Gillissen at *jennifer.gillissen@kauffmaninc.com* by August 30, 2021.

Authority: The National Clinical Care Commission is required under the National Clinical Care Commission Act (Pub. L. 115–80). The Commission is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C., App.) which sets forth standards for the formation and use of federal advisory committees.

Dated: July 14, 2021.

Dorothy A. Fink,

Deputy Assistant Secretary for Women's Health.

[FR Doc. 2021–15507 Filed 7–20–21; 8:45 am]

BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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 on Aging Special Emphasis Panel; Clinical Courses.

Date: August 30, 2021.

Time: 10:00 a.m. to 11:00 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Bethesda, MD 20892 (Video Meeting).

Contact Person: Greg Bissonette, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute on Aging, National Institutes of Health, 7201 Wisconsin Avenue, Gateway Building, Suite 2W200, Bethesda, MD 20892, 301–402–1622, *bissonettegb@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: July 15, 2021.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2021–15450 Filed 7–20–21; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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