

A 60-day notice published in the **Federal Register** on April 20, 2021, vol. 86, No. 74, pp. 20499–20500. No public comments were received in response to the ICR.

Need and Proposed Use of the Information: HRSA uses the documentation submitted in core medical services waiver requests to determine if the grant applicant or recipient meets the statutory requirements for waiver eligibility outlined in Sections 2604(c), 2612(b), and 2651(c) of the Public Health Service Act.

Likely Respondents: HRSA expects responses from RWHAP Parts A, B, and C grant applicants and recipients. The number of grant recipients requesting waivers has fluctuated annually and has ranged from 15 to 22 per year since the waiver process was implemented in FY 2007.

Given the changes in the health care environment, HRSA anticipates receiving possibly up to 22 applications in a given year.

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
Waiver Request	22	1	22	4	88
	22	22	88

HRSA notes that this proposed process represents a decrease in burden when compared to the current policy outlined in PN 13–07 due in part to the elimination of the requirement to prepare and submit a narrative and multiple documents. 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.
 [FR Doc. 2021–17834 Filed 8–19–21; 8:45 am]
 BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Updated HRSA-Supported Women’s Preventive Services Guidelines: Well-Women Preventive Visits, Counseling for Sexually Transmitted Infections, and Breastfeeding Services and Supplies

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

ACTION: Notice.

SUMMARY: This notice seeks comments on an updated draft recommendation for Well-Woman Preventive Visits, Counseling for Sexually Transmitted Infections, and Breastfeeding Services and Supplies, as part of the HRSA-supported Women’s Preventive Services Guidelines. This updated draft recommendation has been developed through a national cooperative agreement, the Women’s Preventive Services Initiative (WPSI), by the American College of Obstetricians and Gynecologists (ACOG). Under the Public Health Service Act, as added by the Patient Protection and Affordable Care Act, non-grandfathered group health plans and non-grandfathered group and individual health insurance issuers must include coverage, without cost sharing, for certain preventive services under that section, including those provided for in the HRSA-supported Women’s Preventive Services Guidelines (Guidelines).

DATES: Members of the public are invited to provide written comments no later than September 20, 2021. All comments received on or before this date will be reviewed and considered by the WPSI Multidisciplinary Steering Committee.

ADDRESSES: Members of the public interested in providing comments on the draft recommendation statements can do so by accessing the initiative’s web page at <https://www.womenspreventivehealth.org/>.

FOR FURTHER INFORMATION CONTACT: Kimberly Sherman, HRSA, Maternal and Child Health Bureau, telephone (301) 443–8283, email: wellwomancare@hrsa.gov.

SUPPLEMENTARY INFORMATION: The HRSA-supported Women’s Preventive Services Guidelines were originally established in 2011 based on a study and recommendations by the Institute of Medicine, now known as the National Academy of Medicine, commissioned by HHS. Since then, there have been advancements in science and gaps identified in these guidelines, including a greater emphasis on practice-based clinical considerations. In March 2016, HRSA awarded a 5-year cooperative agreement to convene a coalition representing clinicians, academics, and consumer-focused health professional organizations to conduct a rigorous review of current scientific evidence and recommend updates to existing guidelines. The ACOG was awarded the cooperative agreement and formed the WPSI, which consists of an Advisory Panel and two expert committees; the Multidisciplinary Steering Committee (MSC) and the Dissemination and Implementation Steering Committee, to improve adult women’s health across the lifespan by engaging a coalition of health professional organizations to review evidence and recommend updates to the HRSA-supported Women’s Preventive Services Guidelines. HRSA would then decide whether or not to support, in whole or

in part, the recommended updates to the Guidelines.

In March 2021, ACOG was awarded a subsequent cooperative agreement to further review and recommend updates to the Guidelines. As the award recipient, starting on March 1, 2021, ACOG has engaged in a process to consider and review new information developed by a multidisciplinary group of women's health professional organizations. Following recommendations by ACOG, HRSA will decide whether to support, in whole or in part, the recommended updates to the guidelines.

As part of this cooperative agreement, ACOG is required to base its recommended updates to the Guidelines on review and synthesis of existing clinical guidelines and new scientific evidence. The National Academy of Medicine standards for establishing foundations for and rating strengths of recommendations, articulation of recommendations, as well as external reviews are to be met in developing these guidelines. Additionally, processes are to be incorporated to assure opportunity for public input and transparency, including participation by patients and consumers, in the development of the updated Guideline recommendations.

This notice solicits comments from the public on the draft recommendation statements for the Well-Woman Preventive Visits, Counseling for Sexually Transmitted Infections, and Breastfeeding Services and Supplies. The updated draft clinical recommendation statements are provided below:

Well Woman Preventive Visits

The MSC has updated the clinical recommendation statement to reflect that recommended services may be completed at a single visit or as part of a series of preventive health visits that take place over time to obtain the necessary services. Well Women Visits have also been further defined to include pre-pregnancy, prenatal, and interpregnancy visits.

“The WPSI recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services. These services may be completed at a single visit or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well woman visits include pre-pregnancy, prenatal, and interpregnancy visits. The primary purpose of well-woman visits is the delivery and coordination of all

recommended preventive services as determined by age and risk factors.”

Counseling for Sexually Transmitted Infections

The MSC has made minor updates to the counseling for sexually transmitted infections statement to include a review of a woman's sexual history, and modified the risk factor list by stating that risk factors are “not limited to” the areas indicated.

“The WPSI recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs).

The WPSI recommends that health care providers review a woman's sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors include but are not limited to age younger than 25 years, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment.”

Breastfeeding Services and Supplies

The MSC has updated the clinical recommendation to include consultative services that will optimize successful initiation and maintenance of breastfeeding.

“The WPSI recommends comprehensive lactation support services (including consultation, counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding.”

Members of the public can view each complete updated draft recommendation statement by accessing the initiative's web page at <https://www.womenspreventivehealth.org/>.

Diana Espinosa,

Acting Administrator.

[FR Doc. 2021-17826 Filed 8-19-21; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; 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 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; Aging and Metabolic Plasticity of Adipose Tissue.

Date: October 19, 2021.

Time: 12:00 p.m. to 5:30 p.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: Joshua Jin-Hyouk Park, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute on Aging, National Institutes of Health, Gateway Building 2W200, 7201 Wisconsin Avenue, Bethesda, MD 20892, (301) 496-6208, joshua.park4@nih.gov.

Name of Committee: National Institute on Aging Special Emphasis Panel; MOST4 Osteoarthritis Study.

Date: October 27, 2021.

Time: 12:00 p.m. to 5:30 p.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: Joshua Jin-Hyouk Park, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute on Aging, National Institutes of Health, Gateway Building 2W200, 7201 Wisconsin Avenue, Bethesda, MD 20892, (301) 496-6208, joshua.park4@nih.gov.

Name of Committee: National Institute on Aging Special Emphasis Panel; Neurogenesis Dynamics in AD and ADRD.

Date: November 9-10, 2021.

Time: 11:00 a.m. to 5:30 p.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: Joshua Jin-Hyouk Park, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute on Aging, National Institutes of Health, Gateway Building 2W200, 7201 Wisconsin Avenue, Bethesda, MD 20892, (301) 496-6208, joshua.park4@nih.gov.

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

Dated: August 17, 2021.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2021-17877 Filed 8-19-21; 8:45 am]

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