

Data collected from these grant programs will also provide a description of the program activities of approximately 1,630 reporting grantees to inform policymakers on the barriers, opportunities, and outcomes involved in health care workforce development. The proposed measures focus on five key outcomes:

(1) Increasing the workforce supply of diverse well-educated practitioners in needed professions,

(2) increasing the number of practitioners that practice in underserved and rural areas,

(3) enhancing the quality of education,

(4) increasing the recruitment, training, and placement of under-represented groups in the health workforce, and

(5) supporting educational infrastructure to increase the capacity to train more health professionals in high demand areas.

*Likely Respondents:* Respondents are awardees of BHW health professions grant programs.

*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
Direct Financial Support Program .....	699	1	699	2.7	1887.3
Infrastructure Program .....	142	1	142	6.2	880.4
Multipurpose or Hybrid Program .....	789	1	789	3.4	2682.6
Total .....	1630	.....	1630	.....	5450.3

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.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

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

**ACTION:** Notice.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, this notice announces that the Secretary's Centers for Disease Control and Prevention (CDC)/HRSA Advisory

Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) has scheduled a public meeting. Information about CHAC and the agenda for this meeting can be found on the CHAC website at <https://www.cdc.gov/maso/facm/facmCHACHSPT.html> and the meeting website at <https://www.chacfall2021.org/>.

**DATES:** November 3, 2021, 12:30 p.m.–5:00 p.m. Eastern Time and November 4, 2021, 12:30 p.m.–5:00 p.m. Eastern Time.

**ADDRESSES:** This meeting will be held virtually by webinar. Advance registration is required to attend. Please visit the meeting website above to register. The registration deadline is Friday, October 29, 2021, at 12:00 p.m. Prior to the meeting, each individual registrant will receive a registration confirmation along with an access link to the virtual meeting location.

• Meeting website link: <https://www.chacfall2021.org/>.

**FOR FURTHER INFORMATION CONTACT:** Theresa Jumento, Senior Public Health Advisor, HIV/AIDS Bureau, HRSA, (301) 443-5807; or [tjumento@hrsa.gov](mailto:tjumento@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** CHAC provides advice and recommendations to the Secretary of HHS (Secretary) on policy, program development, and other matters of significance concerning the activities under Section 222 of the Public Health Service (PHS) Act, 42 U.S.C. 217a.

The purpose of CHAC is to advise the Secretary of HHS, the Director of CDC, and the HRSA Administrator regarding objectives, strategies, policies, and priorities for HIV, viral hepatitis, and other STDs; prevention and treatment efforts, including surveillance of HIV infection, viral hepatitis, and other STDs, and related behaviors; epidemiologic, behavioral, health services, and laboratory research on HIV, viral hepatitis, and other STDs; identification of policy issues related to HIV/viral hepatitis/STD professional education, patient health care delivery, and prevention services; agency policies about prevention of HIV, viral hepatitis and other STDs; treatment, health care delivery, and research and training; strategic issues influencing the ability of CDC and HRSA to fulfill their missions of providing prevention and treatment services; programmatic efforts to prevent and treat HIV, viral hepatitis, and other STDs; and support to the CDC and HRSA in their development of responses to emerging health needs related to HIV, viral hepatitis, and other STDs.

During the November 3–4, 2021 meeting, CHAC will discuss issues related to engagement in care among people living with HIV using telemedicine; improving STI screenings in people with HIV through the Ryan White HIV/AIDS program; providing housing services at the intersection of substance use disorder, mental health

and HIV; and patient centered, integrated care with emphasis on quality of life and emotional well-being, along with issues related to pending committee reports. Agenda items are subject to change as priorities dictate. Refer to the CHAC meeting information page for any updated information concerning the meeting.

Members of the public will have the opportunity to provide comments. Public participants may also submit written statements as further described below. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to CHAC should be sent via the meeting website at <https://www.chacfall2021.org/> by Friday, October 29, 2021, at 5:00 p.m. Visit the meeting information page for additional details at <https://www.chacfall2021.org/>.

Individuals who plan to attend and need special assistance or another reasonable accommodation should notify Theresa Jumento at the email address and/or phone number listed above at least 10 business days prior to the meeting.

**Maria G. Button,**

*Director, Executive Secretariat.*

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**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection

#### **Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Advanced Nursing Education Program Specific Form OMB No. 0915–0375—Revision**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than October 25, 2021.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference.

*Information Collection Request Title:* Advanced Nursing Education (ANE) Program Specific Form OMB No. 0915–0375—Revision.

*Abstract:* HRSA provides advanced nursing education grants to educational institutions to increase the supply, distribution, quality of, and access to advanced education nurses through the ANE Programs. The ANE Programs are authorized by Section 811 of the Public Health Service Act (42 U.S.C. 296j), as amended. This clearance request is for continued approval of the information collection OMB No. 0915–0375 with revisions.

This revision request includes a title change from the Advanced Nursing Education Workforce (ANEW) Program-Specific Data Collection Forms to ANE Program Specific Form. This revision also merges forms used by the ANEW Program and adds several other new forms from the ANE Programs, including the Advanced Nursing Education Nurse Practitioner Residency (ANE–NPR) Program, Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE–NPRIP), Nurse Anesthetist Traineeship (NAT) Program, and Advanced Nursing Education Sexual Assault Nurse Examiners (ANE–SANE) Program. The revision of the ANE Program Specific Form incorporates elements from these four programs (ANE–NPR, ANE–NPRIP, NAT, and ANE–SANE) into the ANE Program Specific Form.

A 60-day notice published in the **Federal Register** on July, 13 2021 vol. 86, No. 131; pp. 36756–57. There were no public comments.

*Need and Proposed Use of the Information:* Section 811 of the Public Health Service Act provides the

Secretary of HHS with the authority to award grants to and enter into contracts with eligible entities to meet the costs of—(1) projects that support the enhancement of advanced nursing education and practice; and (2) traineeships for individuals in advanced nursing education programs. Under this section, HRSA makes awards to entities who train and support nurses characterized as “advanced education nurses.” In awarding such grants, funding preference is given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments; special consideration is given to an eligible entity that agrees to extend the award to train advanced education nurses who will practice in designated health professional shortage areas.

The ANE Program Specific Form will allow HRSA to effectively target funding and measure the impact of the ANE Programs in meeting the legislative intent and program goals of supporting the enhancement of advanced nursing education, creating opportunities for individuals in advanced nursing education programs, and increasing the number of advanced practice nurses in rural and underserved areas. The proposed updates to this information collection will assist HRSA in: Streamlining the application submission process across programs; enabling an efficient award determination process; and facilitating HRSA’s ability to monitor the use of funds and analyze program outcomes. Additionally, collecting this data assists HRSA in carrying out the most impactful program and ensuring resources are used responsibly.

More specifically, the changes include the following:

- Form name change from ANEW to ANE Program Specific Form.
- Additional instructions for applicants are provided in each funding opportunity.
- Modifications to both Table #1 and Table #2:
  - Revision to instructions to incorporate elements for added programs. Instructions about completion of each table are included within the electronic application materials.
  - Table titles are rephrased for clarity.
  - New “Additional Specialty” column is created to yield a flexible data collection option.
  - Table #1 rows are numbered for clarity and more rows are added to:
    - Capture auto-tabulation, and