

information collection unless it displays a valid OMB control number. A summary of the ICR and the current burden estimates follows:

*Agency:* Employee Benefits Security Administration, Department of Labor.

*Title:* Patient Protection and Affordable Care Act Patient Protection Notice.

*Type of Review:* Extension of a currently approved collection of information.

*OMB Number:* 1210–0142.

*Affected Public:* Business or other for-profit; Not-for-profit institutions.

*Respondents:* 56,543.

*Frequency of Responses:* On occasion.

*Responses:* 256,262.

*Estimated Total Burden Hours:* 7,068.

*Estimated Total Burden Cost (Operating and Maintenance):* \$3,203.

*Description:* The Patient Protection and Affordable Care Act (the Affordable Care Act) was enacted on March 23, 2010. Section 2719A of the Public Health Service Act (the PHS Act), as added by the Affordable Care Act, and the Department's 2015 final regulations (29 CFR 2590.715–2719A) provide that if a group health plan, or a health insurance issuer offering group or individual health insurance coverage, requires or provides for designation by a participant, beneficiary, or enrollee of a participating primary care provider, then the plan or issuer must permit each participant, beneficiary, or enrollee to designate any participating primary care provider who is available to accept the participant, beneficiary, or enrollee.

The statute and the 2015 final regulations impose a requirement for the designation of a pediatrician similar to the requirement for the designation of a primary care physician. Specifically, if a plan or issuer requires or provides for the designation of a participating primary care provider for a child by a participant, beneficiary, or enrollee, the plan or issuer must permit the designation of a physician (allopathic or osteopathic) who specializes in pediatrics as the child's primary care provider if the provider participates in the network of the plan or issuer. The statute and the 2015 final regulations also provide that a group health plan, or a health insurance issuer may not require authorization or referral by the plan, issuer, or any person (including a primary care provider) for a female participant, beneficiary, or enrollee who seeks obstetrical or gynecological care provided by an in-network health care professional who specializes in obstetrics or gynecology.

On December 27, 2020, the Consolidated Appropriations Act, 2021 (CAA), which includes the No Surprises

Act, was signed into law. The No Surprises Act provides Federal protections against surprise billing and limits out-of-network cost sharing under many of the circumstances in which surprise bills arise most frequently. The CAA added provisions applicable to group health plans and health insurance issuers in the group and individual markets in a new Part D of title XXVII of the Public Health Service Act (PHS Act) and also added new provisions to part 7 of the Employee Retirement Income Security Act (ERISA), and Subchapter B of chapter 100 of the Internal Revenue Code (Code).

The No Surprises Act expanded the patient protections related to emergency services to provide additional protections. In addition, the No Surprises Act added reorganized part 7 of ERISA and added a section 722 that includes provisions which mirror those related to choice of healthcare professional that are currently applicable under section 2719A of the PHS Act (which is incorporated by reference through ERISA section 715). The patient protections under the No Surprises Act apply generally to all group health plans and health insurance coverage and a result of the recodification of this provision is that it now applies to grandfathered health plans. The 2021 interim final regulations "Requirements Related to Surprise Billing; Part I" add a sunset clause to the current patient protection provisions codified in the 2015 final regulations, and re-codify the provisions related to choice of health care professional in a new section. Accordingly, the 2015 final regulations and 2021 interim final regulations requires plans and issuers to provide a notice to participants (in the individual market, primary subscribers) of these rights when applicable. The notice must be provided whenever the plan or issuer provides a participant with a summary plan description or other similar description of benefits under the plan or health insurance coverage, or in the individual market, provides a primary subscriber with a policy, certificate, or contract of health insurance.

On September 10, 2021, the Office of Management and Budget (OMB) approved the information collection request (OMB Control Number 1210–0142) under the emergency procedures for review and clearance in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. chapter 35) and 5 CFR 1320.13. The approval is scheduled to expire on March 31, 2022.

## II. Focus of Comments

The Department is particularly interested in comments that:

- Evaluate whether the collections of information are necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the collections of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., by permitting electronic submissions of responses.
- Evaluate the effectiveness of the additional demographic questions.

Comments submitted in response to this notice will be summarized and/or included in the ICR for OMB approval of the information collection; they will also become a matter of public record.

Comments submitted in response to this notice will be summarized and/or included in the ICR for OMB approval of the information collection; they will also become a matter of public record.

Signed at Washington, DC, this 11th day of November, 2021.

**Ali Khawar,**

*Acting Assistant Secretary, Employee Benefits Security Administration, U.S. Department of Labor.*

[FR Doc. 2021–25162 Filed 11–17–21; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF LABOR

### Office of Workers' Compensation Programs

#### Agency Information Collection Activities; Comment Request; Uniform Billing Form

**ACTION:** Notice.

**AGENCY:** Office of Workers' Compensation Programs.

**SUMMARY:** The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled, "Uniform Billing Form". This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in accordance with the

Paperwork Reduction Act of 1995 (PRA).

**DATES:** Consideration will be given to all written comments received by January 18, 2022.

**ADDRESSES:** A copy of this ICR with applicable supporting documentation; including a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained for free by contacting Anjanette Suggs by telephone at 202-354-9660 or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

Submit written comments about this ICR by mail or courier to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3323, 200 Constitution Avenue NW, Washington, DC 20210; or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov). Please note that comments submitted after the comment period will not be considered.

**FOR FURTHER INFORMATION CONTACT:** Anjanette Suggs by telephone at 202-354-9660 or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

**SUPPLEMENTARY INFORMATION:** The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the Office of Management and Budget (OMB) for final approval. This program helps to ensure requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements can be properly assessed.

The Office of Workers' Compensation Programs (OWCP) is the agency responsible for administration of the Federal Employees' Compensation Act, 5 U.S.C. 8101 *et seq.*, the Black Lung Benefits Act, 30 U.S.C. 901 *et seq.*, and the Energy Employees Occupational Illness Compensation Program Act of 2000, 42 U.S.C. 7384 *et seq.* All three of these statutes require that OWCP pay for medical treatment of beneficiaries; this medical treatment can include inpatient/outpatient hospital services, as well as services provided by nursing homes, skilled nursing facilities and home health aides in the home. In order to determine whether billed amounts are appropriate, OWCP needs to identify the patient, the specific services that were rendered and their relationship to the work-related injury or illness. The regulations implementing these statutes require the use of Form OWCP-04 or UB-04 for the submission of medical

bills from institutional providers (20 CFR 10.801, 30.701, 725.405, 725.406, 725.701 and 725.704). The Uniform Billing Form, known as the paper UB-04, has been approved by the American Hospital Association, the Centers for Medicare and Medicaid Services and the Civilian Health and Medical Program of Uniformed Services by various other government health care providers, and the private sector, to request payment to institutional providers of medical services. The paper UB-04 form has been designed by the National Uniform Billing Committee and is neither a government-printed form nor distributed by OWCP. However, this collection includes the paper UB-04 form as a collection instrument, with detailed instructions prepared by OWCP to ensure that it obtains only the information needed to consider requests for payment from institutional providers using this billing form. This information collection is currently approved for use through March 31, 2022.

Interested parties are encouraged to provide comments to the contact shown in the **ADDRESSES** section. Written comments will receive consideration, and be summarized and included in the request for OMB approval of the final ICR. In order to help ensure appropriate consideration, comments should mention OMB No. 1240-0019.

Submitted comments will also be a matter of public record for this ICR and posted on the internet, without redaction. The DOL encourages commenters not to include personally identifiable information, confidential business data, or other sensitive statements/information in any comments.

The DOL is particularly interested in comments that:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology,

*e.g.*, permitting electronic submission of responses.

*Agency:* DOL-OWCP.

*Type of Review:* Revision of currently approved collection.

*Title of Collection:* Uniform Billing Form.

*Form:* OWCP-04, Uniform Billing Form.

*OMB Control Number:* 1240-0019.

*Affected Public:* Private Sector: Business or other for-profit institutions; not for-profit.

*Estimated Number of Respondents:* 6,077.

*Frequency:* On occasion.

*Total Estimated Annual Responses:* 190,970.

*Estimated Average Time per*

*Response:* 1-7 minutes.

*Estimated Total Annual Burden*

*Hours:* 29,466.

*Total Federal Cost:* \$1,981,286.

*Total Estimated Annual Other Cost Burden:* 0.

(Authority: 44 U.S.C. 3506(c)(2)(A))

Anjanette Suggs,

Agency Clearance Officer.

[FR Doc. 2021-25163 Filed 11-17-21; 8:45 am]

BILLING CODE 4510-CH-P

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (21-078)]

### Notice of Intent To Grant an Exclusive, Co-Exclusive or Partially Exclusive Patent License

**AGENCY:** National Aeronautics and Space Administration.

**ACTION:** Notice of intent to grant exclusive, co-exclusive or partially exclusive patent license.

**SUMMARY:** NASA hereby gives notice of its intent to grant an exclusive, co-exclusive or partially exclusive patent license to practice the inventions described and claimed in the patents and/or patent applications listed in **SUPPLEMENTARY INFORMATION** below.

**DATES:** The prospective exclusive, co-exclusive or partially exclusive license may be granted unless NASA receives written objections including evidence and argument, no later than December 3, 2021 that establish that the grant of the license would not be consistent with the requirements regarding the licensing of federally owned inventions as set forth in the Bayh-Dole Act and implementing regulations. Competing applications completed and received by NASA no later than December 3, 2021 will also be treated as objections to the grant of the