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. 2021–26559 Filed 12–7–21; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; COVID–19 Provider Relief Programs Application and Attestation Portal, and Claims Reimbursement Submission Activities, OMB No. 0906–XXXX—NEW

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

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30 day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than January 7, 2022.

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.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email

Samantha Miller, the acting HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: COVID–19 Provider Relief Programs Application and Attestation Portal, and Claims Reimbursement Submission Activities, OMB No. 0906–XXXX—NEW.

Abstract: HRSA administers the Provider Relief Programs (which includes the Provider Relief Fund (PRF), the American Rescue Plan Act Rural (ARP–R) payments, the COVID–19 Coverage Assistance Fund (CAF), and the COVID–19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured (Uninsured Program or UIP)). The Provider Relief Programs disbursed, and are continuing to disburse funds to eligible healthcare providers through two pathways: (1) Direct provider payments via the PRF and ARP–R payments, and (2) claims reimbursement via the CAF and the UIP. This information collection includes four components: (1) The PRF and ARP–R application portal; (2) the PRF and ARP–R attestation portal; (3) the CAF application portal; and (4) the UIP application portal. To date, information for these programs has been collected under a Paperwork Reduction Act waiver executed pursuant to public health emergency authorities. HRSA is seeking comments regarding the CAF and the UIP for the first time. These information collections support administration of the Provider Relief Programs including the PRF, the Uninsured Program, and the CAF (funds for these three programs were appropriated under the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136), Paycheck Protection Program and Health Care Enhancement Act (Pub. L. 116–139), Coronavirus Response and Relief Supplemental Appropriations Act (Division M of Pub. L. 116–260)), and the ARP–R payments (funds were appropriated under the American Rescue Plan Act of 2021, Pub. L. 117–2, as well as funds for the Uninsured Program).

A 60-day notice was published in the **Federal Register**, 86 FR 47119 (August

23, 2021). There were no public comments.

Need and Proposed Use of the Information: Providers who apply for Provider Relief Programs (*i.e.,* PRF, ARP–R, CAF, and UIP payments) must apply for direct provider payments or claims reimbursement and attest to a set of Terms and Conditions to enable HRSA's appropriate disbursement and oversight of recipients' use of funds. Information collected will allow for (1) assessing if recipients have met statutory and programmatic requirements; (2) conducting audits; (3) gathering data required to calculate, disburse, and report on PRF, ARP–R, CAF, and UIP payments; and (4) program evaluation. HRSA staff may also use information collected to identify and report on trends in the effect of the COVID–19 pandemic on health care providers and uninsured or underinsured patients throughout the United States. HHS makes publicly available the names of payment recipients and the aggregate amounts received, for all providers who attest to receipt of a payment and acceptance of the Terms and Conditions or who retain payments for more than 90 days and are deemed to have accepted the Terms and Conditions. By accepting funds, the recipient consents to HHS publicly disclosing the payments that recipient has received.

Likely Respondents: Health care providers that apply to receive, or have applied to receive, PRF, ARP–R, CAF, or UIP payments, and attested to the associated Terms and Conditions.

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
Attestation Portal	380,000	1	380,000	0.25	95,000
Application Portal	140,000	1	140,000	1.00	140,000
CAF Application	15,000	1	15,000	1.00	15,000
UIP Application	280,000	1	280,000	1.00	280,000
Total	815,000	....	815,000	....	530,000

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 Information Technology Advisory Committee 2022 Schedule of Meetings

AGENCY: Office of the National Coordinator for Health Information Technology (ONC), HHS.

ACTION: Notice of meetings.

SUMMARY: The Health Information Technology Advisory Committee (HITAC) was established in accordance with the 21st Century Cures Act and the Federal Advisory Committee Act. The HITAC, among other things, identifies priorities for standards adoption and makes recommendations to the National Coordinator for Health Information Technology (National Coordinator). The HITAC will hold public meetings throughout 2022. See list of public meetings below.

FOR FURTHER INFORMATION CONTACT:
Michael Berry, Designated Federal Officer, at *Michael.Berry@hhs.gov,* (202) 701–0795.

SUPPLEMENTARY INFORMATION: Section 4003(e) of the 21st Century Cures Act (Pub. L. 114–255) establishes the Health Information Technology Advisory Committee (referred to as the "HITAC"). The HITAC will be governed by the provisions of the Federal Advisory

Committee Act (FACA) (Pub. L. 92–463), as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

Composition

The HITAC is comprised of at least 25 members, of which:
• No fewer than 2 members are advocates for patients or consumers of health information technology;
• 3 members are appointed by the HHS Secretary
○ 1 of whom shall be appointed to represent the Department of Health and Human Services and
○ 1 of whom shall be a public health official;
• 2 members are appointed by the majority leader of the Senate;
• 2 members are appointed by the minority leader of the Senate;
• 2 members are appointed by the Speaker of the House of Representatives;
• 2 members are appointed by the minority leader of the House of Representatives; and
• Other members are appointed by the Comptroller General of the United States.

Members serve for one-, two-, or three-year terms. All members may be reappointed for a subsequent three-year term. Each member is limited to two three-year terms, not to exceed six years of service. Members serve without pay, but will be provided per-diem and travel costs for committee services, if warranted.

Recommendations

The HITAC recommendations to the National Coordinator are publicly available at *https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it.*

Public Meetings

The schedule of meetings to be held in 2022 is as follows:
• January 19, 2022 from approximately 11:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)

• February 17, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• March 10, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• April 13, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• May 18, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• June 16, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• July 14, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• August 17, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• September 14, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• October 13, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)
• November 10, 2022 from approximately 10:00 a.m. to 3:00 p.m./Eastern Time (virtual meeting)

All meetings are open to the public. Additional meetings may be scheduled as needed. For web conference instructions and the most up-to-date information, please visit the HITAC calendar on the ONC website, *www.healthit.gov/topic/federal-advisory-committees/hitac-calendar.*

Contact Person for Meetings: Michael Berry, *Michael.Berry@hhs.gov.* A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Please email Michael Berry for the most current information about meetings.

Agenda: As outlined in the 21st Century Cures Act, the HITAC will develop and submit recommendations to the National Coordinator on the topics of interoperability, privacy and security, patient access, and use of technologies that support public health.