

the American College of Obstetricians and Gynecologists (ACOG). Since the publication of that notice, WPSI has further updated its recommendation statement on Breastfeeding Services and Supplies. HRSA encourages members of the public to review this revised updated recommendation statement and provide comments for consideration.

**DATES:** Members of the public are invited to provide written comments no later than December 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](mailto:wellwomancare@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** HRSA established the Guidelines in 2011 based on a study and recommendations by the Institute of Medicine, now known as the National Academy of Medicine, developed under a contract with the Department of Health and Human Services. Under section 1001(5) of the Patient Protection and Affordable Care Act, Public Law 111-148, which added section 2713 to the Public Health Service Act, 42 U.S.C. 300gg-13, the preventive care and screenings set forth in the Guidelines are required to be covered without cost-sharing by certain health insurance issuers. Since 2011, there have been advancements in science and gaps identified in these guidelines, including a greater emphasis on practice-based clinical considerations. Accordingly, since March 2016, HRSA has supported cooperative agreements with ACOG to convene a coalition representing clinicians, academics, and consumer-focused health professional organizations to conduct a rigorous review of current scientific evidence and make recommendations to HRSA regarding updates to the Guidelines to improve adult women's health across the lifespan. HRSA then decides whether to support, in whole or in part, the recommended updates to the Guidelines. Under the cooperative agreement, ACOG formed WPSI, consisting of an Advisory Panel and two expert committees, the Multidisciplinary Steering Committee (MSC) and the Dissemination and Implementation Steering Committee

(DISC), which are comprised of a broad coalition of organizational representatives who are experts in disease prevention and women's health issues. Through oversight by the Advisory Panel, MSC supports the development and implementation of the Guidelines through the review of existing evidence and recommendation development. Specifically, the MSC examines the evidence to develop new and update existing recommendations for women's preventive services. DISC takes the HRSA-approved recommendations, developed by the MSC, and works to disseminate them through the development of implementation tools and resources for both patients and practitioners.

In March 2021, ACOG engaged in a process to consider and review new information and evidence to determine whether to recommend updates to the Guidelines. ACOG bases its recommended updates to the Guidelines on review and synthesis of existing clinical guidelines and new scientific evidence, following the National Academy of Medicine standards for establishing foundations for and rating strengths of recommendations, articulation of recommendations, as well as external reviews. Additionally, ACOG incorporates processes to assure opportunity for public comment, including participation by patients and consumers, in the development of the updated Guideline recommendations.

This notice solicits comments from the public on a revised draft recommendation statement on Breastfeeding Supplies and Services. The updated draft recommendation statement that was published on August 20, 2021 and the revised recommendation statement that HRSA recently received from ACOG are provided below. WPSI will consider and, as necessary, incorporate additional public comment in its recommendation statement. HRSA will then decide whether to support, in whole or in part, the recommended updates to the Guidelines.

#### **Clinical Recommendation Statement as Published on August 20, 2021**

The MSC updated clinical recommendation included consultative services to 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."

#### **Revised Clinical Recommendation Statement**

The MSC has made two further updates to the clinical recommendation statement for breastfeeding. The first addresses provider type in the provision of breastfeeding services to reflect that breastfeeding education can be provided by clinicians and through peer support services. The second update moves a paragraph on breastfeeding equipment and supplies from the implementation section of the guideline into the clinical recommendation component, making it a substantive addition to the Guidelines with corresponding effect under Section 2713. As revised, the clinical recommendation statement provides: "The WPSI recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services."

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

**Diana Espinosa,**

*Acting Administrator.*

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#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-NEW]

#### **Agency Father Generic Information Collection Request. 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, Health and Human Service, HHS.

**ACTION:** Notice and request for comments. Office of the Assistant Secretary for Public Affairs is requesting

OMB approval for a new father Generic Clearance.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before January 10, 2022.

**ADDRESSES:** Submit your comments to *OIRA\_submission@omb.eop.gov* or via facsimile to (202) 395-5806.

**FOR FURTHER INFORMATION CONTACT:** Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 795-7714. When requesting information, please include the document identifier 0990-New-30D and project title for reference.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* The National Hypertension Control Initiative.

*Type of Collection:* Father Generic.

*OMB No.:* 0990-NEW—within OS/ Office of Minority and Health.

*Abstract:* As part of the federal response to COVID-19, the U.S. Department of Health and Human Services (HHS) has funded a new initiative involving two cooperative agreements with the American Heart Association (AHA) to improve COVID-19-related health outcomes by addressing hypertension (high blood pressure) among racial and ethnic minority populations.

The \$32 million project from the HHS Office of Minority Health (OMH) and the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care will support the implementation of the National Hypertension Control Initiative (NHCI), a national initiative to improve blood pressure control among the most at-risk populations, including racial and ethnic minorities.

The NHCI will support 350 participating HRSA-funded health centers by providing patient and provider education and training for effective hypertension control as well as integration of remote blood pressure monitoring technology into the treatment of hypertension for patients served by participating health centers. The project will also utilize the American Heart Association's targeted media campaigns and existing partnerships with community-based organizations (CBOs) to help reach Black, Latino, and other impacted communities with (i) culturally and linguistically appropriate messages, (ii)

access to blood pressure screenings, and (iii) connection to health centers to encourage proper treatment and management of hypertension of screened individuals. This initiative serves to increase the number of adult patients with controlled hypertension and reduce the potential risk of COVID-related health outcomes.

AHA aims to conduct an evaluation to assess the feasibility of the implementation of each of the three NHCI strategies. The findings of this evaluation will inform the improvement and tailoring of AHA's communication approaches about the importance of and techniques for improving blood pressure control, including the benefits of accurately measuring, rapidly acting, and having a patient-focused approach to blood pressure control.

**Methodology**

The evaluation of the NHCI project will use a mixed methods design, integrating both quantitative and qualitative data collection and analyses. Three main goals of data collection will be to: (1) Track and monitor systems change implementation process information from Community Health Centers (CHCs) on a quarterly basis, (2) assess the capacity of NHCI partners to implement the NHCI project, their needs, the strengths and weaknesses of the systems change approach, and the feasibility of the implementation of the NHCI in their organizations and communities, and (3) assess the reach and success of NHCI project strategies implemented by partners.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Community and Social Service Occupations (CBO quarterly data entry into MERD) .....	53	4	30/60	106
Consumers (ETS health lesson learning questionnaires) .....	63,600	1	10/60	10,600
Health care professionals (quarterly data entry in MERD) .....	350	4	1.5	2,100
Health care professionals (annual focus group) .....	16	1	1.5	24
Community and Social Service Occupations (annual focus group) .....	16	1	1.5	24
Total .....	64,035	.....	.....	12,854

**Sherrette A. Funn,**  
*Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute on Drug Abuse; 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