

Dated: January 14, 2022.

**Lauren K. Roth,**

*Associate Commissioner for Policy.*

[FR Doc. 2022-01139 Filed 1-20-22; 8:45 am]

BILLING CODE 4164-01-C

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

[OMB No. 0915-0298—Revision]

#### Agency Information Collection

#### Activities: Proposed Collection: Public Comment Request; Maternal and Child Health Bureau Performance Measures for Discretionary Grant Information System

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

**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 March 22, 2022.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**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 Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443-9094.

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

*Information Collection Request Title:* Maternal and Child Health Bureau (MCHB) Performance Measures for

Discretionary Grant Information System (DGIS), OMB No. 0915-0298—Revision.

**Abstract:** Approval from OMB is sought to implement minor revisions to the MCHB Performance Measures for DGIS. Most of these measures are specific to certain types of programs and are not required of all grantees. The measures are categorized by domain (Adolescent Health, Capacity Building, Child Health, Children with Special Health Care Needs, Lifecourse/Crosscutting, Maternal/Women Health, and Perinatal/Infant Health), in addition to some program-specific measures. Grant programs are assigned domains based on their activities and individual grantees respond to only a limited number of performance measures that are relevant to their specific program.

**Need and Proposed Use of the Information:** The performance data collected through the DGIS serves several purposes, including grantee monitoring, program planning, performance reporting, and the ability to demonstrate alignment between MCHB discretionary programs and the Title V MCH Services Block Grant program. HRSA is making the following changes to the current OMB package for MCHB DGIS to more closely align data collection forms with current program activities:

**Removing the following existing forms:** Core 1 (Grant Impact), Capacity Building 2 (Technical Assistance), Capacity Building 7 (Direct Annual Access to Maternal and Child Health (MCH) Data), Training Form 13 (Diverse Adolescent Involvement (LEAH-specific)), Financial Form 2 (Project Funding Profile), and Financial Form 4 (Project Budget and Expenditures);

**Adding the following new form:** Training Form 14 (Teleconsultation and Training for Mental and Behavioral Health) and Leadership, Education, and Advancement in Undergraduate Pathways Training Program Trainee Information Form;

**Revising the following existing forms:** F2F (Family to Family Form 1), Financial Form 1 (MCHB Project Budget Details), Financial Form 4 (new name: MCH Discretionary Grant Project Abstract), and MCH Training Program Data Forms;

**Revising and Renumbering the following forms:** Core 3 (Health Equity) will become the new Core 1 (Health Equity), Financial Form 3 (Budget Details by Types of Individuals Served)

will become the new Financial Form 2 (Budget Details by Types of Individuals Served), Financial Form 5 (Number of Individuals Served (Unduplicated)) will become the new Financial Form 3 (Number of Individuals Served (Unduplicated)), and Financial Form 6 (Project Abstract) will become the new Financial Form 4 (Project Abstract); and

**Renumbering the following forms:** Core 2 (Quality Improvement) will become the new Capacity Building 4 (Quality Improvement), Capacity Building 3 (Impact Measurement) will become the new Capacity Building 2 (Impact Measurement), Capacity Building 4 (Sustainability) will become the new Capacity Building 3 (Sustainability), and Training 14 (Medium-Term Trainees Skill and Knowledge (PPC-Specific)) will become the new Training 13 (Medium-Term Trainees Skill and Knowledge (PPC-Specific)).

Non-substantive revisions also include updates to terminology, goals, benchmark data sources, and significance sections included in the measures' detail sheets. A performance measure detail sheet defines and describes each performance measure. Forms and detail sheets showing the proposed revisions are available upon request.

This revision will facilitate more efficient and accurate reporting of information related to capacity building activities, financial and demographic data, and training activities.

**Likely Respondents:** The grantees for MCHB Discretionary 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	Number of respondents	Responses per respondent	Total responses	Burden hours per response	Total burden hours
Grant Report .....	700	1	700	36	25,200
Total .....	700	.....	700	.....	25,200

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. 2022–01114 Filed 1–20–22; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Tick-Borne Disease Working Group**

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As required by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the Tick-Borne Disease Working Group (TBDWG) will hold a virtual meeting. The meeting will be open to the public. For this meeting, the TBDWG will (1) hear presentations from six subcommittees on findings and potential actions from reports prepared for the TBDWG to consider and (2) further discuss plans for developing the next report to the HHS Secretary and Congress on federal tick-borne activities and research, taking into consideration the 2018 and 2020 report. The 2022 report will address a wide range of topics related to tick-borne diseases, such as, surveillance, prevention, diagnosis, diagnostics, and treatment; identify advances made in research, as well as overlap and gaps in tick-borne disease research; and provide recommendations regarding any appropriate changes or improvements to such activities and research.

**DATES:** The meeting will be held online via webcast on February 28–March 1, 2022 from approximately 9:00 a.m. to 5:00 p.m. ET (times are tentative and subject to change) each day. The confirmed times and agenda items for the meeting will be posted on the TBDWG web page at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2022-02-28/index.html> when this information becomes available.

**FOR FURTHER INFORMATION CONTACT:** James Berger, Designated Federal Officer for the TBDWG; Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, Department of Health and Human Services, Mary E. Switzer Building, 330 C Street SW, Suite L600, Washington, DC 20024. Email: [tickbornedisease@hhs.gov](mailto:tickbornedisease@hhs.gov). Phone: 202–795–7608.

**SUPPLEMENTARY INFORMATION:** Registration information can be found on the meeting website at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2022-02-28/index.html> when it becomes available. The public will have an opportunity to present their views to the TBDWG orally during the meeting’s public comment session or by submitting a written public comment. Comments should be pertinent to the meeting discussion. Persons who wish to provide verbal or written public comment should review instructions at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2022-02-28/index.html> and respond by midnight February 16, 2022 ET. Verbal comments will be limited to three minutes each to accommodate as many speakers as possible during the 30 minute session. Written public comments will be accessible to the public on the TBDWG web page prior to the meeting.

**Background and Authority:** The Tick-Borne Disease Working Group was established on August 10, 2017, in accordance with Section 2062 of the 21st Century Cures Act, and the Federal Advisory Committee Act, 5 U.S.C. App., as amended, to provide expertise and review federal efforts related to all tick-borne diseases, to help ensure interagency coordination and minimize overlap, and to examine research

priorities. The TBDWG is required to submit a report to the HHS Secretary and Congress on their findings and any recommendations for the federal response to tick-borne disease every two years.

Dated: January 10, 2022.

**James J. Berger,**

*Designated Federal Officer, Tick-Borne Disease Working Group, Office of Infectious Disease and HIV/AIDS Policy.*

[FR Doc. 2022–01106 Filed 1–20–22; 8:45 am]

**BILLING CODE 4150–28–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Advisory Committee on Children and Disasters**

**AGENCY:** Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The National Advisory Committee on Children and Disasters (NACCD or the Committee) is required by section 2811A of the PHS Act as amended by the Pandemic and All Hazards Preparedness and Advancing Innovation Act (PAHPAIA) and governed by the provisions of the Federal Advisory Committee Act (FACA). The NACCD shall evaluate issues and programs and provide findings, advice, and recommendations to the Secretary of HHS to support and enhance all-hazards public health and medical preparedness, response, and recovery aimed at meeting the unique needs of children and their families across the entire spectrum of their wellbeing. The Secretary of HHS has formally delegated authority to operate the NACCD to ASPR.

**DATES:** The NACCD will conduct an inaugural public meeting (virtual) on February 17, 2022. The new advisory committee will be sworn in along with the presentation and discussion of challenges, opportunities, and priorities for national public health and medical preparedness, response and recovery, specific to the needs of children and their families in disasters. A more