requirements, and goals of the statute. Additionally, under 42 CFR 155.1200(b) State Exchanges are required to provide performance monitoring data to CMS. State Exchanges must provide this data at least annually and, in the manner, format, and deadlines specified by HHS. The information collection requirements associated with these ICRs will primarily involve programmatic narrative, accompanying budget narrative and appropriate supporting documentation, and provision of performance outcome and operational data by grantees operating their Exchanges. The SBEs are not required to track or submit any personally identifiable data. It is expected that States will create data with readily available word processing and spreadsheet programs relying on source data from information systems developed from grant funding, ACA section 1332 pass-through funding, or state funding sources and submit such information electronically. *Form Number:* CMS–10371 (OMB control number: 0938–1119); *Frequency:* Once; *Affected Public:* State Government agencies, non-profit entities; *Number of Respondents:* 75; *Number of Responses:* 273; *Total Annual Hours:* 2,451. For policy questions regarding this collection contact Jenny Chen at (301) 492–5156 or Shilpa Gogna at (301) 492–4257.

Dated: March 21, 2022.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2022–06213 Filed 3–23–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Children's Bureau National Youth in Transition Database (NYTD); OMB #0970–0340

AGENCY: Children's Bureau, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the National Youth in Transition Database (NYTD) Youth Services Report and Youth Outcomes Survey Data Collection (OMB #0970–0340, expiration date 03/31/2022). There are no changes requested to the form.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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 30-day Review—Open for Public Comments'' or by using the search function. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Foster Care Independence Act of 1999 (42 U.S.C. 1305 *et seq.*) as amended by Public Law 106–169 requires state child welfare agencies to collect and report to ACF Children's Bureau data on the characteristics of youth receiving independent living services and information regarding their outcomes. The regulation implementing the NYTD, listed in 45 CFR 1356.80, contains standard data collection and reporting requirements for states to meet the law's requirements. Additionally, the Family First Prevention Services Act of 2017 (H.R. 253) further outlines the expectation of the collection and reporting of data and outcomes regarding youth who are in receipt of independent living services. ACF uses the information collected under the regulation to track independent living services, assess the collective outcomes of youth, and potentially to evaluate state performance with regard to those outcomes consistent with the law's mandate.

Respondents: State agencies that administer the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and youth served by these agencies.

ANNUAL BURDEN ESTIMATES FOR 2022–2024

Information collection title	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours for 2022–24	Annual burden hours
State Data File	52	2	3916	407,264	135,755
Youth Outcomes Survey	47,000	1	.5	23,500	7,833
Estimated Annual Burden Total					143,588

Estimated Total Annual Burden Hours: 143,588.

Authority: NYTD is authorized by Public Law 106–169, enacted December 14, 1999. This public law establishes the John H. Chafee Foster Care Independence Program, now known as Chafee program, at section 477 of the Social Security Act (the Act). NYTD data are collected pursuant to 45 CFR 1356.80.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–06234 Filed 3–23–22; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Native Employment Works (NEW) Plan Guidance and NEW Program Report (OMB No.: 0970–0174)

AGENCY: Division of Tribal TANF Management, Office of Family

Assistance, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the form OFA–0086: NEW Plan Guidance and NEW Program Report (OMB #0970–0174, expiration 8/31/2022). There are minor changes requested to both documents.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The NEW Program Plan Guidance documents specify the information needed to complete a NEW program plan and explain the process for plan submission every third year and to complete the annual program report. The program plan is the application for NEW program funding and documents how the grantee will carry out its NEW program. ACF proposes a change in how draft plans are submitted. The program report provides HHS, Congress, and grantees information to document and assess the activities and accomplishments of the NEW program. ACF proposes to extend data collection with revisions that clarify that programs should not count more than once individuals who meet multiple categories; for example, persons age 20 are both youth and adults, but they should be counted as one or the other, not both.

Respondents: Indian tribes and tribal coalitions that operate NEW programs.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents (over 3 yrs.)	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
NEW Program Plan Guidance	40	[1] .333	29	386
NEW Program Report	40	1	15	600
Total Estimated Annual Burden				986

[1] We have used .333 responses per year to represent one submission of the NEW Program Plan Guidance during the 3-year approval period.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 612.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–06271 Filed 3–23–22; 8:45 am]

BILLING CODE 4184–36–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2022–N–0352]

Secura Bio, Inc.; Withdrawal of Approval of New Drug Application for FARYDAK (Panobinostat) Capsules, 10 Milligrams, 15 Milligrams, and 20 Milligrams

AGENCY: Food and Drug Administration, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is withdrawing approval of the new drug application (NDA) for FARYDAK (panobinostat) Capsules, 10 milligrams (mg), 15 mg, and 20 mg, held by Secura Bio, Inc., 1995 Village Center Circle, Suite 128, Las Vegas, NV 89134. Secura Bio, Inc. has voluntarily requested that FDA withdraw approval of this application and has waived its opportunity for a hearing.

DATES: Approval is withdrawn as of March 24, 2022.

FOR FURTHER INFORMATION CONTACT: Kimberly Lehrfeld, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 6226, Silver Spring, MD 20993–0002, 301–796–3137, *Kimberly.Lehrfeld@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: On February 23, 2015, FDA approved NDA 205353 for FARYDAK (panobinostat) Capsules, 10 mg, 15 mg, and 20 mg, in combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma who have received at least two prior regimens, including bortezomib and an immunomodulatory agent, under the Agency's accelerated approval regulations, 21 CFR part 314, subpart H. The accelerated approval of FARYDAK (panobinostat) Capsules, 10 mg, 15 mg, and 20 mg, for multiple myeloma included a required postmarketing trial intended to verify the clinical benefit of FARYDAK.

On September 24, 2021, FDA published the **Federal Register** notice ''Oncologic Drugs Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments,'' announcing that FARYDAK (panobinostat) Capsules would be discussed at an Oncologic Drug Advisory Committee Meeting (ODAC) scheduled for December 2, 2021 (86 FR 53067). On November 19, 2021, FDA met with Secura Bio, Inc. to discuss the planned ODAC meeting. The topics discussed included the lack of initiation of the postmarketing trial intended to verify clinical benefit.