residential, commercial, and utility-scale PV panels, and if yes what is the difference?

7. What steps would be needed to increase circularity (or recyclability) in the PV manufacturing sector?

a. What are roadblocks to circularity/recyclability in the PV industry and are those barriers alleviated with federal subsidies?

b. Describe your recycling process for PV panels or its components (if any). What technology is needed in order to improve on recycling?

Requested Information Specific to Installers

8. Is your company or organization taking action to source domestically manufactured PV panels and/or components?

a. If yes, what actions are you taking and why are you taking those actions?

9. Other than the price, are there other obstacles to sourcing domestically made PV panels and/or components?

a. Are there obstacles to identifying skilled labor to complete the installations?

10. Has your company or organization experienced availability, quality, workability, or durability challenges with PV panels and/or components?

a. Have you seen any differences between foreign and domestic products for PV panels and system components?

Requested Information Specific to Developers

11. If you are a developer who anticipates construction of new solar generation facilities in the next five years, what barriers can you identify to using domestically manufactured PV panels and/or components?

a. Are there state laws or regulations preventing energy providers from requiring domestically made PV panels and components?

12. What opportunities, if present, would encourage use of domestically manufactured PV panels and/or components for such generation facilities?

a. Is your company aware of any disruptive technologies that could render current PV panels and/or components, or system designs outdated or incompatible with existing systems?

Requested Information on Market Availability

13. What are the technical, economic, logistical, or regulatory obstacles that exist to domestically manufacturing PV panels or purchasing renewable energy as a commodity? Does the IRA resolve any of these obstacles for your company?

14. How will the IRA and potentially more federal opportunities for use of domestically manufactured PV panels or components help you expand or increase your rate of growth? Are there other initiatives or factors that impede or spur growth in this area? How will the IRA impact the purchase of power versus the PV systems themselves?

15. If you are not a manufacturer, to what extent do you acquire PV panels systems or components from domestic sources? Do you expect your purchasing behavior will change as a result of federal subsidies?

Requested Information on Acquisition Practices

16. What would be the likely impacts of the Government requiring in its procurements that solar energy under such contracts be generated using domestically manufactured PV panels or components?

a. What are the risks/downsides?

b. What are the opportunities/upsides?

c. If you are a developer, would such a requirement change your willingness to participate in future federal opportunities?

17. Other than establishing a requirement, what steps could the Government take to use federal acquisition to leverage domestic PV panel or component manufacturing?

18. If the Government were to pursue developing a procurement standard for domestically manufactured PV panels or components, what key elements should be contained in that standard to encourage domestic manufacturing?

19. What components in PV panels would be difficult to source domestically?

a. Do different components in PV panels need different timeframes for being domestically sourced without difficulty?

20. There is an Electronic Product Environmental Assessment Tool (EPEAT) ecolabel for PV panels and inverters. Please share your company's plan/timeline to get your PV panels EPEAT registered.

a. What percentage of the components of your EPEAT registered solar panels do you anticipate would be domestically sourced?

b. How does your company ensure that your solar supply chain does not utilize forced labor? Will your company's supply chain be impacted by the recently passed Uyghur Forced Labor Prevention Act?

c. What steps can the Government take to further protect your supply chain from forced labor concerns?

d. If the EPEAT criteria for PV panels and/or components were updated to address forced labor within the supply chain, what approach would you recommend be taken in the new criteria?

21. If there is anything else that you want the Government to consider in encouraging domestic manufacturing of PV panels and components, please address.

Jeffrey A. Koses,

Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy, General Services Administration.

[FR Doc. 2022–20138 Filed 9–16–22; 8:45 am]

BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Single Source Notice of Funding Opportunity: Comprehensive Patient Reported Survey for Mental and Behavioral Health

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice of funding opportunity.

SUMMARY: This notice announces the issuance of the August 26, 2022 single source funding opportunity titled ''Comprehensive Patient Reported Survey for Mental and Behavioral Health'' available solely to Virginia Commonwealth University (as host institution to The Larry A. Green Center) to support research and development of a patient-provider-payer survey tool that will assist in facilitating the integration of patient care delivery and enable CMS in improving the patient experience, decrease patient and provider burden and improve healthcare operational and administrative efficiencies.

DATES: The budget and project period of the award will be 36 months from the date of award. The tentative award date is September 26, 2022.

FOR FURTHER INFORMATION CONTACT: Rena McClain, (410) 786–3975.

SUPPLEMENTARY INFORMATION:

I. Background

CMS, through the Office of Burden Reduction and Health Informatics (OBRHI), seeks to partner with VCU in the development of a collaborative survey tool that will bring together the perspectives of patients, providers, and payors to understand their experiences

across the range of health services they receive over time, also known as the healthcare continuum- specifically in mental and behavioral health services. In alignment with HHS' commitment to addressing the nation's behavioral health crises and strengthening mental health of all Americans, CMS anticipates the development and implementation of this survey will represent an opportunity to use new research methods to advance healthcare beyond its current separation of mind, body, and specialty. The right tool can enable all health outcomes—physical, behavioral, emotional, psychological, cultural, and social—by directing attention to those things patients and clinicians find most important about their care.

Summarized below are the high-level key goals/aims of this project.

- Environmental mapping to discover those questions that will yield feedback essential to understanding the patient experience across the healthcare continuum.
- Identification of elements of care most meaningful to stakeholders through crowd-sourcing.
- Facilitated collaborative workgroup(s) and listening sessions.
- Rigorous and multimodal testing of the designed survey.
- National survey distribution in the manner(s) in which CMS designates.
- Post-survey evaluation and reporting of incoming response data.
- Peer-reviewed publication(s) and conference presentations based on survey findings.
- Application for endorsement from the National Quality Forum (NQF) and the Measures Application Partnership (MAP).

II. Provisions of the Notice

CMS is anticipating approximately a total of $3,280,362 will be available to VCU for this cooperative agreement, pending availability of funds. VCU may use grant funds for a variety of planning, development, testing, and implementation objectives related to a collaborative patient-provider-payer survey tool that will assist in facilitating the integration of the patient care behavioral and mental health survey delivery. This includes but is not limited to hiring or contracting with professionals or firms to complete the work.

Pending an acceptable application and budget, CMS recommends awarding a single source cooperative agreement to VCU (as host institution to The Larry A. Green Center). As the developer of the Person-Centered Primary Care Measure (PCPCM), The Larry A. Green Center is uniquely positioned to provide this support to CMS. The PCPCM is a survey-based measure that asks patients to assess their personal experience of care using the pillars of primary care—comprehensiveness, first contact access, coordination, and continuity—as guideposts. While the PCPCM measure will not be utilized for this survey tool, the methodology and partnerships used in the PCPCMs creation are the foundation for the survey tool as evidenced by the following:

- Robust stakeholder engagement that incorporated the expertise of over 1,000 individuals and 40 organizations.
- Combined digital and social theory methods to crowd-source information among stakeholder groups.
- Demonstrated experience in improving accountability while reducing burden and cost for users-using a design process that listened to end users and enabled learning to ask the right questions. The process allowed The Larry A. Green Center to then develop the best solutions to those questions and apply systemic constraints so the best solution can be operational and pragmatic.

To date, there are no other surveys that take into consideration patients, providers, and payors as a whole. As a result of their endorsed PCPCM tool, expertise, capability to facilitate relationships with groups not often known to work together, and proven track record for success, The Larry A. Green Center (through VCU as the host institution and legal applicant) is the only organization suitable to complete the task at hand.

III. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Lynette Wilson,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

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BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Privacy Act of 1974; System of Records

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notice of a modified system of records.

SUMMARY: In accordance with the Privacy Act of 1974, the U.S. Department of Health and Human Services (HHS) is modifying an existing system of records, system number 09–80–0361, titled ''OPRE Research and Evaluation Project Records,'' that is maintained by the Administration for Children and Families (ACF), Office of Planning, Research & Evaluation (OPRE). The system of records covers any individually identifiable records about individuals that are retrieved by a personal identifier to conduct OPRE research, evaluation, and data projects that study how to improve the economic and social well-being of children and families and/or increase the effectiveness and efficiency of programs inside and outside ACF working towards that goal. Subject individuals include individuals considered for inclusion or included in an OPRE Project; individuals who provide information about those considered or selected for an OPRE Project; and individuals whose information is in a pre-existing dataset evaluated or analyzed as part of an OPRE Project.

DATES: The modified system of records is applicable October 19, 2022, subject to a 30-day period in which to comment on the new and revised routine uses. Submit any comments by October 19, 2022.

ADDRESSES: The public should submit written comments by mail or email addressed to: Anita Alford, Senior Official for Privacy, Administration for Children and Families, 330 C St. SW, Washington, DC 20201, or *anita.alford@acf.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: General questions about the modified system of records may be submitted by email or telephone to Emily Schmitt at *Emily.Schmitt@acf.hhs.gov* or (202) 401–5786.

SUPPLEMENTARY INFORMATION: