

RWHAP Part A Allocation Amounts column;

- Blacking out the percent columns for the RWHAP Part A Formula and Supplemental Allocation Amounts, RWHAP Part A MAI Allocation Amounts, and selected cells in the Total RWHAP Part A Allocation Amounts column; and
- Adding the Legislative Requirements Checklist.

RWHAP Part B Allocations Report

- Revising row and column headers and other language for clarity and alignment with RWHAP requirements;
- Adding the following rows to Table 1: 4c. Part B HIV Care Consortia Planning & Evaluation/Emerging Communities (EC) HIV Care Consortia Planning & Evaluation and 4d. Part B HIV Care Consortia Clinical Quality Management (CQM)/EC HIV Care Consortia CQM except for the AIDS Drug Assistance Program (ADAP) Earmark + ADAP Supplemental Award cells;
- Removing row 11. Total Part B X07 Allocations;
- Allowing users to enter data in Table 2 for 1d. Health Insurance Premium & Cost Sharing and 1e. Home and Community-based Health Services;

- Blacking out selected cells in the following rows, columns, or tables:
- 2. Part B Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals (Table 1) as this information is also reported in Table 2
- 3. Part B Home and Community-based Health Services (Table 1) as this information is also reported in Table 2
- 4. Total Column (Table 1)
- 1a. AIDS Drug Assistance Program Treatments (Table 2) as this information is also reported in Table 1
- MAI Award (Table 3); and
- Updating calculations and language in the Legislative Requirements Checklist.

RWHAP Part C Allocations Report

- There are no proposed changes to the RWHAP Part C Allocations Report.

RWHAP Part D Allocations Report

- There are no proposed changes to the RWHAP Part D Allocations Report.

HRSA EHE A&E Reports

- There are no proposed changes to the HRSA EHE Allocations Reports.

Need and Proposed Use of the Information: Accurate allocation, expenditure, and service contract records of the recipients receiving RWHAP funding are critical to the implementation of the RWHAP legislation and thus are necessary for HRSA to fulfill its monitoring and oversight responsibilities.

Likely Respondents: RWHAP Part A, Part B, Part C, and Part D recipients.

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
Part A Allocations Report	52	1	52	4	208
Part B Allocations Report	54	1	54	6	324
Part C Allocations Report	346	1	346	4	1,384
Part D Allocations Report	116	1	116	4	464
EHE Allocations Reports	47	1	47	4	188
Total	615	615	2,568

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

National Committee on Vital and Health Statistics; Meeting

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice of meeting.

SUMMARY: Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting. This meeting is open to the public. The public is welcome to obtain the link to attend this meeting by following the instructions posted on the Committee website: <https://ncvhs.hhs.gov/meetings/full-committee-meeting-12/>.

DATES: The meeting will be held Tuesday, December 6, 2022: 10:30 a.m.–5:30 p.m. EDT and Wednesday, December 7, 2022: 10:30 a.m.–4:30 p.m. EDT.

ADDRESSES: Virtual open meeting.

FOR FURTHER INFORMATION CONTACT: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, via electronic mail to vgh4@cdc.gov; or by telephone (301) 458-4715. Summaries of meetings and a roster of Committee members are available on the home page of the NCVHS website <https://ncvhs.hhs.gov/>, where further information including an

agenda and instructions to access the broadcast of the meeting will be posted.

Should you require reasonable accommodation, please telephone the CDC Office of Equal Employment Opportunity at (770) 488-3210 as soon as possible.

SUPPLEMENTARY INFORMATION:

Purpose: As outlined in its Charter, the National Committee on Vital and Health Statistics assists and advises the Secretary of HHS on health data, data standards, statistics, privacy, national health information policy, and the Department’s strategy to best address those issues. At this meeting, the Committee will receive updates from HHS officials, hold discussions on current health data policy topics, and discuss its work plan for the upcoming period. The Subcommittee on Privacy, Confidentiality and Security (PCS) will present a recent environmental scan it commissioned entitled, “Ongoing and Emerging Issues in Privacy and Security in a Post-COVID-19 Era,” and discuss with fellow members potential opportunities where the Committee’s advice to HHS may be useful. The PCS Subcommittee also will review with the full Committee possible development of recommendations stemming from briefings held during the Committee’s July 21, 2022, meeting specific to data access and privacy for Tribal Epidemiology Centers.

The Subcommittee on Standards will brief the Committee on preparations for its January 18-19, 2023, hearing focused on requests for new and updated transaction standards and operating rules. See the notice and request for comment regarding this meeting published at 87 **Federal Register** 65782 on November 1, 2022, and available at this link: <https://www.govinfo.gov/content/pkg/FR-2022-11-01/pdf/2022-23678.pdf>. The briefing will include an update on collaborations with the Workgroup on Electronic Data Interchange (WEDI)—also an advisor to the Secretary of Health and Human Services (HHS)—to inform deliberations as the Committee considers drafting recommendations to HHS on proposed

new and updated standards and operating rules. The Subcommittee on Standards also will update the full Committee on follow up activities to previous recommendations on the transition to the 11th Revision of the International Classification of Diseases (ICD-11) and discuss plans for the year ahead. Last, the Committee will identify areas of focus for its 2023 Report to Congress.

The Committee will reserve time for public comment toward the end of the agenda on both days. Meeting times and topics are subject to change. Please refer to the agenda posted on the NCVHS website for updates: <https://ncvhs.hhs.gov/meetings/full-committee-meeting-12/>.

Sharon Arnold,

Associate Deputy Assistant Secretary, Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

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 23, 2023.

ADDRESSES: Submit your comments to Sherrette.Funn@hhs.gov or by calling (202) 264-0041.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 0990-New-60D

and project title for reference, to Sherrette A. Funn, email: Sherrette.Funn@hhs.gov, or call (202) 264-0041 the Reports Clearance Officer.

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: Confidentiality of Substance Use Disorder Patient Records—42 CFR part 2 (formerly titled Confidentiality of Alcohol and Drug Abuse Patient Records—42 CFR part 2).

Type of Collection: Extension.

OMB No.: 0930-0092.

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) (through the Office for Civil Rights (OCR) requests approval to extend this existing, approved collection without changing any collecting requirements. OCR also expects to obtain public comment through a Notice of Proposed Rulemaking (NPRM) proposing modifications to 42 CFR part 2 that will affect the hourly burdens associated with the regulations. When the NPRM is published, we expect to receive robust public comment on existing burdens associated with compliance with the part 2 regulation and on changes in burden that could result from the modifications proposed in the NPRM. OCR will update this ICR to reflect the input we receive on this notice and through the rulemaking process.

Likely Respondents: Part 2 programs, qualified service organizations, patients with substance use disorders, and professional and trade associations of SUD treatment providers.

ANNUALIZED BURDEN HOUR TABLE

42 CFR	Annual number respondents (SUD programs)	Responses per respondent	Total responses (number of Tx admissions)	Hours per response	Total hour burden
§ 2.22	13,585	122.1	1,658,729	0.20	331,746
§§ 2.31, 2.52, and 2.53	13,585	18.31	248,741	0.62	155,463
§ 2.36	13,585	195.8	2,659,943	0.033	87,778
§ 2.51	13,585	2	27,170	0.167	4,537
Total	13,585	4,594,583	579,524