CDC/ATSDR Tribal Consultation. CDC/ATSDR will host a virtual tribal consultation with American Indian and Alaska Native (AI/AN) Federally Recognized Tribes. The proceedings will be open to the public.

DATES: The tribal consultation will be held on February 9, 2023, from 4:00 p.m. to 5:00 p.m., EST. Written tribal testimony is due by 5:00 p.m. EST, on February 24, 2023.

ADDRESSES: Virtually through Zoom. To register, go to *https://cdc.zoomgov.com/webinar/register/WN_ZwUuFp2UT8KPKYYN8U9BPA.* All elected tribal officials are encouraged to submit written tribal testimony to the contact person and mailing address listed below or by email at *Tribalsupport@cdc.gov.*

FOR FURTHER INFORMATION CONTACT: Joanne Odenkirchen, MPH, Senior Public Health Advisor, Office of Tribal Affairs and Strategic Alliances, Center for State, Tribal, Local, and Territorial Support, CDC, 1600 Clifton Road NE, Mailstop V18–4, Atlanta, Georgia 30329–4027; Telephone: (404) 498–0300; Email: *Tribalsupport@cdc.gov.*

SUPPLEMENTARY INFORMATION: This meeting is being held in accordance with Presidential Executive Order No. 13175 of November 6, 2000, Consultation and Coordination with Indian Tribal Governments and the Presidential Memoranda of January 26, 2021, November 5, 2009, and September 23, 2004.

Purpose: The purpose of the consultation meeting is to advance CDC/ATSDR support for and collaboration with American Indian and Alaska Native (AI/AN) tribal nations and to improve the health of AI/AN people by pursuing goals that include assisting in eliminating health disparities faced by tribal nations; ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of AI/AN people; and promoting health equity for all AI/AN people and communities. To advance these goals, CDC/ATSDR conducts government-to-government consultations with elected tribal officials or their authorized representatives. The tribal consultation is intended to provide interested parties with an opportunity to discuss their public health priorities that may affect tribal nations. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding.

Matters to be Considered: CDC/ATSDR is hosting this meeting to hold consultation with federally recognized tribal nations to receive input and guidance on strengthening relationships during the implementation of the CDC Moving Forward Initiative. CDC/ATSDR is seeking feedback on how the agency can better engage with Indian country through meaningful consultation. The consultation will be held to also hear from tribes on their priorities as we transition out of the COVID–19 public health emergency and on how CDC/ATSDR can better support tribes and tribal communities moving forward.

Elected tribal officials can find guidance to assist in developing tribal testimony for CDC/ATSDR at *https://www.cdc.gov/tribal/documents/consultation/Tribal-Testimony-Guidance.pdf.* Please submit tribal testimony on official tribal letterhead.

Based on the number of elected tribal officials giving testimony and the time available, it may be necessary to limit the time for each presenter. We will adjourn tribal consultation meetings early if all attendees who requested to provide oral testimony in advance of and during the consultation have delivered their comments. Agenda items are subject to change as priorities dictate.

Additional information about CDC/ATSDR's Tribal Consultation Policy can be found at *https://www.cdc.gov/tribal/consultation-support/tribal-consultation/policy.html.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022–26958 Filed 12–12–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No. 0970–0488]

Submission for OMB Review; Provision of Child Support Services in IV–D Cases Under the Hague Child Support Convention

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), is requesting a three-year extension with proposed revisions to the Hague Child Support Forms (OMB #0970–0488, expiration February 28, 2023). There are two new forms being incorporated.

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: On January 1, 2017, the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance entered into force for the United States. This multilateral Convention contains groundbreaking provisions that, on a worldwide scale, establish uniform, simple, fast, and inexpensive procedures for the processing of international child support cases. Under the Convention, U.S. states process child support cases with other countries that have ratified the Convention under the requirements of the Convention and Article 7 of the Uniform Interstate Family Support Act (UIFSA 2008). In

order to comply with the Convention, the U.S. implements the Convention's case processing forms. Newly incorporated into this information collection are two additional forms, Request for Specific Measures and Request for Specific Measures—Response, which were approved in June 2022 for use under the Convention. The other forms remain unchanged.

State and federal law require states to use federally approved case processing forms. Section 311(b) of UIFSA 2008, which has been enacted by all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, requires states to use forms mandated by federal law. 45 CFR 303.7 also requires child support programs to use federally approved forms in intergovernmental IV–D cases unless a country has provided alternative forms as a part of its chapter in a Caseworker's Guide to Processing Cases with Foreign Reciprocating Countries.

Respondents: State agencies administering a child support program under title IV–D of the Social Security Act.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Annex I: Transmittal form under Article 12(2)	54	41	1	2,214
Annex II: Acknowledgment form under Article 12(3)	54	81	.5	2,187
Annex A: Application for Recognition and Enforcement, including restricted information on the applicant	54	16	.5	432
Annex A: Abstract of Decision	54	4	1	216
Annex A: Statement of Enforceability of Decision	54	16	0.17	147
Annex A: Statement of Proper Notice	54	4	.5	108
Annex A: Status of Application Report—Article 12	54	34	.33	606
Annex B: Application for Enforcement of a Decision Made or Recognized in the Requested State, including restricted information on the applicant	54	17	.5	459
Annex B: Status of Application Report—Article 12	54	33	.33	588
Annex C: Application for Establishment of a Decision, including restricted information on the Applicant	54	4	.5	108
Annex C: Status of Application Report—Article 12	54	8	.33	143
Annex D: Application for Modification of a Decision, including Restricted Information on the Applicant	54	4	.5	108
Annex D: Status of Application Report—Article 12	54	8	.33	143
Annex E: Financial Circumstances Form	54	41	2	4,428
Annex F: Request for Specific Measures—Article 7(1)	54	2	.17	18
Annex F: Request for Specific Measures—Response—Article 7(1)	54	8	.17	73

Estimated Total Annual Burden Hours: 11,978.

Authority: 42 U.S.C. 654(20) and 666(f).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–26953 Filed 12–12–22; 8:45 am]

BILLING CODE 4184–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA 2022–N–3091]

Advisory Committee; Cardiovascular and Renal Drugs Advisory Committee; Renewal

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; renewal of Federal advisory committee.

SUMMARY: The Food and Drug Administration (FDA) is announcing the renewal of the Cardiovascular and Renal Drugs Advisory Committee by the Commissioner of Food and Drugs (the Commissioner). The Commissioner has determined that it is in the public interest to renew the Cardiovascular and Renal Drugs Advisory Committee for an additional 2 years beyond the charter expiration date. The new charter will be in effect until the August 27, 2024, expiration date.

DATES: Authority for the Cardiovascular and Renal Drugs Advisory Committee will expire on August 27, 2024 unless the Commissioner formally determines that renewal is in the public interest.

FOR FURTHER INFORMATION CONTACT: Joyce Yu, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, Rm. 2417, Silver Spring, MD 20993–0002, (301) 837–7126, *CRDAC@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to 41 CFR 102–3.65 and approval by the Department of Health and Human Services and by the General Services Administration, FDA is announcing the renewal of the Cardiovascular and Renal Drugs Advisory Committee (the Committee). The Committee is a discretionary Federal advisory committee established to provide advice to the Commissioner. The Committee advises the Commissioner or designee in discharging responsibilities as they relate to helping to ensure safe and effective drugs for human use and, as required, any other product for which FDA has regulatory responsibility.

The Committee reviews and evaluates available data concerning the safety and effectiveness of marketed and investigational human drug products for use in the treatment of cardiovascular and renal disorders and makes appropriate recommendations to the Commissioner.

The Committee shall consist of a core of 11 voting members including the Chair. Members and the Chair are selected by the Commissioner or designee from among authorities knowledgeable in the fields of cardiology, hypertension, arrhythmia, angina, congestive heart failure, diuresis, and biostatistics. Members will be invited to serve for overlapping terms of up to 4 years. Non-Federal members of this committee will serve as Special Government Employees, representatives, or Ex-Officio members. Federal members will serve as Regular Government Employees or Ex-Officios. The core of voting members may