

each SPAA file to the VA file and will provide the SPAA with match results containing the following data elements (as applicable) about each public assistance client whose SSN matches the SSN of an individual receiving VA compensation or pension benefits:

VA File Number; Veteran/Beneficiary/ Apportionee SSN and SSN Verification Indicator; Payee Type Code; Award Type, Award Line Type, and Award Status Codes; Gender Code; Last Name/ First Name/Middle Name; Beneficiary Birth Date; Veteran/Spouse Aid and Attendance Code; Station Number; Spouse; Minor Child; School Child; Helpless Child; Parent; Combined Degree; Entitlement Type Code; Change Reason; Suspense Reason; Last Paid Date; Effective Date; Gross Amount; Net Award Amount; Payment Amount; Frequency Pay Type Code; Income for VA Purposes Amount; Beneficiary/ Spouse Annual Amounts (for Wages, Insurance, Interest, Social Security, Civil Service Retirement, Military, Railroad Retirement Board, Black Lung, and Rest); Beneficiary/Spouse Rest of Exclusion Amount; Medical Expense/ Education Expense/Last Expense/ Hardship Amounts; Receivable/ Receivable Amount; Monthly Deductions/Deduction Amount; Proceeds/Proceeds Amount; Address Type Indicator; Address Name/ Fiduciary; Address Fiduciary Type; Address Name Beneficiary; Corporate Format Address (Address Lines One, Two, and Three, City Name, State Name, ZIP Code Prefix and Suffix, Country Type Name, Foreign Postal Code, Province Name, Territory Name, Military Postal Type, Military Post Office); and, Benefits Delivery Network Treasury Address and ZIP Code Prefix.

System(s) of Records

The VA data used in this matching program will be disclosed from the following system of records, as authorized by routine use 35: "Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records—VA (58VA21/22/28)," 86 FR 61858 (Nov. 8, 2021).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; of the Evaluation of the National Paralysis Resource Center (NPRC) and Performance Management Support OMB Control Number 0985–New

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under the Paperwork Reduction Act of 1995. This 30-day notice collects comments on the information collection requirements related to the Evaluation of the National Paralysis Resource Center (NPRC) and Performance Management Support.

DATES: Submit written comments on the collection of information by March 27, 2023.

ADDRESSES: Submit written comments and recommendations for the proposed information collection within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find the information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. By mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW, Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT:

Amanda Cash, 202–795–7369 or evaluation@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance. The Administration for Community Living (ACL) is requesting approval to collect data for the National Paralysis Resource Center (NPRC) to understand how and to what extent the NPRC is meeting its goals. The NPRC provides resources to people living with paralysis, their caregivers, and their support network. ACL is responsible for oversight of the NPRC, which has been administered by the Christopher and Dana Reeve Foundation since its authorization in 2009. This data collection effort will be focused on evaluating specific major

activities of the NPRC: (a) the Quality of Life (QOL) Grants Program; (b) the Peer and Family Support Program (PFSP); and (c) the Promotional Activities, Outreach, and Collaboration program.

This evaluation seeks to identify barriers and challenges to operating the NPRC, document best practices for other Resource Centers, and recommend areas for improvement.

Specifically, this IC will help ACL to understand *how* each major NPRC activity aims to achieve the following goals, and *to what extent* the activities affect related outcomes:

a. Improving the health and quality of life of individuals living with paralysis of all ages, their families, and their support network;

b. Raising awareness of members of the target populations about paralysis;

c. Increasing access of members of the target populations to services relevant to individuals with paralysis;

d. Increasing the empowerment, confidence, and independence of individuals living with paralysis;

e. Strengthening support networks for individuals living with paralysis; and

f. Improving and increasing opportunities for community living for individuals living with paralysis and their caretakers.

To gain an in-depth understanding of the perspectives of mentors and peers participating in the PFSP, QOL program subgrantees, and people who serve as regional champions in the Promotional Activities, Outreach, and Collaboration program, eight focus groups will be conducted with no more than eight people per focus group. Additionally, a web-based survey will be administered to a maximum of 400 PFSP peers, 180 PFSP mentors, and 300 people served by QOL subgrantees to understand respondents' experiences with the NPRC.

This data will contribute to documenting how each of the NPRC's major activities are delivered and the extent to which they improve the quality of life of people living with paralysis, their caregivers, and their support networks.

Findings can inform practice for the NPRC and other Resource Centers. This evaluation will also help to identify how the NPRC can better meet the stated goals of the Department of Health and Human Services (HHS) to, "protect and strengthen equitable access to high quality and affordable healthcare," and to, "strengthen social well-being, equity, and economic resilience."¹

¹ FY 2023 Evaluation Plan (p. 3). (2022). U.S. Department of Health & Human Services. <https://aspe.hhs.gov/reports/fy-2023-hhs-evaluation-plan>.

Comments in Response to the 60-Day Federal Register Notice

A notice published in the **Federal Register** Vol. 87, No. 207 pages 65068–65069 on October 27, 2022. No public comments were received during the 60-day FRN.

Estimated Program Burden: ACL estimates the burden of this collection of information as follows:

The eight focus groups together will include no more than 64 total individuals representing three major

activities of the NPRC: the QOL Grants Program; the PFSP; and the Promotional Activities, Outreach, and Collaboration program. The burden for their participation is estimated at 1.5 hours per participant, for a total of 96 hours.

A maximum of 180 PFSP mentors, 400 PFSP peers, and 300 people served by QOL subgrantee programs are expected to respond to the web-based survey, for a total of 880 respondents. The approximate burden for survey completion is 15 minutes for the peer

mentor survey, and 10 minutes for the peer survey and QOL end-user survey per respondent. In addition, an estimated 5 minute non-response survey will be administered to the PFSP mentors and PFSP peers who did not respond to the web-based survey.

This results in a total survey burden estimate of 14,050 minutes (234.17 hours). The estimated survey completion burden includes time to review the instructions, read the questions, and complete responses.

Data collection form	Respondent type	Number of respondents	Responses per respondent	Hours per response	Annual burden hours*	Cost per hour	Annual burden cost
Focus group—Quality of Life organizational representatives.	Private sector—business, non-profit, or local government.	24	1	1.50	36	¹ \$45.01	\$1,620.36
Focus group—Peer Mentors.	Individual	16	1	1.50	24	² 28.01	672.24
Focus group—Peer Mentees.	Individual	16	1	1.50	24	² 28.01	672.24
Focus group—Regional Champions.	Individual	8	1	1.50	12	² 28.01	336.12
Survey—Peer Mentor	Individual	180	1	0.25	45	² 28.01	1,260.45
Survey—Peers	Individual	400	1	0.17	68	² 28.01	1,904.68
Survey—Quality of Life End-User.	Individual	300	1	0.17	51	² 28.01	1,428.51
Survey—Non-response follow-up (Peer Mentor).	Individual	85	1	0.08	6.8	² 28.01	190.47
Survey—Non-response follow-up (Peers).	Individual	230	1	0.08	18.4	² 28.01	515.38
Total	1,25923 (weighted mean) ..	285.2	8,600.45

* This is maximum number of hours for year one of data collection which is the largest year for data collection.

¹ Bureau of Labor Statistics, Mean hourly wage for Social and Community Service Managers, May 2021 National Occupational Employment and Wage Estimates by ownership, Local government, including schools and hospitals, <https://www.bls.gov/oes/current/999301.htm#21-0000>.

² Bureau of Labor Statistics, Mean hourly wage for All Occupations, May 2021 National Occupational Employment and Wage Estimates, United States, https://www.bls.gov/oes/current/oes_nat.htm#00-0000.

* Annual burden hours were calculated from total minutes for each activity divided by sixty.

Dated: February 17, 2023.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2023–03740 Filed 2–22–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2023–N–0363]

Patient-Focused Drug Development for Long COVID; Public Meeting; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting; request for comments.

SUMMARY: The Food and Drug Administration (FDA, the Agency, or we) is announcing the following public meeting entitled “Patient-Focused Drug Development for Long COVID.” The purpose of the public meeting is to allow FDA to obtain patient

perspectives on the impact of Long COVID on daily life, patient views on treatment approaches, and decision factors considered when selecting a treatment.

DATES: The public meeting will be held virtually on April 25, 2023, from 10 a.m. to 4 p.m. Eastern Time. Submit either electronic or written comments on this public meeting by June 26, 2023. See the **SUPPLEMENTARY INFORMATION** section for registration date and information.

ADDRESSES: The public meeting will be hosted via a live webcast.

Please note that late, untimely filed comments will not be considered. The <https://www.regulations.gov> electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of June 26, 2023. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- **Federal eRulemaking Portal:** <https://www.regulations.gov>. Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else’s Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on <https://www.regulations.gov>.

- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see “Written/Paper Submissions” and “Instructions”).