Administration; the National Institute of Environmental Health Sciences; the U.S. Geological Survey; and such additional federal, state, tribal, and local public and private officials as the Secretary deems necessary for the committee to carry out its function. The rest of the voting committee members will consist of non-Federal members. Only non-Federal voting members are being solicited with this announcement.

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function.

Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships.

Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for LEPAC membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address).
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, NIH, FDA, etc.)

Nominations may be submitted by the candidate him- or herself or by the person/organization recommending the candidate. 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. 2022–16336 Filed 7–28–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers CMS–10464]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by August 29, 2022.

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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved information collection; *Title of Information Collection:* Agent/Broker Data Collection in Federally-Facilitated Health Insurance Exchanges; *Use:* The Patient Protection and Affordable Care Act, Public Law 111–148, enacted on March 23, 2010, and the Health Care and Education Reconciliation Act, Public Law 111–152, enacted on March 30, 2010 (collectively, ''Affordable Care Act''), expands access to health insurance for individuals and employees of small businesses through the establishment of new Affordable Insurance Exchanges (Exchanges), also called Marketplaces, including the Small Business Health Options Program (SHOP).

The Centers for Medicare & Medicaid Services (CMS) recognizes the longstanding role that agents/brokers have played in connecting individuals and small businesses with health insurance products. Section 1312(e) of

the Affordable Care Act and 45 CFR 155.220(a)(1) expands the role of agents/brokers by permitting them to enroll qualified individuals or small employers/employees in qualified health plans (QHPs) through the Exchanges, and assist individuals in applying for Advance Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs). To participate as facilitators to enrollment, agents/brokers must register with the FFE, complete a training course covering eligibility and enrollment criteria for assisting in QHP enrollment, and sign agreements that formalize their understanding and commitment to adhere to the rules of the program. This requirement is specific to the FFE and does not automatically apply to State-based Exchanges (SBEs). This ICR serves as the formal request for renewal of the existing data collection. *Form Number:* CMS–10464 (OMB control number: 0938–1204); *Frequency:* Annually; *Affected Public:* Private Sector (Business or other for-profits) *Number of Respondents:* 64,000; *Number of Responses:* 64,000; *Total Annual Hours:* 15,360. (For questions regarding this collection contact Madeline Pellish at 301–492–4390).

Dated: July 26, 2022.

William N. Parham, III,

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

[FR Doc. 2022–16331 Filed 7–28–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2022–N–0766]

Hospira, Inc., et al.; Withdrawal of Approval of 21 Abbreviated New Drug Applications; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** on May 20, 2022. The document announced the withdrawal of approval (as of June 21, 2022) of 21 abbreviated new drug applications (ANDAs) from multiple applicants. The document indicated that FDA was withdrawing approval of the following ANDAs after receiving withdrawal requests from Bionpharma Inc., 600 Alexander Rd., Suite 2–4B, Princeton, NJ 08540: ANDA 065301, Cefadroxil Tablets, Equivalent to (EQ) 1 gram (g) base; ANDA 065307, Cefadroxil Oral Suspension, EQ 250 milligrams (mg) base/5 milliliters (mL) and EQ 500 mg base/5 mL; ANDA 065309, Cefadroxil Capsules, EQ 500 mg base; ANDA 065326, Cephalexin Oral Suspension, EQ 125 mg base/5 mL and EQ 250 mg base/5 mL; from Sunny Pharmtech Inc., 175 SW 166th Ave., Pembroke Pines, FL 33027: ANDA 203581, Glyburide Tablets, 1.25 mg, 2.5 mg, and 5 mg; and from Unicorn Pharmaceuticals, 5 Links Circle, Durham, NC, 27707: ANDA 204137, Omeprazole and Sodium Bicarbonate Capsules, 20 mg; 1.1 g. Before FDA withdrew the approval of these ANDAs, Bionpharma Inc., Sunny Pharmtech Inc., and Unicorn Pharmaceuticals informed FDA that they did not want the approval of the ANDAs withdrawn. Because Bionpharma Inc. timely requested that approval of ANDAs 065301, 065307, 065309, and 065326 not be withdrawn, the approvals are still in effect. Because Sunny Pharmtech Inc. timely requested that ANDA 203581 not be withdrawn, the approval is still in effect. Because Unicorn Pharmaceuticals timely requested that ANDA 204137 not be withdrawn, the approval is still in effect.

FOR FURTHER INFORMATION CONTACT: Martha Nguyen, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 75, Rm. 1676, Silver Spring, MD 20993–0002, 240–402–6980, *Martha.Nguyen@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In the **Federal Register** of Friday, May 20, 2022 (87 FR 30962), in FR Doc. 2022–10924, the following correction is made:

On page 30963, in the table, the entries for ANDAs 065301, 065307, 065309, 065326, 203581, and 204137 are removed.

Dated: July 25, 2022.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2022–16281 Filed 7–28–22; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Special Diabetes Program for Indians

Announcement Type: New.

Funding Announcement Number: HHS–2023–IHS–SDPI–0001.

Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number: 93.237.

Key Dates

Application Deadline Date: October 7, 2022.

Earliest Anticipated Start Date: January 1, 2023.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting applications for the Special Diabetes Program for Indians (SDPI—formerly Community-Directed SDPI). This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and section 330C of the Public Health Service Act, codified at 42 U.S.C. 254c–3. This program is described in the Assistance Listings located at *https://sam.gov/content/home/* (formerly known as the CFDA) under 93.237.

Background

Diabetes is a complex and costly chronic disease that requires tremendous long-term efforts to prevent and treat. Although diabetes is a nationwide public health problem, American Indian/Alaska Native (AI/AN) people are disproportionately affected. In 2019, 14.5 percent of AI/AN people aged 18 years or older had diagnosed diabetes, compared to 7.4 percent of non-Hispanic white people [CDC, 2021. *https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-diabetes.html*]. In addition, AI/AN people have higher rates of diabetes-related morbidity and mortality than the general U.S. population [O'Connell, 2010 (*https://diabetesjournals.org/care/article/33/7/1463/39326/Racial-Disparities-in-Health-StatusA-comparison-of*); Cho, 2014 (*http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2014.301968*)]. Strategies to address the prevention and treatment of diabetes in AI/AN communities are urgently needed.

In response to the burgeoning diabetes epidemic among AI/AN people, Congress established the SDPI through the Balanced Budget Act of 1997. SDPI is a $150 million per year program that provides awards for diabetes treatment and prevention services. The IHS administers SDPI, with programmatic oversight provided by the IHS Division of Diabetes Treatment and Prevention (DDTP).

Purpose

The purpose of this program is to provide diabetes treatment and/or prevention activities and/or services (also referred to as ''activities/services'') for AI/AN communities. Awardees will implement one SDPI Diabetes Best