

health insurance issuers are required to provide insurance coverage without cost-sharing (a co-payment, co-insurance, or deductible) for preventive services for plan years (*i.e.*, in the individual market, policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition.

ACHDNC also provides advice and recommendations to the Secretary concerning grants, projects and technical information to develop policies and priorities for grants, including those that will enhance the ability of the state and local health agencies to provide for newborn and child screening, counseling, and health care services for newborns and children having or at risk for heritable disorders.

ACHDNC meets four times each calendar year, or at the discretion of the Acting DFO in consultation with the Chair.

Nominations: HRSA is requesting nominations for voting members to serve as Special Government Employees (SGEs) on the ACHDNC to fill two positions starting in 2023. The Secretary appoints ACHDNC members with the expertise needed to fulfill the duties of the Committee. The membership requirements are set forth in Title XI § 1111(g), 42 U.S.C. 300b–10(g). Nominees sought are medical, technical, or scientific professionals with special expertise in the field of heritable disorders or in providing screening, counseling, testing, or specialty services for newborns and children with, or at risk for having, heritable disorders; individuals who have expertise in ethics (*e.g.*, bioethics) and infectious diseases and who have worked and published material in the area of newborn screening; members of the public having demonstrated expertise about or concern with heritable disorders; and/or representatives from such federal agencies, public health constituencies, and medical professional societies with such expertise. Interested applicants may self-nominate or be nominated by another individual or organization.

Individuals selected for appointment to the Committee will be invited to serve for a term of up-to 4 years. Members appointed as SGEs receive a stipend and reimbursement for per diem and travel expenses incurred for attending ACHDNC meetings and/or conducting other business on behalf of ACHDNC, as authorized by 5 U.S.C. 5703 for persons employed intermittently in government service.

The following information must be included in the package of materials submitted for each individual nominated for consideration: (1) A

statement that includes the name and affiliation of the nominee and a clear statement regarding the basis for the nomination, including the area(s) of demonstrated expertise or concern that may support eligibility of a nominee for service on the Committee, as described above; (2) confirmation the nominee is willing to serve as a member of the Committee; (3) the nominee's contact information (please include home address, work address, daytime telephone number, and an email address); and (4) a current copy of the nominee's curriculum vitae. Nomination packages may be submitted directly by the individual being nominated or by the person/organization recommending the candidate.

HHS endeavors to ensure that the membership of ACHDNC is fairly balanced in terms of points of view represented and that individuals from a broad representation of geographic areas, gender, and ethnic and minority groups, as well as individuals with disabilities, are considered for membership. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, or cultural, religious, or socioeconomic status.

Individuals selected for further consideration for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is required in order for HRSA ethics officials to determine whether there is a potential conflict of interest between the SGE's public duties as a member of ACHDNC and their private interests, including an appearance of a loss of impartiality as defined by federal laws and regulations, and to identify any required remedial action needed to address the potential conflict.

Authority: Section 1111(g) of the Public Health Service Act, 42 U.S.C. 300b–10(g), Section 222 of the Public Health Service Act, 42 U.S.C. 217a, and the Federal Advisory Committee Act, 5 U.S.C. App.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Telehealth Resource Center Performance Measurement Tool, OMB No. 0915–0361—Extension

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this Notice has closed.

DATES: Comments on this ICR should be received no later than April 27, 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 Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the acting HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Telehealth Resource Center (TRC) Performance Measurement Tool, OMB No. 0915–0361—Extension.

Abstract: HRSA requests an extension of their TRC Performance Measurement Tool. The TRCs deliver telehealth technical assistance. There are two types of HRSA TRC programs:

- Two National Telehealth Resource Center Programs focus on policy and technology.
- Twelve Regional Telehealth Resource Center Programs host activities and provide resources to rural and underserved areas.

The HRSA TRCs:

- Provide training and support,
- Publicize information and research findings,
- Support collaboration and partnerships,
- Promote effective partnerships, and
- Promote the use of telehealth by providing health care information and education to the public and medical specialists.

The TRCs share expertise through individual consults, training, webinars, conference presentations, and the web.

A 60-day notice published in the **Federal Register**, 87 FR 1421 (January 11, 2022). There were no public comments.

Need and Proposed Use of the Information: In order to evaluate existing programs, data are submitted to the Office for the Advancement of Telework (OAT) through HRSA's Performance Improvement Management System (PIMS). The data are used to measure the effectiveness of the technical assistance. There is one data reporting period each year; during these reporting periods, data are reported for the previous 12 months of activity. Programs have approximately 6 weeks to enter their data into the PIMS system during each annual reporting period.

The instrument was developed with the following four goals in mind:

1. Improving access to needed services,

2. Reducing rural and underserved population practitioner isolation,
3. Improving health system productivity and efficiency, and
4. Improving patient outcomes.

The TRCs currently report on existing performance data elements using PIMS. The performance measures are designed to assess how the TRC program is meeting its goals to:

- Expand the availability of telehealth services in underserved communities;
- Improve the quality, efficiency, and effectiveness of telehealth services;
- Promote knowledge exchange and dissemination about efficient and effective telehealth practices and technology; and
- Establish sustainable technical assistance (TA) centers providing quality, unbiased TA for the development and expansion of effective and efficient telehealth services in underserved communities.

Additionally, the PIMS tool allows OAT to:

- Determine the value added from the TRC Cooperative Agreement;
- Justify budget requests;
- Collect uniform, consistent data which enables OAT to monitor programs;
- Provide guidance to grantees on important indicators to track over time for their own internal program management;
- Measure performance relative to the mission of OAT/HRSA as well as

individual goals and objectives of the program;

- Identify topics of interest for future special studies; and
- Identify changes in health care needs within rural and underserved communities, allowing programs to shift focus in order to meet those needs.

Likely Respondents: The likely respondents will be telehealth associations, telehealth providers, rural and underserved health providers, clinicians that deliver services via telehealth, TA providers, research organizations and academic medical centers.

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
Telehealth Resource Center Performance Measurement Tool	14	42	588	0.07	41
Total	14	588	41

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 Institutes of Health

National Institute on Aging; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial

property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Aging Initial Review Group Career Development for Established Investigators and Conference Grants Study Section.

Date: June 9–10, 2022.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Bethesda, MD 20892, (Virtual Meeting).

Contact Person: Greg Bissonette, Ph.D., Scientific Review Officer, Scientific Review