of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by June 6, 2022.

ADDRESSES: When commenting, please reference the applicable form number (see below) and the OMB control number (0938–1148). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: CMS–10398 (#7)/OMB control number: 0938–1148, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may access CMS' website at *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

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

SUPPLEMENTARY INFORMATION: Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collections

1. *Title of Information Collection:* CHIPRA Connecting Kids to Coverage Outreach and Enrollment Grants; *Type of Information Collection Request:* Revision of a currently approved collection; *Use:* In this April 2022 iteration of GenIC#7, regarding MACRA Cycle Vb. Round III, the Cycle Vb. Connecting Kids to Coverage Final Report Template for the Round III AI/AN cooperative agreement is being removed because the data collection is completed. This April 2022 iteration of GenIC#7 also sets out to revise the currently approved templates for the Semi-Annual Report and Final Report Templates and the Monthly Progress Report Templates. The revision changes the template format from a Microsoft Excel spreadsheet to an Adobe pdf. This revision makes the reporting templates user-friendly for the grantees and easier to complete than with the Excel spreadsheet format. The content of the reporting information continues without change as collected through the Semi-Annual Report, Final Report and Monthly Progress Report Templates of this current package. *Form Number:* CMS–10398 (#7) (OMB control number: 0938–1148); *Frequency:* Yearly, quarterly, once, and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 47; *Total Annual Responses:* 1,973; *Total Annual Hours:* 10,102. (For policy questions regarding this collection contact Joyce Jordan at 410–786–.)

Dated: May 17, 2022.

William N. Parham, III,

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

[FR Doc. 2022–10954 Filed 5–20–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; The National Adult Maltreatment Reporting System; OMB #0985–0054

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of information listed above. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the proposed revision of information collection requirements for the National Maltreatment Reporting System (NAMRS) OMB Control Number 0985–0054.

DATES: Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by July 22, 2022.

ADDRESSES: Submit electronic comments on the collection of information to Stephanie Whittier Eliason, Administration for Community Living, Washington, DC 20201, at *Stephanie.WhittierEliason@acl.hhs.gov.* Submit written comments on the collection of information to Administration for Community Living, Washington, DC 20201, Attention: to Stephanie Whittier Eliason.

FOR FURTHER INFORMATION CONTACT: Stephanie Whittier Eliason, Administration for Community Living, Washington, DC 20201, at 202.795.7467 and *Stephanie.WhittierEliason@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION: Under the PRA, Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. The PRA requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, ACL invites comments on our burden estimates or any other aspect of this collection of information, including:

(1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility;

(2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine burden estimates;

(3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

This data collection effort is in response to the Elder Justice Act of 2009, which amended Title XX of the Social Security Act [42.U.S.C. 13976 *et seq.*]. These provisions require that the Secretary of HHS ''collects and disseminates data annually relating to the abuse, exploitation, and neglect of elders in coordination with the Department of Justice'' [Sec.

2041(a)(1)(B)], and ''conducts research related to the provision of adult protective services'' [Sec. 2041(a)(1)(D)]. Furthermore, development of a national adult protective services (APS) system based upon standardized data collection and a core set of service provision standards and best practices was recommended by the Elder Justice Coordinating Council to increase federal involvement in addressing elder abuse, neglect and exploitation. Since federal fiscal year 2016, NAMRS has collected descriptive and summary or de-identified case-level data on APS investigations. The purpose of NAMRS is to better understand adult maltreatment as investigated by APS programs. Respondents are state APS agencies and APS agencies in the District of Columbia, Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, and American Samoa (states, hereafter). Two agencies provide No personally identifiable client or perpetrator information is collected. Data submission is voluntary.

NAMRS consists of three components:

(1) *Agency Component:* Descriptive data on APS program agency information and key program policies; and

(2) *Case Component:* De-identified case-level data on key aspects of APS investigations (*e.g.,* clients, maltreatment types, perpetrators); or

(3) *Key Indicator:* Summary level data on a smaller set of core items about APS investigations States unable to submit a case-level file through the Case Component submit.

ACL provides technical assistance to states to assist in the preparation of their data submissions and reviews and approves submissions. NAMRS was granted a three-year extension through March of 2023. To prepare for the 2023 OMB reauthorization, ACL routinely collects potential changes to NAMRS and held 11 public listening sessions during the summer of 2021 to obtain feedback from stakeholders on potential improvements to NAMRS.

ACL then conducted four focus groups with state APS agencies to discuss potential changes to NAMRS identified in the 11 listening sessions. With input of the technical assistance team, ACL determined the proposed revisions to the information collection.

In summary, the proposed revisions clarify definitions and instructions throughout, add new policy questions to the Agency Component to assist data users with interpreting data, add new code values to various Case Component and Key Indicator data elements in response to stakeholder input, and add one new data element to the Case Component. The annual recurring burden for states will increase slightly, and there will be one-time burden to make changes in APS program information systems. ACL intends to make state-specific NAMRS data available to researchers and other potential users through a request and approval process. The process will include safeguards for APS program confidentiality concerns.

The proposed data collection tools may be reviewed on the ACL website at *https://www.acl.gov/about-acl/public-input.*

Estimated Program Burden

The proposed revisions add only one new data element, make minor additions to the code values for a number of Key Indicator and Case Component data elements, and include a number of new policy questions in the Agency Component. For the new data element and additional code values, state APS programs may choose to modify their information management systems to collect the data and extract it for reporting. This will be a one-time burden. In addition, states will have an ongoing annual burden of preparing and submitting the data collection.

Since initial establishment of the data collection, NAMRS reporting has become more efficient through state familiarity with the system and improvements such as a ''copy forward'' feature for Case Mapping and Agency Component items. For the new policy questions in the revision, ACL assumes it will pre-load responses for many of the questions for many of the states, requiring only state validation of the accuracy of the information and a very minimal increase in ongoing burden.

Based on current submission and anticipated changes, ACL estimates 59 APS programs will respond every year to the Agency Component, with 50 states providing Case Component data and 9 states providing Key Indicator data. (*Note:* In three states,

Based on the previous estimates of annual submission burden from data gathered during the pilot project, the recurring annual burden to submit the data consists of:

- Hours by administrative staff to respond to the Agency Component, and
- Hours by data staff and administrative staff to respond to the Key Indicator Component, or
- Hours by data staff and administrative to respond and jointly complete the Case Component.

The one-time burden for the revisions will take:

- Hours for administrative to review or add additional information for the new policy questions.
- Hours for programming for the new Key Indicator and Case Component code values.
- Hours for programming for the new Case Component data element.

Recurring and one-time burden estimates are shown in the following table.

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden estimate
Agency One-Time	59	1	6.20	365.80
Key Indicator One-Time	9	1	30.00	270.00
Case Component One-Time	50	1	83	4,150.00
One-Time Subtotal	.....	.....	119.20	4,785.80
Agency Component	59	1	4	236.00
Key Indicators Component	9	1	20	180.00
Case Component	50	1	100	5,000.00
Recurring Sub-total	.....	.....	124	5,416.00

Dated: May 17, 2022.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2022–10987 Filed 5–20–22; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2022–N–0619]

Advisory Committee; Gastrointestinal Drugs Advisory Committee; Renewal; Correction

AGENCY: Food and Drug Administration, HHS

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice entitled ''Advisory Committee; Gastrointestinal Drugs Advisory Committee; Renewal'' that appeared in the **Federal Register** of May 11, 2022. The document announced the renewal of the Gastrointestinal Drugs Advisory Committee. The document was published with the incorrect docket number. This document corrects that error.

FOR FURTHER INFORMATION CONTACT: Rhea Bhatt, Division of Advisory Committee and Consultant Management, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, Rm. 2434, Silver Spring, MD 20993–0002, 301–796–9001, email: *GIDAC@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In the **Federal Register** of Wednesday, May 11, 2022 (87 FR 28834), in FR Doc. 2022–10040, on page 28834, the following correction is made:

1. On page 28834, in the first column of the header of the document, ''Docket No. FDA–2021–N–0619'' is corrected to read ''Docket No. FDA–2022–N–0619''.

Dated: May 13, 2022.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2022–10941 Filed 5–20–22; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that a meeting is scheduled to be held for the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB). The meeting will be open to the public; a pre-registered public comment session will be held during the meeting. Pre-registration is required for members of the public who wish to attend the meeting and who wish to participate in the public comment session. Individuals who wish to attend the meeting and/or send in their public comment via email should send an email to *CARB@hhs.gov.* Registration information is available on the website *http://www.hhs.gov/paccarb* and must be completed by September 5, 2022; all in-person attendees must pre-register by this date and will be given priority over unregistered attendees. Additional information about any updates to COVID–19 safety precautions or requirements, including how to register for the meeting and provide public comment, can be obtained at *http://www.hhs.gov/paccarb* on the Meetings page. Please visit the page for frequent updates.

DATES: The meeting is tentatively scheduled to be held on September 12, from 9:00 a.m. to 5:00 p.m., and September 13, 2022, from 9:00 a.m. to 5:00 p.m. ET (all times are subject to change). The confirmed times and agenda items for the meeting will be posted on the website for the PACCARB at *http://www.hhs.gov/paccarb* when this information becomes available. Pre-registration for attending the meeting in person is required to be completed no later than September 5, 2022; public attendance at the meeting is limited to the available space.

ADDRESSES: Tysons Corner Marriott, 8028 Leesburg Pike, Tysons Corner, Virginia 22182. The meeting can also be accessed through a live webcast and via teleconference on the day of the meeting. For more information, visit *http://www.hhs.gov/paccarb.*

FOR FURTHER INFORMATION CONTACT: Jomana Musmar, M.S., Ph.D., Designated Federal Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Room L616, Switzer Building, 330 C St. SW, Washington, DC 20201. Email: *CARB@hhs.gov.* Telephone: (202) 746–1512.

SUPPLEMENTARY INFORMATION: The Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB), established by Executive Order 13676, is continued by Section 505 of Public Law 116–22, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA). Activities and duties of the Advisory Council are governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

The PACCARB shall advise and provide information and recommendations to the Secretary regarding programs and policies intended to reduce or combat antibiotic-resistant bacteria that may present a public health threat and improve capabilities to prevent, diagnose, mitigate, or treat such resistance. The PACCARB shall function solely for advisory purposes.

Such advice, information, and recommendations may be related to improving: The effectiveness of antibiotics; research and advanced research on, and the development of, improved and innovative methods for combating or reducing antibiotic resistance, including new treatments, rapid point-of-care diagnostics, alternatives to antibiotics, including alternatives to animal antibiotics, and antimicrobial stewardship activities; surveillance of antibiotic-resistant bacterial infections, including publicly available and up-to-date information on resistance to antibiotics; education for health care providers and the public with respect to up-to-date information on antibiotic resistance and ways to reduce or combat such resistance to antibiotics related to humans and animals; methods to prevent or reduce the transmission of antibiotic-resistant bacterial infections; including stewardship programs; and coordination with respect to international efforts in order to inform and advance the United States capabilities to combat antibiotic resistance.

The September 12–13, 2022 public meeting will be dedicated to a One Health AMR and Pandemic Preparedness Policy Workshop with the goal of identifying key issues and critical policy gaps through a series of facilitated discussions examining a hypothetical large-scale disease outbreak scenario based on historic examples and estimates of future AMR