figures below have been updated to reflect HHS's 2022 poverty guidelines as published in the **Federal Register** at 87 FR 3315. See *https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines.*

LOW INCOME LEVELS BASED ON THE 2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| Persons in family/household * | Income level ** |
|---|---|
| 1 | $27,180 |
| 2 | 36,620 |
| 3 | 46,060 |
| 4 | 55,500 |
| 5 | 64,940 |
| 6 | 74,380 |
| 7 | 83,820 |
| 8 | 93,260 |

For families with more than 8 persons, add $9,440 for each additional person.

* Includes only dependents listed on federal income tax forms.

** Adjusted gross income for calendar year 2021.

LOW INCOME LEVELS BASED ON THE 2022 POVERTY GUIDELINES FOR ALASKA

| Persons in family/household * | Income level ** |
|---|---|
| 1 | $33,980 |
| 2 | 45,780 |
| 3 | 57,580 |
| 4 | 69,380 |
| 5 | 81,180 |
| 6 | 92,980 |
| 7 | 104,780 |
| 8 | 116,580 |

For families with more than 8 persons, add $11,800 for each additional person.

* Includes only dependents listed on federal income tax forms.

** Adjusted gross income for calendar year 2021.

LOW INCOME LEVELS BASED ON THE 2022 POVERTY GUIDELINES FOR HAWAII

| Persons in family/household * | Income level ** |
|---|---|
| 1 | $31,260 |
| 2 | 42,120 |
| 3 | 52,980 |
| 4 | 63,840 |
| 5 | 74,700 |
| 6 | 85,560 |
| 7 | 96,420 |
| 8 | 107,280 |

For families with more than 8 persons, add $10,860 for each additional person.

* Includes only dependents listed on federal income tax forms.

** Adjusted gross income for calendar year 2021.

Separate poverty guidelines figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period since the U.S. Census Bureau poverty thresholds do not have separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico or other jurisdictions. Puerto Rico and other jurisdictions shall use income guidelines for the 48 Contiguous States and the District of Columbia.

**Carole Johnson,**

*Administrator.*

[FR Doc. 2022–05234 Filed 3–10–22; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Agency Information Collection Activities: Proposed Collection: Public Comment Request Health Center Workforce Survey OMB No. 0906–XXXX–New

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than May 10, 2022.

**ADDRESSES:** Submit your comments to *paperwork@hrsa.gov* or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443–9094.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information collection request title for reference.

*Information Collection Request Title:* Health Center Workforce Survey OMB No. 0906–XXXX–New.

*Abstract:* The Health Center Program, authorized by section 330 of the Public Health Service Act, 42 U.S.C. 254b, and administered by HRSA, Bureau of Primary Health Care, supports the provision of community-based preventive and primary health care services to millions of medically underserved and vulnerable people. Health centers employ over 400,000 health care staff (*i.e.,* physicians, medical, dental, mental and behavioral health, vision services, pharmacy, enabling services, quality improvement, and facility and non-clinical support staff.)

Provider and non-provider staff well-being is essential to recruiting and retaining staff, thus supporting access to quality health care and services through the Health Center Program. HRSA has created a nationwide Health Center Workforce Survey to identify and address challenges related to provider and staff well-being. The survey will be administered to all full-time and part-time health center staff in the fall of 2022 to identify conditions and circumstances that affect staff well-being at HRSA-funded health centers, including the scope and nature of workforce well-being, job satisfaction, and burnout. This information can inform efforts to improve workforce well-being and maintain high-quality patient care.

The Health Center Workforce Survey aims to collect and analyze data from no less than 85 percent of health center staff. HRSA will utilize stakeholder engagement strategies to support survey completion targets. The HRSA contractor will request email addresses for all health center staff from health center leadership. Using the email addresses provided, the contractor will administer the online survey to ensure data quality and respondent confidentiality. Participation in the Health Center Workforce Survey is voluntary for all health center staff. The contractor will analyze the responses and provide analytic reports. HRSA will disseminate the summary level data for public use, including preparing preliminary findings and analytic reports.

*Need and Proposed Use of the Information:* Health care workforce burnout has been a challenge even prior to COVID–19 and other recent public health crises. Clinicians and health care staff have reported experiencing alarming rates of burnout, characterized as a high degree of emotional exhaustion, depersonalization, and a

low sense of personal accomplishment at work.[1] Understanding the factors impacting workforce well-being and satisfaction, reducing burnout, and applying evidence-based technical assistance and other quality improvement strategies around workforce well-being is essential as the health center program health care workforce continues to respond to and recover from the COVID–19 pandemic and prepare for future health care delivery challenges.

Administration of the Health Center Workforce Survey will provide a comprehensive baseline assessment of health center workforce well-being and identify opportunities to improve workforce well-being and bolster technical assistance and other strategies. These efforts will further HRSA's goal of providing access to quality health care and supporting a robust primary care workforce.

*Likely Respondents:* Health center staff in HRSA-funded health 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 |
|---|---|---|---|---|---|
| Health Center Workforce Survey | 400,000 | 1 | 400,000 | .50 | 200,000 |
| Health Center Leader Support Activities | 1,400 | 1 | 1,400 | 2.00 | 2,800 |
| | 401,400 | ..... | 401,400 | ..... | 202,800 |

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.*

[FR Doc. 2022–05077 Filed 3–10–22; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

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

**ACTION:** Notice.

**SUMMARY:** HRSA is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

**FOR FURTHER INFORMATION CONTACT:** George Reed Grimes, Director, Division of Injury Compensation Programs, Health Systems Bureau, HRSA, HHS by mail at 5600 Fishers Lane, 08N186B, Rockville, Maryland 20857; call 1–800–338–2382 or email *vaccinecompensation@hrsa.gov.*

**SUPPLEMENTARY INFORMATION:** Section 100.2 of the VICP's implementing regulation (42 CFR part 100) states that the revised amount of an average cost of a health insurance policy, as determined by the Secretary of HHS (the Secretary), is effective upon its delivery by the Secretary to the United States Court of Federal Claims (the Court), and will be published periodically in a notice in the **Federal Register**. The Secretary delegated this responsibility to the HRSA Administrator. This figure is calculated using the most recent Medical Expenditure Panel Survey-Insurance Component (MEPS–IC) data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation (KFF) Employer Health Benefits Survey or other authoritative sources that may be more accurate or appropriate.

In 2021, MEPS–IC, available at *www.meps.ahrq.gov,* published the annual 2020 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The figure published was $7,149. This figure is divided by 12 to determine the cost per month of $595.75. The $595.75 figure is increased or decreased by the percentage change reported by the most recent KFF Employer Health Benefits Survey, available at *www.kff.org.* The increase from 2020 to 2021 was 4.0 percent. By adding this percentage increase, the calculated average monthly cost of a health insurance policy for a 12-month period is $619.58.

Therefore, the revised average cost of a health insurance policy under the VICP is $619.58 per month. In accordance with § 100.2, the revised amount was effective upon its delivery to the Court.

**Carole Johnson,**

*Administrator.*

[FR Doc. 2022–05220 Filed 3–10–22; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

### Findings of Research Misconduct

**AGENCY:** Office of the Secretary, HHS.

[1] West, C.P., Dyrbye, L.N., Satele, D.V, Sloan, J.A., & Shanafelt, T.D. (2012). Concurrent validity of single-item measures of emotional exhaustion and depersonalization in burnout assessment. *J Gen Intern Med, 27 (11 PG–1445–52), 1445–1452. https://doi.org/10.1007/s11606-012-2015-7.*