On November 2, 2021, Mr. Head was convicted, as defined in section 306(l)(1) of FD&C Act, in the U.S. District Court for the Eastern District of Kentucky-Central Division of Frankfort, when the court entered judgment against him for the offense of conspiracy to import misbranded prescription drugs, in violation of 18 U.S.C. 371. FDA's finding that debarment is appropriate is based on the felony conviction referenced herein. The factual basis for this conviction is as follows:

As contained in the indictment, filed on November 5, 2020, and in the plea agreement in Mr. Head's case, filed June 10, 2021, in or about June 2015 and continuing through October 2019, Mr. Head conducted a business under the name ''Dr. Head's Meds.'' In conducting this business, on multiple occasions Mr. Head purchased thousands of generic medication tablets for erectile dysfunction from overseas suppliers located in countries such as India and Singapore. At his request, these suppliers sent packages containing generic versions of VIAGRA and CIALIS to Mr. Head's residence and other locations via the U.S. Postal Service. The labeling accompanying these packages described their contents in an inaccurate or misleading manner, such as ''Supplement.'' After receiving the bulk shipments of generic erectile dysfunction tablets, Mr. Head sold them in smaller quantities to customers in the United States.

As a result of this conviction, FDA sent Mr. Head, by certified mail, on January 21, 2022, a notice proposing to debar him for a 5-year period from importing or offering for import any drug into the United States. The proposal was based on a finding under section 306(b)(3)(C) of the FD&C Act that Mr. Head's felony conviction under Federal law for conspiracy to import misbranded prescription drugs, in violation of 18 U.S.C. 371, was for conduct relating to the importation into the United States of any drug or controlled substance because he illegally imported and introduced misbranded prescription drug products into interstate commerce. In proposing a debarment period, FDA weighed the considerations set forth in section 306(c)(3) of the FD&C Act that it considered applicable to Mr. Head's offense and concluded that the offense warranted the imposition of a 5-year period of debarment.

The proposal informed Mr. Head of the proposed debarment and offered him an opportunity to request a hearing, providing him 30 days from the date of receipt of the letter in which to file the request, and advised him that failure to request a hearing constituted a waiver of the opportunity for a hearing and of any contentions concerning this action. U.S. Postal Service records indicate that after a delivery attempt to Mr. Head's residence was made and a notice left, the proposal and notice of opportunity for a hearing letter was picked up at his local post office on February 22, 2022. Mr. Head failed to request a hearing within the timeframe prescribed by regulation and has, therefore, waived his opportunity for a hearing and waived any contentions concerning his debarment (21 CFR part 12).

## II. Findings and Order

Therefore, the Assistant Commissioner, Office of Human and Animal Food Operations, under section 306(b)(3)(C) of the FD&C Act, under authority delegated to the Assistant Commissioner, finds that Mr. Howard Stanley Head, Jr. has been convicted of a felony under Federal law for conduct relating to the importation into the United States of any drug or controlled substance. FDA finds that the offense should be accorded a debarment period of 5 years as provided by section 306(c)(2)(A)(iii) of the FD&C Act.

As a result of the foregoing finding, Mr. Head is debarred for a period of five years from importing or offering for import any drug into the United States, effective (see **DATES**). Pursuant to section 301(cc) of the FD&C Act (21 U.S.C. 331(cc)), the importing or offering for import into the United States of any drug or controlled substance by, with the assistance of, or at the direction of Mr. Head is a prohibited act.

Any application by Mr. Head for termination of debarment under section 306(d)(1) of the FD&C Act should be identified with Docket No. FDA–2021–N–1226 and sent to the Dockets Management Staff (see **ADDRESSSES**). The public availability of information in these submissions is governed by 21 CFR 10.20(j).

Publicly available submissions will be placed in the docket and will be viewable at *https://www.regulations.gov* or at the Dockets Management Staff (see **ADDRESSES**) between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

Dated: May 11, 2022.

**Lauren K. Roth,**

*Associate Commissioner for Policy.*

[FR Doc. 2022–10505 Filed 5–16–22; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Request for Information (RFI): 2022 HHS Environmental Justice Strategy and Implementation Plan Draft Outline; Comment Period Extended

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services (HHS).

**ACTION:** Notice of request for information; comment period extended.

**SUMMARY:** On April 8, 2022, the Department of Health and Human Services (HHS) published into the **Federal Register** a Request for Information (RFI) which is located at 87 FR 20876 to receive input from the public on HHS's draft outline to further the development of the 2022 Environmental Justice Strategy and Implementation Plan. Consistent with the policy of this administration directing HHS to make achieving environmental justice part of its mission, HHS would like to identify priority actions and strategies to best address environmental injustices and health inequities for people of color, disadvantaged, vulnerable, low-income, marginalized, and indigenous populations. With the engagement of and input from the public, the 2022 Environmental Justice Strategy and Implementation Plan will serve as a guide to confront environmental and health disparities and implement a multifaceted approach that will serve vulnerable populations and communities disproportionately impacted by environmental burdens.

**DATES:** To be assured consideration, comments must be received at the email address provided below, no later than midnight Eastern Time (ET) on June 18, 2022. HHS will not reply individually to responders but will consider all comments submitted by the deadline. Do not provide confidential information as comments may be published or otherwise used for agency purposes.

**ADDRESSES:** Please submit all responses via email to *OASHcomments@hhs.gov* as a Word document or in the body of an email.

**FOR FURTHER INFORMATION CONTACT:** Dr. LaToria Whitehead, Senior Public Health Analyst, email: *ceq6@cdc.gov,* phone: (770) 488–3633.

Dated: May 11, 2022.

**Arsenio Mataka,**

*Senior Advisor, Office of the Assistant Secretary for Health, Department of Health and Human Services.*

[FR Doc. 2022–10540 Filed 5–16–22; 8:45 am]

**BILLING CODE 4150–28–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**[Document Identifier: OS–0990–0407–60D]**

### Agency Information Collection Request. 60-Day Public Comment Request

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the information collection request (ICR) must be received on or before July 18, 2022.

**ADDRESSES:** Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795–7714.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier OS–0990–0407–60D and project title for reference. Submit requests to Sherrette A. Funn, the Reports Clearance Officer, at *Sherrette.Funn@hhs.gov* or call (202) 795–7714.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* Think Cultural Health (TCH) website Quality Improvement Effort.

*Type of Collection:* Reinstatement with Change.

OMB No. 0990–0407.

*Abstract:* The Office of Minority Health (OMH), Office of the Secretary (OS), Department of Health and Human Services (HHS) is requesting approval by OMB on a reinstatement with change to a previously approved data collection. The Think Cultural Health (TCH) website is an initiative of the HHS OMH's Center for Linguistic and Cultural Competence in Health Care (CLCCHC) and is a repository of resources and tools to promote cultural and linguistic competency in health and health care. The TCH website offers a suite of e-learning programs that afford health and health care professionals the ability to earn continuing education credits through training in cultural and linguistic competency. The revision to this information collection request includes revisions to the online website registration form to streamline and change response options for some elements.

*Need and Proposed Use of the Information:* The data will be used to ensure that the offerings on the TCH website are relevant, useful, and appropriate to their target audiences. The findings from the data collection will be of interest to HHS OMH in supporting maintenance and revisions of the offerings on the TCH website.

*Likely Respondents:* Likely respondents are users of the TCH e-learning program(s) and/or e-resource(s). There are no requirements for annual, quarterly or monthly responses. A single respondent completes the registration process to access an e-learning program or e-resource on the website only one time and completes a course-specific evaluation form for each e-learning program course/unit or e-resource per completion. A respondent may be invited to participate in the follow-up survey, a focus group, or a key informant interview and will not be asked to participate in more than one follow-up activity (*i.e.,* survey, focus group, or key informant interview).

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

| Forms | Respondents | Number of respondents | Number of responses per respondents | Average burden per response | Total burden hours |
|---|---|---|---|---|---|
| Registration Form | Health and Health Care Professionals. | 9,460 | 1 | 3/60 | 473 |
| Course/unit Evaluation Form | Health and Health Care Professionals. | 9,460 | 1 | 5/60 | 788 |
| Follow-Up Survey | Health and Health Care Professionals. | 4,208 | 1 | 10/60 | 701 |
| Focus Groups | Health and Health Care Professionals. | 15 | 1 | 120/60 | 30 |
| Key Informant Interviews | Health and Health Care Professionals. | 13 | 1 | 60/60 | 13 |
| Total | | 23,156 | | | 2,005 |

**Sherrette A. Funn,**

*Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.*

[FR Doc. 2022–10521 Filed 5–16–22; 8:45 am]

**BILLING CODE 4150–29–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Clinical Center; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors of the NIH Clinical Center.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual grant applications conducted by the