training to obtain DATA 2000 waivers for their physicians and practitioners to furnish opioid use disorder treatment services. To receive payment, FQHCs and RHCs must submit a formal application.

In order to be eligible for payment, as well as to provide HRSA with information necessary for validation and issuance of accurate payments, the form requires that FQHCs and RHCs provide information identifying the submitting organization and the number of practitioners who have completed training and obtained a DATA 2000 waiver. The form requires the submitting FQHC or RHC to include information regarding each claimed practitioner's name, physician or practitioner type (*e.g.,* physician, physician assistant, nurse practitioner, certified nurse midwife, clinical nurse specialist, certified registered nurse, or anesthetist), National Provider Identifier number, Drug Enforcement Administration number, state medical license number, length of training, date the training was completed, date of waiver attainment, and DATA 2000 waiver number. Additionally, the form requires signature of an attestation statement certifying that (1) each practitioner for which the entity is seeking payment under the application is employed by or working under contract for this facility; (2) it is the first time the entity is seeking payment on behalf of the listed practitioner(s); (3) the entity is eligible to seek payment under 42 U.S.C. 1395m(o)(3) or 42 U.S.C. 1395l(bb); (4) each practitioner is furnishing opioid use disorder treatment services; and (5) that the statements herein are true, complete, and accurate to the best of the applicant's knowledge. FQHCs and RHCs will need a System for Award Management account and a HRSA Electronic Handbooks account in order to apply (visit *https://sam.gov/SAM/* and *https://grants.hrsa.gov/2010/WebEPSExternal/Interface/UserRegistration/RegistrationHome.aspx?controlName=ContentTabs* for more information on how to create an account).

A 60-day notice published in the **Federal Register** on October 6, 2020, vol. 85, No. 194; pp. 63121–22. There were no public comments.

Need and Proposed Use of the Information: The Substance Use—Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act requires FQHCs and RHCs to submit to the Secretary an application for payment at such time, in such manner, and containing such information as specified by the Secretary in order to receive a payment under section 6083. This form allows FQHCs and RHCs to apply for such payments based on the average cost of training to obtain DATA 2000 waivers, as determined by the Secretary, for their physicians and practitioners to furnish opioid use disorder treatment services. HRSA intends to validate and pay $3,000 per eligible provider submitted on the form by FQHCs and RHCs. The form also provides HRSA with the requisite data to validate qualifying DATA 2000 waiver possessions for the purpose of ensuring accurate payments to FQHCs and RHCs.

The following changes were made since the publication of the 60 Day notice. The number of respondents, total respondents, and total burden hours were updated to reflect administrative costs in the agency's spend plan. The figures assume a $3,000 payment for each DATA 2000 waiver and $750,000 in administrative costs, thereby leaving $7,250,000 in funds available for payment to FQHCs and RHCs. Language was added in the ''Need and Proposed Use of the Information'' section to signal to stakeholders that HRSA intends to validate and pay $3,000 per eligible provider submitted on the form by FQHCs and RHCs. Additionally, language was added in the ''Abstract'' section notifying FQHCs and RHCs that they will need a System for Award Management account and a HRSA Electronic Handbooks account in order to apply.

Likely Respondents: Only FQHC and RHC are eligible to apply.

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
DATA 2000 Waiver Training Payment Program Application for Payment	2,416	1	2,416	0.5	1,208
Total	2, 416		2,416		1,208

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.

Amy P. McNulty,

Deputy Director, Executive Secretariat.

[FR Doc. 2020–28767 Filed 12–28–20; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is announcing it has submitted to the Office of Management and Budget (OMB) for review and clearance the following collection of information. The addresses section has been corrected to reflect the correct comments email address.

DATES: Comments on the ICR must be received on or before January 28, 2021.

ADDRESSES: Submit your comments to *http://www.reginfo.gov/public/do/PRAMain* or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 795–7714. When submitting comments or requesting information, please include the document identifier 0990-New and project title for reference.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, OS/DHHS has submitted the following proposed collection of information to OMB for review and clearance.

OMB No. 0990-New—HHS Teletracking COVID–19 Portal; OMB Control Number

Abstract: The data collected through this ICR informs the Federal Government's understanding of disease patterns and furthers the development of policies for prevention and control of disease spread and impact related to the 2019 Novel Coronavirus (COVID–19). One of the most important uses of the data collected through this ICR is to determine critical allocations of limited supplies (*e.g.,* protective equipment and medication). For instance, this collection has been used to distribute Remdesivir, a vital therapeutic that HHS distributes to the American healthcare system, via distinct data calls on regular intervals. As of July 10, HHS reduced the number requests for data from hospitals to support allocations of Remdesivir. HHS has stopped sending out one-time requests for data to aid in the distribution of Remdesivir or any other treatments or supplies. This consolidated daily reporting is the only mechanism used for the distribution calculations, and daily reports are needed to ensure accurate calculations.

Type of Respondent: We acknowledge the burden placed on many hospitals, including resource constraints, and have allowed for some flexibilities, such as back-submissions or submitting every business days, with the understanding that respondents may not have sufficient staff working over the weekend. It is our belief that collection of this information daily is the most effective way to detect outbreaks and needs for Federal assistance over time, by hospital and geographical area, and to alert the appropriate officials for action. It's requested that 5,500 hospitals, submit data daily on the number of patients tested for COVID–19, as well as information on bed capacity and requirements for other supplies.

The HHS Teletracking COVID–19 Portal (U.S. Healthcare COVID–19 Portal) includes some data that were initially submitted by hospitals to HHS through CDC's National Healthcare Safety Network (NHSN) COVID–19 Module (OMB Control No. 0920–1290, approved 03/26/2020). Over the last several month's time, the guidance for which data elements should be sent to HHS and through which method was updated at the request of the White House Coronavirus Task Force and other leaders to better inform the response.

ESTIMATED ANNUALIZED BURDEN HOURS

Number of respondents	Form name (electronic portal)	Number of responses per respondents	Total annual responses	Average burden per response (in hours)	Total burden hours
5,500	HHS Teletracking COVID–19 Portal	365	2,007,500	1.75	3,513,125

Terry Clark,

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

[FR Doc. 2020–28787 Filed 12–28–20; 8:45 am]

BILLING CODE 4150–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings

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

The meetings 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 contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Comprehensive and Rapid Response to NIAID Research Programs (N01), Task Area C.

Date: January 19, 2021.

Time: 10:00 a.m. to 4:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G11, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Kumud Singh, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G11, Rockville, MD 20852, 301–761–7830, *kumud.singh@nih.gov*.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Comprehensive and Rapid Response to NIAID Research Programs, Task Area D.

Date: January 21, 2021.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G11, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Kumud Singh, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G11, Rockville, MD 20852, 301–761–7830, *kumud.singh@nih.gov*.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Comprehensive and Rapid Response to NIAID Research Programs, Task Area E.

Date: January 22, 2021.

Time: 12:00 p.m. to 4:00 p.m.