

25. Brett Cassese, Washington, District of Columbia, Court of Federal Claims No: 21–1055V
26. Rachel Garcia, Boulder, Colorado, Court of Federal Claims No: 21–1056V
27. Kayla Smith, Cheyenne, Wyoming, Court of Federal Claims No: 21–1059V
28. Elaine Letizia, Hilton Head, South Carolina, Court of Federal Claims No: 21–1062V
29. Deborah Gross, Washington, District of Columbia, Court of Federal Claims No: 21–1063V
30. Marna Brickman, Washington, District of Columbia, Court of Federal Claims No: 21–1066V
31. Katherine Murphy, Salt Lake City, Utah, Court of Federal Claims No: 21–1069V
32. Tori Jonet, Luxemburg, Wisconsin, Court of Federal Claims No: 21–1071V
33. Leah Carter, Washington, District of Columbia, Court of Federal Claims No: 21–1077V
34. Ethel M. Britt on behalf of Estate of James E. Britt, Murfreesboro, Tennessee, Court of Federal Claims No: 21–1078V
35. Adrienne Falzon on behalf of Estate of Paul Giaccio, Deceased, Atlanta, Georgia, Court of Federal Claims No: 21–1082V
36. Elizabeth Fordahl, Bismarck, North Dakota, Court of Federal Claims No: 21–1086V
37. Hogla Prado, Beaverton, Oregon, Court of Federal Claims No: 21–1087V
38. Lisa Myers, Winston-Salem, North Carolina, Court of Federal Claims No: 21–1088V
39. Brandi Rose Wilson, Lenexa, Kansas, Court of Federal Claims No: 21–1090V
40. Antonio Jackson, Black River Falls, Wisconsin, Court of Federal Claims No: 21–1091V
41. Sungjin Choi, Prospect Heights, Illinois, Court of Federal Claims No: 21–1092V
42. Jennifer Counceller, Connorsville, Indiana, Court of Federal Claims No: 21–1093V
43. Shawntel Denmark, Washington, District of Columbia, Court of Federal Claims No: 21–1094V
44. Abram Gamino, Washington, District of Columbia, Court of Federal Claims No: 21–1096V
45. Rachel Page, Washington, District of Columbia, Court of Federal Claims No: 21–1097V
46. Arianna Reddicks, Phoenix, Arizona, Court of Federal Claims No: 21–1099V
47. Italo A. Miceli, Rocky Hill, Connecticut, Court of Federal Claims No: 21–1100V
48. Alice Henningsen, Wichita, Kansas, Court of Federal Claims No: 21–1101V
49. Randall Schutz, Chicago, Illinois, Court of Federal Claims No: 21–1103V
50. Camille Dumentat, Severna Park, Maryland, Court of Federal Claims No: 21–1104V
51. Melanie Muhlstrock and Todd Muhlstrock on behalf of A.M., Phoenix, Arizona, Court of Federal Claims No: 21–1106V
52. Stephen Ziegler, Lincoln, Nebraska, Court of Federal Claims No: 21–1109V
53. Bernetta Polley, Mankato, Minnesota, Court of Federal Claims No: 21–1111V
54. Carol Lloyd, Sicklerville, New Jersey, Court of Federal Claims No: 21–1112V
55. Andrea Jordan, Hillsboro, Oregon, Court of Federal Claims No: 21–1113V
56. Greta Sessoms, Virginia Beach, Virginia, Court of Federal Claims No: 21–1120V
57. Ruth Williams, Washington, District of Columbia, Court of Federal Claims No: 21–1121V
58. Paulette Penzvalto, Washington, District of Columbia, Court of Federal Claims No: 21–1122V
59. Rebecca Hawes, Nitro, West Virginia, Court of Federal Claims No: 21–1124V
60. Jennifer Puckett, Montgomery, Alabama, Court of Federal Claims No: 21–1125V
61. Sheryl Young, Washington, District of Columbia, Court of Federal Claims No: 21–1126V
62. Harold Sykes, Washington, District of Columbia, Court of Federal Claims No: 21–1127V
63. Sharon Dunn, Washington, District of Columbia, Court of Federal Claims No: 21–1128V
64. Matthew Caruso on behalf of L.C., Hollidaysburg, Pennsylvania, Court of Federal Claims No: 21–1131V
65. Donald Holmberg, Erie, Pennsylvania, Court of Federal Claims No: 21–1132V
66. Roman Gelevan, Bronx, New York, Court of Federal Claims No: 21–1133V
67. Jimmy Zavala, Boscobel, Wisconsin, Court of Federal Claims No: 21–1134V
68. Taylor Wickline, Phoenix, Arizona, Court of Federal Claims No: 21–1135V
69. Michael Wakileh, Costa Mesa, California, Court of Federal Claims No: 21–1136V
70. Barbara McNair, New Lenox, Illinois, Court of Federal Claims No: 21–1139V
71. Kerrie Burkett, Phoenix, Arizona, Court of Federal Claims No: 21–1140V
72. Ngoc H. Lam, Greenville, South Carolina, Court of Federal Claims No: 21–1141V
73. Donald Olson, Seattle, Washington, Court of Federal Claims No: 21–1142V
74. Ashton Schultz, Englewood, New Jersey, Court of Federal Claims No: 21–1144V
75. Kotana Cromartie, Washington, District of Columbia, Court of Federal Claims No: 21–1145V
76. Jennifer Soileau, Englewood, New Jersey, Court of Federal Claims No: 21–1146V

[FR Doc. 2021–07970 Filed 4–16–21; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System, OMB No. 0906–0017, Revision

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 May 19, 2021.

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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System, OMB NO. 0906–0017, Revision.

Abstract: This clearance request is for continued approval of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System, as updated. The MIECHV Program, administered by HRSA in partnership with the Administration for Children and Families, supports voluntary, evidence-based home visiting services to pregnant women and to parents with young children up to kindergarten entry. States, certain non-profit organizations, and tribal entities are eligible to receive funding from the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities.

A 60-day notice published in the **Federal Register** on December 18, 2020, vol. 85, No. 244; pp. 82490–91. There were 24 public comments.

These comments provided suggestions to improve clarity, protect privacy, and reduce reporting burden related to information complexity in Form 1. Comments also suggested ways to enhance the quality, utility, and clarity of existing guidance in Form 2

and suggested that the implementation of two newly proposed measures related to substance use screening and referrals would require updates to training activities and data collection.

HRSA appreciates these comments and recommended revisions to the information collection. HRSA has responded to the recommended revisions by revising certain demographic categories, removing a proposed table on father and caregiver engagement, making the reporting of proposed measures on substance use screening and referrals optional, and increasing the estimated burden on respondents due to the inclusion of two new optional measures (Form 2) for substance use and referral that are being introduced through this revision. HRSA intends for the following proposed revisions to the data collection for the MIECHV Program to further improve clarity, protect privacy, and address increased reporting burden:

- Form 1, Table 1: Update table to include reporting for gender non-binary participants and unknown/did not report participant gender.
- Form 1, Tables 3, 5, 6, 7, 18, 19, and 20: Update tables to remove index child gender reporting.
- Form 1, Tables 3, 4, 6, 7, 8, 9, 10, 11, and 18: Update tables to remove adult participant gender reporting.
- Form 1, Table 15: Change table title to “Home Visits.”
- Form 1, Table 15: Update table to collect the number of home visits completed virtually.

- Form 1, Tables 4, 9, 10, and 18: Update tables to include reporting for new and continuing adult participants.

- Form 1, Tables 5, 19, and 20: Update tables to include reporting for new and continuing index children.

- Form 2, Measure 13: Change measure name to “Behavioral Concern Inquiries.”

- Form 2, Measure 16: Update measure to reflect caregiver health insurance coverage status.

- Form 2, Measures 17, 18, and 19: Update missing data guidance.

- Form 2: Inclusion of two optional measures to collect information on substance use screening and referrals.

Need and Proposed Use of the Information: HRSA uses performance information to demonstrate program accountability and continuously monitor and provide oversight to MIECHV Program awardees. The information is also used to provide quality improvement guidance and technical assistance to awardees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to revise and extend demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services. In addition, HRSA will collect a set of standardized performance and outcome indicators that correspond with the statutorily identified benchmark areas.

This information will be used to demonstrate awardees’ compliance with legislative and programmatic

requirements. It will also be used to monitor and provide continued oversight for awardee performance and to target technical assistance resources to awardees. In the future, HRSA anticipates that MIECHV funding decisions may be allocated, in part, based on awardee performance, including on benchmark performance areas. This notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, information can be collected in a timely manner.

Likely Respondents: MIECHV Program awardees that are states, territories, and, where applicable, nonprofit organizations providing home visiting services within states.

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 |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Form 1: Demographic, Service Utilization, and Select Clinical Indicators | 56 | 1 | 56 | 440 | 24,640 |
| Form 2: Performance Indicators and Systems Outcome Measures | 56 | 1 | 56 | 360 | 20,160 |
| Total | 56 | | 56 | | 44,800 |

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. 2021-07971 Filed 4-16-21; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: National Survey of Organ Donation Attitudes and Practices, OMB No. 0915-0290—Extension

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

ACTION: Notice.

SUMMARY: In compliance with 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 June 18, 2021.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

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

Information Collection Request Title: National Survey of Organ Donation Attitudes and Practices, OMB No. 0915-0290—Extension.

Abstract: HRSA is requesting approval by OMB for a revision of a previously approved collection of information (OMB control number 0915-0290). The National Survey of Organ Donation Attitudes and Practices (NSODAP) is conducted approximately every 6-7 years and serves a critical role in providing HRSA and the donation community with data regarding why Americans choose to donate organs, current barriers to donation, and possible paths to increasing donations. Survey data and derived analytic insights help HRSA develop and target appropriate messages for public outreach and educational initiatives.

Need and Proposed Use of the Information: HRSA is the primary federal entity responsible for oversight

of the solid organ and blood stem cell transplant systems and initiatives to increase organ donor registration and donation in the United States. This survey is the primary method by which HRSA can obtain information from Americans about organ donation attitudes and beliefs. OMB previously approved this survey and HRSA fielded it during 2005, 2012, and 2019. Results of the data collected from this survey will help develop appropriate messages for future public outreach and educational initiatives to increase awareness about organ donation and ultimately the number of registered donors.

Likely Respondents: A nationally representative sample of adults over the age of 18 with a higher number of responses from populations of interest such as racial-ethnic minorities, including African American, Asian, Native American, and Hispanic respondents, as well as respondents of all age groups and education levels.

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 collecting, validating, verifying, processing and maintaining information, and disclosing and providing information; to train personnel and 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. A summary of the total annual burden hours estimated for this ICR is 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 |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| NSODAP Revised Survey—Telephone | 2,000 | 1 | 2,000 | 0.37 | 740 |
| NSODAP Revised Survey—Online Panel | 8,000 | 1 | 8,000 | 0.27 | 2,160 |
| Total | 10,000 | | 10,000 | | 2,900 |

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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BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the COVID-19 Health Equity Task Force

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