

importance of taking action to support one's mental health. The immediate anticipated outcomes of the campaign include:

1. Increased awareness and knowledge of mental health risks among healthcare workers, by both workers themselves and by their employers, and
2. Increased awareness of evidence-based interventions, policies, practices, services, and other resources among healthcare workers, by both workers themselves and by their employers.

Additionally, NIOSH aims for the campaign to not only increase healthcare employers' intent to implement workplace mental health support, but to increase workers ability to identify and intent to utilize those support services. To begin to understand whether these outcomes have been achieved, at the conclusion of the campaign NIOSH must first establish baseline metrics for these outcomes prior to the campaign's launch. Hence the need for this

requested data collection. Secondly, this information may also be used in further campaign development.

NIOSH anticipates seeking 500 healthcare worker respondents and 500 healthcare employer respondents for a total of 1,000 total survey respondents. We estimate that the survey will take approximately 15 minutes to complete per for a total of 250 annual burden hours. Participation is voluntary, and there is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Healthcare Employers	Survey	500	1	15/60	125
Healthcare Employees	Survey	500	1	15/60	125
Total	250

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022-06915 Filed 3-31-22; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Federal Tax Refund Offset, Administrative Offset, and Passport Denial

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF) is requesting the federal Office of Management and Budget (OMB) to approve the Federal Tax Refund Offset, Administrative Offset, and Passport

Denial with minor edits to the "Comments" section of the record specifications to clarify the corresponding fields for an additional three years. The current OMB approval expires on June 30, 2022.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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 30-day Review—Open for Public Comments" or by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed

requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Federal Tax Refund Offset and Administrative Offset programs collect past-due child and spousal support by intercepting certain federal payments, including federal tax refunds, of parents who have been ordered to pay support and are delinquent. The Federal Offset Program is a cooperative effort among the U.S. Department of the Treasury's Bureau of the Fiscal Service, OCSE, and state child support enforcement agencies. The Passport Denial Program reports noncustodial parents who owe child and spousal support above a specified threshold to the U.S. Department of State, which will then deny passports to these individuals. State child support enforcement agencies routinely submit the names, Social Security numbers, and the amount(s) of past-due child and spousal support of noncustodial parents who are delinquent in making payments to OCSE.

Respondents: Child Support Enforcement Agencies.

ANNUAL BURDEN ESTIMATES

Information collection instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Input Record Specifications	54	52	.3	842.4
Output Record Specifications	54	52	.46	1,291.68
Payment File	54	52	.14	393.12
Annual Certification Letter	54	1	.4	21.6
Child Support Portal Processing Screens	173	281	.01	486.13

Estimated Total Annual Burden Hours: 3,034.93.

Authority: 42 U.S.C. 652(b); 42 U.S.C. 664; 26 U.S.C. 6402(c); 31 CFR 285.3; 45 CFR 302.60; 45 CFR 303.72; 31 U.S.C. 3701 *et seq.*; 31 U.S.C. 3716(h); 31 CFR 285.1; 42 U.S.C. 652(k); 42 U.S.C. 654(31); 22 CFR 51.60; 42 U.S.C. 654(31); 42 U.S.C. 664; 31 CFR 285.1; and 31 CFR 285.3.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–06905 Filed 3–31–22; 8:45 am]

BILLING CODE 4184–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Information Collection: Indian Health Service Purchased/Referred Care Proof of Residency; OMB No. 0917–0040

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments; request for extension of approval.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection Office of Management and

Budget (OMB) Control Number 0917–0040, titled, Purchased/Referred Care Proof of Residency. The IHS is requesting OMB to approve an extension for this collection. Notice regarding the information collection was last published in the **Federal Register** on January 24, 2022, and allowed 60 days for public comment. The purpose of this notice is to announce the IHS' intent to submit this collection to OMB and to allow 30 days for public comment to be submitted directly to OMB. A copy of the supporting statement is available at www.regulations.gov (see Docket ID: IHS_FRDOC_0001).

DATES: Consideration will be given to all comments received by May 2, 2022.

ADDRESSES: *Direct Your Comments to OMB:* Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact Evonne Bennett, Information Collection Clearance Officer at: Evonne.Bennett@ihs.gov or 301–443–4750.

SUPPLEMENTARY INFORMATION: This previously approved information collection project was last published in the **Federal Register** on January 24, 2022, and allowed 60 days for public comment (87 FR 3562). No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires March 31, 2022, to OMB for approval of an extension, and to solicit comments on specific aspects for the proposed information collection.

Title: Purchased/Referred Care Proof of Residency.

OMB Control Number: 0917–0040.

Need and Use of Information Collection: The IHS Purchased/Referred Care Program needs the information requested on the PRC Proof of Residency form to verify that individuals seeking medical services through a PRC program meet the residency requirements specific to PRC under 42 CFR 136.23.

Agency Form Number: IHS 976.

Members of Affected Public: Individuals/Households.

Status of the Proposed Information Collection: Renewal request.

Type of Respondents: Individuals.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hours.

Data collection instrument(s)	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Individual Patient Count	77,185	1	77,185	3/60	3,859.25
Total	77,185	1	77,185	3/60	3,859.25

* For ease of understanding, the average burden per response is 3 minutes.

There are no direct costs to respondents to report.

Requests for Comments: Your written comments and/or suggestions are invited on one or more of the following points:

(a) Whether the information collection activity is necessary to carry out an agency function;

(b) whether the agency processes the information collected in a useful and timely fashion;

(c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);

(d) whether the methodology and assumptions used to determine the estimates are logical;

(e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Elizabeth A. Fowler,

Acting Deputy Director, Indian Health Service.

[FR Doc. 2022–06767 Filed 3–31–22; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

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

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

The meeting 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 grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material,