

accepted by HRSA, the Bright Futures Periodicity Schedule is part of the HRSA-supported preventive service guidelines for infants, children, and adolescents. The development of the Periodicity Schedule is maintained through a national cooperative agreement, the Bright Futures Pediatric Implementation Program, with AAP. Under Section 2713 of the Public Health Service Act (42 U.S.C. 300gg–13) and pertinent regulations, non-grandfathered group health plans and health insurance issuers must provide coverage, without cost sharing, for certain preventive services for plan years (in the individual market, policy years) that begin on or after the date that is 1 year after the date the recommendation or guideline is issued. These include HRSA-supported preventive health services provided for in the Bright Futures Periodicity Schedule as part of the HRSA-supported preventive services guidelines for infants, children, and adolescents.

Through the cooperative agreement with the AAP, the Bright Futures

Pediatric Implementation Program is required to administer a process for developing and regularly recommending, as needed, updates to the Bright Futures Periodicity Schedule through a process that includes a comprehensive, objective, and transparent review of available evidence that incorporates opportunity for public comment. Accordingly, the Program reviews the evidence to determine whether updates are needed, develops recommended updates, seeks and considers public comments, and makes recommendations to HRSA.

The AAP convenes a panel of pediatric primary care experts, the Bright Futures Periodicity Schedule Working Group, to review the latest evidence, develop draft recommended updates, seek and consider public comment, and propose updates to the Bright Futures Periodicity Schedule. Comments received from the public will be reviewed and discussed by the Bright Futures Periodicity Schedule Working Group.

The proposed update to the Bright Futures Periodicity Schedule would indicate that the recommended age range for which adolescents may be provided universal screening for HIV is between the 15-year visit and 21-year visit. In the current Bright Futures Periodicity Schedule, the age range recommended for which adolescents may be offered universal screening for HIV is between the 15-year visit and 18-year visit. Early detection of an infection with HIV in adolescents and young adults can lead to improved health outcomes and reduce the further spread of HIV by individuals who are not yet aware they are infected. Universal screening is a type of screening that a provider may recommend without first identifying a specific risk factor or symptom.

The current and proposed update to HIV screening is reflected in the chart below:

TOPIC	ADOLESCENCE										
PROCEDURES	11 Y	12 Y	13 Y	14 Y	15 Y	16 Y	17 Y	18 Y	19 Y	20 Y	21 Y
HIV (Current) ³⁰	★	★	★	★	←		•	→	★	★	★
HIV (Proposed) ³⁰	★	★	★	★	•						→

All such screenings (universal and risk-based) within this age range are within the scope of the guideline. The proposed update also includes an accompanying footnote to provide updated information from the AAP about more frequent screening for youth assessed as at high risk of HIV infection. The full footnote reads:

“Screen adolescents for HIV at least once between the ages of 15 and 21 making every effort to preserve confidentiality of the adolescent, as per “Human Immunodeficiency Virus (HIV) Infection: Screening” (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>), and after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per “Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis” (<https://doi.org/10.1542/peds.2021-055207>).”

Authority: 2713(a)(3) of the Public Health Service Act, 42 U.S.C. 300gg–13(a)(3).

Carole Johnson,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the Advisory Committee on Infant and Maternal Mortality (Formerly the Advisory Committee on Infant Mortality)

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces that the Advisory Committee on Infant and Maternal Mortality (ACIMM or Committee) has

scheduled a public meeting. Information about ACIMM and the agenda for this meeting can be found on the ACIMM website at <https://www.hrsa.gov/advisory-committees/infant-mortality/index.html>.

DATES: December 7, 2022, from 11 a.m. to 6 p.m. Eastern Time.

ADDRESSES: This meeting will be held via webinar. *The webinar link and login information will be available at the ACIMM website before the meeting:* <https://www.hrsa.gov/advisory-committees/infant-mortality/index.html>.

FOR FURTHER INFORMATION CONTACT: Vanessa Lee, MPH, Designated Federal Officer, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 18N84, Rockville, Maryland 20857; 301–443–0543; or SACIM@hrsa.gov.

SUPPLEMENTARY INFORMATION: ACIMM is authorized by section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended. The Committee is governed by provisions of Public Law 92–463, as amended, (5 U.S.C. App. 2), which sets

forth standards for the formation and use of Advisory Committees.

The ACIMM advises the Secretary of Health and Human Services (Secretary) on department activities, partnerships, policies, and programs directed at reducing infant mortality, maternal mortality and severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy. The Committee provides advice on how to coordinate federal, state, local, tribal, and territorial governmental efforts designed to improve infant mortality, related adverse birth outcomes, maternal health, as well as influence similar efforts in the private and voluntary sectors. The Committee provides guidance and recommendations on the policies, programs, and resources required to address the disparities and inequities in infant mortality, related adverse birth outcomes and maternal health outcomes, including maternal mortality and severe maternal morbidity. With its focus on underlying causes of the disparities and inequities seen in birth outcomes for women and infants, the Committee advises the Secretary on the health, social, economic, and environmental factors contributing to the inequities and proposes structural, policy, and/or systems level changes.

The agenda for the December 7, 2022, meeting is being finalized and may include the following topics: a review of draft recommendations for the Secretary on improving birth outcomes among American Indian and Alaska Native mothers and infants and a vote on whether to send them forward; discussion to determine new and continuing priority areas for the Committee; and Committee operations. Agenda items are subject to change as priorities dictate. Refer to the ACIMM website listed above for any updated information concerning the meeting.

Members of the public will have the opportunity to provide written or oral comments. Requests to submit a written statement or make oral comments to ACIMM should be sent to Vanessa Lee, using the email address above at least 3

business days prior to the meeting. Public participants may submit written statements in advance of the scheduled meeting by emailing SACIM@hhsa.gov. Oral comments will be honored in the order they are requested and may be limited as time allows.

Individuals who plan to attend and need special assistance or a reasonable accommodation should notify Vanessa Lee at the contact information listed above at least 10 business days prior to the meeting.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–0990–0008]

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 ICR must be received on or before January 3, 2023.

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 0990–0008–60D and project title for reference, to Sherrette A. Funn, email:

Sherrette.Funn@hhs.gov, or call (202) 264–0041 the Reports Clearance Officer.

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.

Abstract: The Office for Civil Rights is seeking a revision on an approval for a 3-year clearance on a previous collection. Individuals may file written or electronic complaints with the Office for Civil Rights when they believe they have been discriminated against by programs or entities that receive Federal financial assistance from the Health and Human Service or if they believe that their right to the privacy of protected health information freedom has been violated. Annual Number of Respondents frequency of submission is record keeping and reporting on occasion.

Title of the Collection: Assurance of Compliance, Form HHS–690.

Type of Collection: Revision.

OMB No. 0945–0008.

Abstract: This Information Collection Request is to continue the previously approved collection 0945–0008 that is expiring in December 2022, titled: Assurance of Compliance, Form HHS–690, subject to minor modifications. Such an assurance is required by the federal civil rights laws enforced by the Office for Civil Rights, as described herein. One method that the federal government uses to ensure civil rights compliance is to require covered entities to submit written assurances of compliance when applying for federal financial assistance. The assurances alert covered entities of their civil rights obligations and provide the Department with a valuable enforcement tool, as a recipient's written assurance and certification documents can provide an independent contractual basis for enforcement of nondiscrimination requirements.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondents	Average burden/response (in hours)	Total burden hours
States, certain health care providers, other persons and entities.	Form HHS–690	9595	1	4	38,380
Total					38,380