

designed to make payments to health care providers for expenses and lost revenue related to COVID-19 and to reimburse health care entities' claims for COVID-19 testing, treatment and/or vaccine administration of uninsured and under insured individuals, helping to ensure a sustained, robust health care system. The Office: (1) guides and directs the development of policy priorities for the allocation of payments and claims reimbursements and ensures the proper management of programs; (2) leads the Bureau's administrative and management functions; (3) coordinates and tracking the development policies to ensure consistency across the Bureau, leads Bureau efforts to analyze issues arising from legislation, budget proposals, regulatory actions, and other program or policy actions; keep Congress apprised of programs and activities as necessary; (4) engagements and audits with the Government Accountability Office and the Department of Health and Human Services' Office of Inspector General; and (5) develops and leads the communications strategy for PRB's direct provider payment and claims reimbursement programs with both broad and targeted tactics.

Division of Customer Support (RD2)

The Division of Customer Support serves as the organizational focal point for PRB's centralized, comprehensive customer service function to respond to inquiries and support recipients or potential recipients of program funds, as well as stakeholders for all PRB programs. The Division is responsible for the process and adjudication of appeals and disputes brought forward from recipients of program funds.

Division of Program Operations (RD4)

The Division of Program Operations is responsible for the program operations lifecycle, from creation to reporting, for all PRB direct provider payment and claims reimbursement programs. This Division is integral in collaborating internally and with other federal partners to assist efforts that combat fraud, waste, and abuse and supporting program integrity and assessment efforts related to these programs.

Division of Data Analytics (RD5)

The Division of Data Analytics is responsible for the collection, management, and analysis of the data needed for all PRB programs, as well as the quality and evaluation of program data, with the goal of fostering transparency of program impact and outcomes. The Division maintains data and analytic capabilities to inform

policy decisions and support program functions, as well as develops and manages program data strategy, analyses, and information sharing.

Division of Program Integrity (RD6)

The Division of Program Integrity is responsible for ensuring the overall integrity of PRB programs and payments made. Specifically, the Division develops and manages Bureau-wide program and payment integrity strategies, as well as evaluates provider compliance with laws, regulations, and program terms and conditions.

Section RD.30 Delegation of Authority

All delegations of authority and re-delegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, if allowed, provided they are consistent with this reorganization.

This reorganization is effective upon date of signature.

(Authority: 44 U.S.C. 3101)

Diana Espinosa,

Deputy Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Nurse Corps Loan Repayment Program; OMB No. 0915-0140 Extension

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of 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 November 28, 2022.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 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 Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443-9094.

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

Information Collection Request Title: Nurse Corps Loan Repayment Program (Nurse Corps LRP), OMB No. 0915-0140—Extension.

Abstract: The Nurse Corps LRP assists in the recruitment and retention of professional Registered Nurses (RNs), including Advanced Practice Registered Nurses (APRNs), by decreasing the financial barriers associated with pursuing a nursing education. RNs in this instance include APRNs (e.g., nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse specialists) dedicated to working at eligible health care facilities with a critical shortage of nurses (i.e., a Critical Shortage Facility) or working as nurse faculty in eligible, accredited schools of nursing. The Nurse Corps LRP provides loan repayment assistance to these nurses to repay a portion of their qualifying educational loans in exchange for full-time service at a public or private Critical Shortage Facility or in an eligible, accredited school of nursing.

Need and Proposed Use of the Information: Individuals must submit an application in order to participate in the program. The application asks for personal, professional, educational, and financial information required to determine the applicant's eligibility to participate in the Nurse Corps LRP. This information collection is used by the Nurse Corps program to make award decisions about Nurse Corps LRP applicants and to monitor a participant's compliance with the program's service requirements. The Nurse Corps LRP is requesting an extension and is seeking to use the previously approved forms.

Likely Respondents: Professional RNs or APRNs who are interested in participating in the Nurse Corps LRP, and official representatives at their service sites.

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 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
Nurse Corps LRP Application *	7,100	1	7,100	2.00	14,200
Authorization to Release Information Form **	7,100	1	7,100	.10	710
Employment Verification Form **	7,100	1	7,100	.10	710
Disadvantaged Background Form	450	1	450	.20	90
Confirmation of Interest Form	500	1	500	.20	100
Total for Applicants	22,250	22,250	15,810

* The burden hours associated with this instrument account for both new and continuation applications. Additional (uploaded) supporting documentation is included as part of this instrument and reflected in the burden hours.

** The same respondents are completing these instruments.

The estimates of reporting for Participants are as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Participant Semi-Annual In Service Verification Form	500	2	1,000	.50	500
Nurse Corps Critical Shortage Facility Verification Form	500	1	500	.10	50
Nurse Corps Nurse Faculty Employment Verification Form	450	1	450	.20	90
Total for Participants	1,450	1,950	640
Total for Applicants and Participants	23,700	24,200	16,450

* The 16,575 figure is a combination of burden hours for applicants and participants. This revision adds an additional form (the Disadvantaged Background Form).

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Secretary's Advisory Committee on Human Research Protections

AGENCY: Office of the Assistant Secretary for Health, Office of the

Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act, notice is hereby given that the Secretary's Advisory Committee on Human Research Protections (SACHRP) will hold a meeting that will be open to the public. Information about SACHRP, the full meeting agenda, and instructions for linking to public access will be posted on the SACHRP website at <https://www.hhs.gov/ohrp/sachrp-committee/meetings/index.html>.

DATES: The meeting will be held on Wednesday, October 19, 2022 from 10:00 a.m. until 4:00 p.m., and Thursday, October 20, 2022, from 10:00 a.m. until 4:00 p.m. (times are tentative and subject to change). The confirmed times and agenda will be posted on the SACHRP website when this information becomes available. See <https://www.hhs.gov/ohrp/sachrp-committee/meetings/index.html>.

ADDRESSES: This meeting will be held virtually and videocast. Members of the public may also submit public comment for the meeting. Instructions for submitting public comment will be posted one week prior to the meeting at <https://www.hhs.gov/ohrp/sachrp-committee/meetings/index.html>.

FOR FURTHER INFORMATION CONTACT: Julia Gorey, J.D., Executive Director, SACHRP; U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, Maryland 20852; telephone: 240–453–8141; fax: 240–453–6909; email address: SACHRP@hhs.gov.

SUPPLEMENTARY INFORMATION: Under the authority of 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended, SACHRP was established to provide expert advice and recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health, on issues and topics pertaining to or