diagnosing and treating health conditions on the List of WTC-Related Health Conditions.

**DATES:** Comments must be received by May 26, 2022.

**ADDRESSES:** Comments may be submitted through either of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov* (follow the instructions for submitting comments), or
- *By Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS: C–34, 1090 Tusculum Avenue, Cincinnati, Ohio 45226–1998. Attn: Docket No. CDC–2022–0055; NIOSH–348.

*Instructions:* All written submissions received in response to this notice must include the agency name (Centers for Disease Control and Prevention, HHS) and docket number (CDC–2022–0055; NIOSH–348) for this action. All relevant comments, including any personal information provided, will be posted without change to *http://www.regulations.gov.* Do not submit comments by email. CDC does not accept comments by email.

**FOR FURTHER INFORMATION CONTACT:** Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C–46, Cincinnati, Ohio 45226; Telephone: (404) 498–2500 (this is not a toll-free number); Email *NIOSHregs@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347, as amended by Pub. L. 114–113 and Pub. L. 116–59), added Title XXXIII to the Public Health Service (PHS) Act,[1] establishing the WTC Health Program within HHS. The WTC Health Program provides medical monitoring and treatment benefits for certified health conditions on the List of WTC-Related Health Conditions[2] to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders). The Program also provides benefits to eligible persons who were present in the dust or dust cloud on September 11, 2001, or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors).

The Zadroga Act also requires that the Program establish a research program on health conditions resulting from the September 11, 2001, terrorist attacks, addressing the following topics:

- Physical and mental health conditions that may be related to the September 11, 2001, terrorist attacks;
- Diagnosing WTC-related health conditions for which there have been diagnostic uncertainty; and
- Treating WTC-related health conditions for which there have been treatment uncertainty.

**Request for Information**

Lifestyle medicine is a highly valuable, evidence-informed clinical approach focused on managing and reversing many of the types of chronic diseases certified by the WTC Health Program. By focusing on sustainable health behaviors and lifestyle factors, including six pillars—nutrition and diet, sleep hygiene, stress management and positive psychology, physical activity, social connectedness, and avoidance of substance misuse—lifestyle medicine has the potential to limit disease progression, to prevent development of additional chronic diseases, and to improve health outcomes, overall member well-being, quality of life, and member satisfaction with the Program.

To establish the scope of the WTC Health Program FY2023 lifestyle medicine research, NIOSH seeks to achieve a suitable mix of projects and interventions focusing on sustainable health behaviors and the lifestyle factors, described above. All these influence quality of life, disease progression and recurrence, survival, adverse events, and other health-related outcomes among WTC Health Program members. Specifically, NIOSH seeks input on the following questions pertaining to WTC Health Program research priorities:

(1) What are the primary lifestyle research needs of both responders and survivors?

(2) What are the primary health outcomes associated with WTC-related health conditions that lifestyle research interventions should target?

(3) What are the most important lifestyle factors (*e.g.,* nutrition and diet, sleep hygiene, stress management and positive psychology, physical activity, social connectedness, cognitive function, and avoidance of substance misuse) that need to be addressed within the scope of the research solicitation?

**John J. Howard,**

*Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.*

[FR Doc. 2022–08817 Filed 4–25–22; 8:45 am]

**BILLING CODE 4163–18–P**

[1] Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm-61. Those portions of the James Zadroga 9/11 Health and Compensation Act of 2010 found in Titles II and III of Public Law 111–347 do not pertain to the WTC Health Program and are codified elsewhere.

[2] The List of WTC-Related Health Conditions is established in 42 U.S.C. 300mm-22(a)(3)–(4) and 300mm-32(b); additional conditions may be added through rulemaking and the complete list is provided in WTC Health Program regulations at 42 CFR 88.15.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifiers: CMS–10409]**

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by May 26, 2022.

**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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at website address at: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html.*

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786–4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* LTCH CARE Data Set for the Collection of Data Pertaining to the Long-Term Care Hospital Quality Reporting Program; *Use:* We are requesting an extension to the Long-Term Care Hospital Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set or LCDS) Version 5.0 that will be effective on October 1, 2022.

On November 2, 2021 the Centers for Medicare & Medicaid Services (CMS) issued a final rule (86 FR 62240) which finalized proposed modifications to the effective date for the reporting of measures and certain standardized patient assessment data in the Long-term Care Hospital Quality Reporting Program (LTCH QRP). Per the final rule CMS will require LTCHs to start collecting assessment data using LCDS Version 5.0 beginning October 1, 2022. The information collection request for LCDS Version 5.0 was re-approved on December 7, 2021 with an October 1, 2022 implementation date. CMS is asking for an extension of the approved LCDS Version 5.0, which currently expires on December 31, 2022.

The LTCH CARE Data Set is used to collect, submit, and report quality data to CMS for compliance with the Long-Term Care Hospital Quality Reporting Program (LTCH QRP). *Form Number:* CMS–10409 (OMB control number: 0938–1163); *Frequency:* Occasionally; *Affected Public:* Private Sector: Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 415; *Total Annual Responses:* 204,936; *Total Annual Hours:* 145,831. (For policy questions regarding this collection contact Christy Hughes at 410–786–5662.)

Dated: April 20, 2022.

**William N. Parham, III,**

*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2022–08823 Filed 4–25–22; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Neurological Disorders and Stroke; 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, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Neurological Sciences Training Initial Review Group NST–1 Study Section (NST–1 Clinician K Application Review).

*Date:* May 23–24, 2022.

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

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Virtual Meeting).

*Contact Person:* William C. Benzing, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Research, NINDS, NIH, NSC, 6001 Executive Boulevard, Suite 3204, MSC 9529, Bethesda, MD 20892–9529, 301–496–0660, *benzingw@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.853, Clinical Research Related to Neurological Disorders; 93.854, Biological Basis Research in the Neurosciences, National Institutes of Health, HHS)

Dated: April 20, 2022.

**Tyeshia M. Roberson-Curtis,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022–08833 Filed 4–25–22; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Prospective Grant of an Exclusive Patent License: Engineered Tumor Infiltrating Lymphocytes for Cancer Therapy

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The National Cancer Institute, an institute of the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an Exclusive Patent License to practice the inventions embodied in the Patents and Patent Applications listed in the Supplementary Information section of this Notice to Iovance Biotherapeutics, Inc. (''Iovance''), headquartered in San Carlos, CA.

**DATES:** Only written comments and/or applications for a license which are received by the National Cancer Institute's Technology Transfer Center on or before May 11, 2022 will be considered.

**ADDRESSES:** Requests for copies of the patent applications, inquiries, and comments relating to the contemplated Exclusive Patent License should be directed to: Andrew Burke, Ph.D., Senior Technology Transfer Manager, NCI Technology Transfer Center, Telephone: (240)-276–5484; Email: *andy.burke@nih.gov.*

**SUPPLEMENTARY INFORMATION:**

**Intellectual Property**

*E–170–2009: Inducible Interleukin-12*

1. US Provisional Patent Application 61/174,046, filed April 30, 2009 (E–170–2009–0–US–01);

2. International Patent Application PCT/US2010/031988, filed April 22, 2010 (E–170–2009–0–PCT–02);