

If the goal in this case were to maximize money paid by the Respondents as punishment and to deter others from engaging in similar conduct, the Commission was free to enforce the original Nectar Order and seek civil penalties. That was the road not taken. In choosing this road, with a new and broader order, the Commission is obligated to limit monetary relief to the amount necessary to redress injury, as explicitly authorized by Section 19. Because this settlement exceeds those clearly delineated bounds, we must respectfully dissent.

[FR Doc. 2021-22887 Filed 10-20-21; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Nominations to the Presidential Advisory Council on HIV/AIDS; Solicitation of Nominations for Appointment to Presidential Advisory Council on HIV/AIDS (PACHA)

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

**ACTION:** Notice.

**SUMMARY:** The Office of the Assistant Secretary for Health (OASH) is seeking nominations for membership on the Presidential Advisory Council on HIV/AIDS (referred to as PACHA and/or the Council). The PACHA is a federal advisory committee within the U.S. Department of Health and Human Services (HHS). Management support for the activities of this Council is the responsibility of the OASH. The qualified individuals will be nominated to the Secretary of Health and Human Services for consideration for appointment as members of the PACHA. Members of the Council, including the Chair and or Co-Chairs, are appointed by the Secretary. Members are invited to serve on the Council for up to four-year terms. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to promote effective prevention and care of HIV infection and AIDS. The functions of the Council are solely advisory in nature.

of Commissioners Noah Joshua Phillips and Christine S. Wilson, *U.S. v. iSpring Water Systems, LLC*, Commission File No. C4611 (Apr. 12, 2019), [https://www.ftc.gov/system/files/documents/public\\_statements/1513499/ispring\\_water\\_systems\\_llc\\_c4611\\_modified\\_joint\\_statement\\_of\\_commissioners\\_phillips\\_and\\_wilson\\_4-12.pdf](https://www.ftc.gov/system/files/documents/public_statements/1513499/ispring_water_systems_llc_c4611_modified_joint_statement_of_commissioners_phillips_and_wilson_4-12.pdf).

**DATES:** Nominations for membership on the PACHA must be received no later than 8:00 p.m. (ET) Monday, January 3, 2022. Packages received after this time will not be considered for the current membership cycle.

**ADDRESSES:** All nominations should be electronically mailed in one email to [PACHA@hhs.gov](mailto:PACHA@hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Ms. Caroline Talev, Management Analyst and Alternate Designated Federal Officer to PACHA; email [Caroline.Talev@hhs.gov](mailto:Caroline.Talev@hhs.gov) and include in the subject line "PACHA Application." Additional information about PACHA can be obtained by accessing the Council's website at About PACHA | [HIV.gov](https://www.hhs.gov/pacha).

**SUPPLEMENTARY INFORMATION:** PACHA was established by Executive Order 12963, dated June 14, 1995 as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to promote effective prevention of HIV disease and AIDS. The functions of the Council are solely advisory in nature.

The Council consists of not more than 25 members. Council members are selected from prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health, population health, faith, philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society. PACHA selections will also include persons with lived HIV experience and racial/ethnic and sexual and gender minority persons disproportionately affected by HIV. Council members are appointed by the Secretary or designee, in consultation with the White House Office on National AIDS Policy. Pursuant to advance written agreement, Council members shall receive no stipend for the advisory service they render as members of PACHA. However, as authorized by law and in accordance with Federal travel regulations, PACHA members may receive per diem and reimbursement for travel expenses incurred in relation to performing duties for the Council.

This announcement is to solicit nominations of qualified candidates to fill current and upcoming vacancies on the PACHA.

### Nominations

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to

the accomplishments of PACHA's objectives. Federal employees will not be considered for membership. The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Committee members are Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. Individuals who are selected for appointment will be required to provide detailed information regarding their financial interests. Note that the need for different expertise varies from year to year and a candidate who is not selected for an open position may be reconsidered for a subsequent open position. SGE nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Candidates should submit the following items to be considered of appointment:

- Current curriculum vitae or resume, including complete contact information (telephone numbers, mailing address, email address).
- A biographical sketch of the nominee (500 words or fewer).
- A letter of interest or personal statement from the nominee stating how their expertise would inform the work of PACHA.
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services.

Individuals can nominate themselves for consideration of appointment to the Council. All nominations must include the required information in *one email* sent to [PACHA.hhs.gov](mailto:PACHA.hhs.gov) with the subject line, "PACHA Application." Incomplete nomination applications will not be processed for consideration.

The Department is legally required to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the functions to be performed by the advisory committee. Appointment to the Council shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. The Standards of Ethical Conduct for Employees of the Executive Branch are applicable to individuals

who are appointed as members of the Council.

Dated: October 5, 2021.

**Caroline Talev,**

*Management Analyst, Office of Infectious Disease and HIV/AIDS Policy, Alternate Designated Federal Officer, Presidential Advisory Council on HIV/AIDS, Office of the Assistant Secretary for Health, Department of Health and Human Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS-0955-New]

### Agency Generic Information Collection Request; 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, Health and Human Service, 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 November 22, 2021.

**ADDRESSES:** Submit your comments to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or via facsimile to (202) 395-5806.

**FOR FURTHER INFORMATION CONTACT:** Sherrette Funn, [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or (202) 795-7714. When requesting information, please include the

document identifier 0955-New-30D and project title for reference.

**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.

*Title of the Collection:* Access, Exchange and Use of Social Determinants of Health Data in Clinical Notes.

*Type of Collection:* New.

*OMB No.:* 0955-NEW—Office of the National Coordinator for Health Information Technology.

*Abstract:* The Department of Health and Human Services (HHS), Office of the Secretary, Office of the National Coordinator for Health Information Technology (ONC), promotes the access, exchange, and use of electronic health information to improve health care. There are ongoing efforts to determine what types of information should be recorded in patients' electronic medical records and how that information can be utilized to improve health and healthcare. Data reflecting Social Determinants of Health (SDOH)—the conditions in which people live, learn, work, and play—is limited across healthcare yet is vital to collect and understand for both individual care and public health. There is a growing

recognition that by capturing and accessing SDOH data during the course of care, providers can more easily address non-clinical factors, such as food, housing, and transportation insecurities, which can have a profound impact on a person's overall health.

The 21st Century Cures Act (Cures Act) requires HHS and ONC to improve the interoperability of health information. ONC's Cures Act final rule identifies important data elements that should be made electronically available and exchanged through the use of health information technology (IT).

In support of these efforts, ONC seeks to better understand patients' and health care providers' knowledge of SDOH, how SDOH data are currently documented in the electronic health record and how this information is used in patient care. Additionally, ONC seeks to understand challenges experienced and preferences for SDOH data collection, sharing and utilization from both the provider and patient perspectives.

A series of 20 focus groups, a mix of asynchronous (discussion board) and synchronous (live), will be conducted among groups of healthcare professionals (10 groups) and patients/care partners (10 groups), representing various backgrounds, demographics, and healthcare professions, to learn more about their experiences and thoughts relating to the capture and utilization of SDOH data. A prescreening questionnaire will be sent to 1,500 individuals and 200 of those 1,500 people will be chosen to participate in the focus groups. Each individual will participate in one 90-minute focus group.

### ESTIMATED ANNUALIZED BURDEN TABLE

Form name	Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Prescreening Questionnaire (English).	Patients and Care Partners .....	675	1	5/60	56
Prescreening Questionnaire (Spanish).	Patient and Care Partners (Spanish speakers).	75	1	5/60	6
Prescreening Questionnaire .....	Clinicians and Healthcare Professionals.	750	1	5/60	63
Asynchronous Focus Group .....	Patients and Care Partners .....	10	1	90/60	15
Synchronous Focus Group (English)	Patients and Care Partners .....	80	1	90/60	120
Synchronous Focus Group (Spanish)	Patients and Care Partners (Spanish speakers).	10	1	90/60	15
Asynchronous Focus Group .....	Clinicians and Healthcare Professionals.	90	1	90/60	135
Synchronous Focus Group .....	Clinicians and Healthcare Professionals.	10	1	90/60	15
Total .....	.....	1700	1	.....	425