

private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted in preparation of the final document.

In 2017–2019 in the United States, 65% of women aged 15–49 years used contraception; the most common contraceptive methods used were female sterilization, oral contraceptive pills, implants and intrauterine devices, and male condoms [1]. The majority (61%) of U.S. women aged 18–49 years have ongoing or potential need for contraceptive services [2]. Similarly, in 2010–2016, about 60% of men aged 15–44 years in the United States needed family planning [3]. Equitable access to evidence-based, high quality care is critical to meeting the needs of persons seeking contraceptive services, improving reproductive autonomy, and reducing unintended pregnancy in the United States [2].

Since 2010, CDC has published evidence-based recommendations on contraception provision. These recommendations are intended to assist health care providers when they counsel patients about choice and use of contraceptive methods, with the goal of reducing medical barriers to contraception access. *U.S. Medical Eligibility Criteria for Contraceptive Use, 2016* (US MEC) comprises recommendations for the use of specific contraceptive methods by persons with certain characteristics or medical conditions, such as diabetes, hypertension, and being postpartum or breastfeeding [4]. *U.S. Selected Practice Recommendations for Contraceptive Use, 2016* (US SPR) addresses common, yet sometimes complex, issues regarding initiation and use of specific contraceptive methods, such as examinations or tests needed before starting a method and management of side effects [5]. Both guidance documents are adapted from global guidance developed by the World Health Organization (WHO) and are based on review of the scientific evidence and consultation with national experts. CDC partners with other federal agencies and professional organizations in the development, dissemination, and implementation of the guidance documents to improve access to contraception and quality of family planning services.

CDC is committed to ensuring that the US MEC and US SPR recommendations are reviewed and updated as new scientific evidence becomes available. Working with WHO, CDC continuously monitors peer-reviewed literature and

updates recommendations as needed, with comprehensive reviews approximately every 5 years. CDC is currently planning for the next update of the US MEC and US SPR and will consider public comments when determining the scope of the guidance update. CDC is seeking feedback from health care providers, professional organizations, community-based organizations, organizations that seek to improve reproductive health, patient advocacy groups, and the public.

The current US MEC may be found at the Supplementary Materials tab of the docket and at <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>. The current US SPR may be found at the Supplementary Materials tab of the docket and at <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html>.

References

1. Daniels K, Abma JC. Current contraceptive status among women aged 15–49: United States, 2017–2019. *NCHS Data Brief* 2020;388:1–8.
2. Zapata LB, Pazol K, Curtis KM et al. Need for contraceptive services among women of reproductive age—45 jurisdictions, United States, 2017–2019. *MMWR Morb Mortal Wkly Rep* 2021;70:910–15.
3. Marcell AV, Gibbs SE, Choiyyah I et al. National needs of family planning among US men aged 15 to 44 years. *Am J Public Health* 2016;106:733–9.
4. Curtis KM, Tepper NK, Jatlaoui TC, et al. U.S. medical eligibility criteria for contraceptive use, 2016. *MMWR Recomm Rep* 2016;65(RR–3):1–103.
5. Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. selected practice recommendations for contraceptive use, 2016. *MMWR Recomm Rep* 2016;65(RR–4):1–66.

Dated: August 16, 2021.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2021–17818 Filed 8–18–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Guidance for Submitting an Annual Report to the Secretary (OMB #0970–0409)

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

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF), Office of Child Care (OCC) is requesting a 3-year extension of the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Guidance for Submitting an Annual Report to the Secretary (OMB #0970–0409; expiration 9/30/2021). There are minor updates to the annual guidance which reflects a change in timing for the due date of the final report.

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.

SUPPLEMENTARY INFORMATION:

Description: Section 511(e)(8)(A) of Title V of the Social Security Act requires that grantees under the MIECHV program for states and jurisdictions submit an annual report to the Secretary of Health and Human Services regarding the program and activities carried out under the program, including such data and information as the Secretary shall require. Section 511(h)(2)(A) further states that the requirements for the MIECHV grants to tribes, tribal organizations, and urban Indian organizations are to be consistent, to the greatest extent practicable, with the requirements for grantees under the MIECHV program for states and jurisdictions.

OCC, in collaboration with the Health Resources and Services Administration, Maternal and Child Health Bureau awarded grants for the Tribal MIECHV Program (Tribal Home Visiting) to support cooperative agreements to conduct community needs assessments; plan for and implement high-quality, culturally-relevant, evidence-based home visiting programs in at-risk tribal communities; establish, measure, and report on progress toward meeting performance measures in six legislatively-mandated benchmark areas; and conduct rigorous evaluation activities to build the knowledge base on home visiting among Native populations.

After the first grant year, Tribal Home Visiting grantees must comply with the requirement to submit an Annual Report to the Secretary that should feature activities carried out under the program during the past reporting period, and a final report to the Secretary during the final year of their grant. To assist grantees with meeting these requirements, ACF created guidance for grantees to use when writing their reports. The guidance specifies that grantees must address the following:

- Update on Home Visiting Program Goals and Objectives

- Update on the Implementation of Home Visiting Program in Targeted Community(ies)
- Progress toward Meeting Legislatively Mandated Benchmark Requirements
- Update on Rigorous Evaluation Activities
- Home Visiting Program Continuous Quality Improvement (CQI) Efforts
- Update on dissemination activities
- Administration of Home Visiting Program
- Technical Assistance Needs

Previously, the guidance included information about both the annual and

the final reports from grantees. This extension request includes updates to the guidance to make it specific to just the annual reports. Guidance specific to the final report will be submitted for review and approval by OMB in the future. A comment period will accompany that request.

Respondents: Tribal Home Visiting Managers (information collection does not include direct interaction with individuals or families that receive the services).

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Annual Report to the Secretary	23	1	25	575

Estimated Total Annual Burden Hours: 575.

Authority: Title V of the Social Security Act, Sections 511(e)(8)(A) and 511(h)(2)(A).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021-17773 Filed 8-18-21; 8:45 am]

BILLING CODE 4184-43-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting: National Committee on Vital and Health Statistics

AGENCY: Centers for Disease Control and Prevention, Health and Human Services.

ACTION: Notice of meeting.

SUMMARY: Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting: National Committee on Vital and Health Statistics (NCVHS), Meeting of the Full Committee. This meeting is open to the public. The public is welcome to obtain the link to attend this meeting by following the instructions that will be posted here prior to the meeting: <https://ncvhs.hhs.gov/meetings/full-committee-meeting-8/>.

DATES: The meeting will be held Thursday, September 9, 2021: 10:30 a.m.–5:00 p.m. EST and Friday, September 10, 2021: 10:30 a.m.–5:00 p.m. EST

ADDRESSES: Virtual open meeting.

FOR FURTHER INFORMATION CONTACT: Substantive program information may

be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, or via electronic mail to vgh4@cdc.gov; or by telephone (301) 458-4715. Summaries of meetings and a roster of Committee members are available on the home page of the NCVHS website, <https://ncvhs.hhs.gov/>, where further information including an agenda and instructions to access the broadcast of the meeting will be posted.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488-3210 as soon as possible.

SUPPLEMENTARY INFORMATION:

Purpose: As outlined in its Charter, the National Committee on Vital and Health Statistics assists and advises the Secretary of HHS on health data, data standards, statistics, privacy, national health information policy, and the Department's strategy to best address those issues. This includes the adoption and implementation of transaction standards, unique identifiers, operating rules and code sets adopted under the Health Insurance and Portability Act of 1996 (HIPAA).¹ At this meeting, the Committee will receive updates from HHS officials, hold discussions on current health data policy topics, and discuss its work plan for the upcoming period.

The Subcommittee on Standards will bring forward a letter that outlines a set

of recommendations for HHS actions regarding the 11th Revision of the International Classification of Diseases (ICD-11) for the Committee's consideration. In addition, the Subcommittee will update the full Committee on the August 25 Listening Session on Healthcare Standards Development, Adoption and Implementation, and how the input received from that session, as well as from an extended public comment period, is informing the Subcommittee's "Convergence 2.0" project. The Subcommittee on Privacy, Confidentiality & Security will update the Committee regarding the July 14 hearing on Security in Healthcare and on its project to examine considerations for data collection and use during a public health emergency. The Committee also will discuss a potential project that would assess current standards and practices for reporting race and ethnicity data and sexual orientation and gender identity (SOGI) data.

The Committee will reserve time for public comment toward the end of the schedule on both days. Meeting times and topics are subject to change. Please refer to the agenda posted at the NCVHS website for this meeting <https://ncvhs.hhs.gov/meetings/full-committee-meeting-8/> for any updates.

Sharon Arnold,

Associate Deputy Assistant Secretary for Planning and Evaluation, Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 2021-17809 Filed 8-18-21; 8:45 am]

BILLING CODE 4150-05-P

¹ Public Law 104-191, 110 Stat. 1936 (Aug 21, 1996), available at <https://www.congress.gov/104/plaws/publ191/PLAW-104publ191.pdf>.