

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 requires federal agencies to publish a 60-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.

### Information Collection

**1. Type of Information Collection Request:** New collection (Request for a new OMB control number); **Title of Information Collection:** The ESRD Network Peer Mentoring Program; **Use:** The End Stage Renal Disease (ESRD) Network Peer Mentoring Program is a voluntary program designed to provide patient peer support to people with kidney disease. In part, the peer support is beneficial because patients can give each other something most practitioners do not have: Lived experience with kidney disease. The support and perspective of someone who has “been there” can help people better cope with their circumstances.

The ESRD Network Peer Mentoring Program is a partnership between dialysis facilities, ESRD Networks, and patient peer mentors and mentees that wish to engage in the program. The peer mentoring program is organized and published with educational opportunities for peer mentors and mentees, provides resources, and includes a complementary toolkit for ESRD Networks and dialysis facilities to promote and operationalize the program.

Program applicants are people with ESRD who: (1) Are adults over the age of 18; have been receiving in-center or home dialysis or have been transplanted for at least six months; actively engage in the care plan; consistently demonstrate leadership qualities at facility Quality Assurance & Performance Improvement (QAPI) meetings, Lobby Days, and other facility activities; and wish to be a peer mentor; or (2) are over 18 years of age; are newly diagnosed patients but have been on in-center dialysis for at least six months; are looking for peer support to help them transition to their new reality; and are known as a peer mentee.

To participate in the ESRD Network Peer Mentoring Program, peer mentors

and mentees will complete an online application form stored in Confluence. The application serves to validate the peer mentor or peer mentee interest in the ESRD Network Peer Mentoring Program. Information collection is important to the process of pairing peer mentors and mentees with similarly lived experience and interests with their kidney disease. In addition, the application collects information about the peers’ interest in kidney disease, treatment modality, age range, preferred gender recognition, and attitudes toward their kidney disease diagnosis. It also supports aligning hobbies, and genders to support best matched peers with each other. **Form Number:** CMS–10768 (OMB control number: 0938–NEW); **Frequency:** Once; **Affected Public:** Individuals and Households; **Number of Respondents:** 75; **Total Annual Responses:** 75; **Total Annual Hours:** 19. (For policy questions regarding this collection, contact Lisa Rees at 816–426–6353.)

Dated: July 12, 2021.

**William N. Parham, III,**

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

[FR Doc. 2021–15099 Filed 7–15–21; 8:45 am]

**BILLING CODE 4120–01–P**

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Best Practices for Advancing Cultural Competency, Language Access and Sensitivity Toward Asian Americans and Pacific Islanders

**AGENCY:** Office of Minority Health, Department of Health and Human Services (HHS).

**ACTION:** Request for information.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) seeks input from Asian American and Pacific Islander (AAPI) communities and AAPI-serving organizations to inform the development of guidance describing best practices for advancing cultural competency, language access, and sensitivity toward Asian Americans and Pacific Islanders in the context of the Federal Government’s COVID–19 response. This is NOT a solicitation for proposals or proposal abstracts.

**Please note:** This request is for information (RFI) and is for planning purposes only. It is not a notice for a proposal and does not commit the federal government to issue a solicitation, make an award, or pay any costs associated with responding to this

announcement. All submitted information shall remain with the federal government and will not be returned. All responses will become part of the public record and will not be held confidential. The federal government reserves the right to use information provided by respondents for purposes deemed necessary and legally appropriate. Respondents are advised that the federal government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. Responses will not be accepted after the due date. After a review of the responses received, a notice of funding opportunity or pre-solicitation synopsis and solicitation may be published.

**DATES:** To be assured consideration in the development of best practices guidance, written comments must be submitted and received at the address provided below, no later than 11:59 p.m. on August 17, 2021.

**ADDRESSES:** OMH invites the submission of the requested information through one of the following methods:

- **Preferred method:** Submit information through the Federal eRulemaking Portal at <http://www.regulations.gov>. Follow the online instructions for submissions.

- **Email:** Send comments to [minorityhealth@hhs.gov](mailto:minorityhealth@hhs.gov) with the subject line “OMH RFI: AAPI Best Practices.”

Submissions received after the deadline will not be reviewed. Respond concisely and in plain language. You may use any structure or layout that presents your information well. You may respond to some or all of our questions, and you can suggest other factors or relevant questions. You may also include links to online material or interactive presentations. Clearly mark any proprietary information and place it in its own section or file. Your response will become government property, and we may publish some of its non-proprietary content.

**FOR FURTHER INFORMATION CONTACT:** Juliet Bui, 1101 Wootton Parkway, Suite 100, Rockville, MD, 20852, (240) 453–6166, [Juliet.Bui@hhs.gov](mailto:Juliet.Bui@hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background Information

On January 26, 2021, President Biden issued a Memorandum Condemning and Combating Racism, Xenophobia, and Intolerance against Asian Americans and Pacific Islanders in the United States. The memorandum directed the HHS Secretary, in coordination with the COVID–19 Health Equity Task Force, to

consider issuing guidance describing best practices for advancing cultural competency, language access, and sensitivity toward AAPIs in the context of the federal government's COVID-19 response, including best practices set forth by public health organizations and experts for mitigating racially discriminatory language in describing the COVID-19 pandemic. OMH is leading a Departmental response to the memorandum. In accordance with this memorandum, OMH seeks to obtain information that may become part of or inform guidance to be issued regarding best practices.

## II. Definitions

For the purposes of this RFI, the following working definitions apply.

**Best practices**—A practice supported by evidence indicating effectiveness in advancing cultural competence, language access or sensitivity toward AAPIs in the context of the COVID-19 response, generally demonstrated through systematic review, research, evaluation or practice-based evidence. Practices could include interventions, programs, strategies, policies, procedures, processes or other activities.

**COVID-19 response**—Federal activities including, but not limited to:

- Data collection, utilization and reporting
- Allocation of personal protective equipment (PPE), tests, vaccines, therapeutics and other resources
- Enforcement of anti-discrimination and HIPAA requirements pertaining to availability and access to COVID-19 care and treatment
- Assistance to individuals and families experiencing disproportionate economic or health effects from COVID-19
- Training and placement of contact tracers and other workers
- Outreach related to vaccine trust and uptake, public health measures/prevention, testing, or other mitigation measure

## III. Questions

• What specific best practices in the areas listed below should be included in federal guidance? Please describe the best practice(s), evidence of its effectiveness, and how it has been applied (or could be applied) to COVID-19 response activities.

- Advancing cultural competency toward AAPIs
- Advancing language access for AAPIs
- Advancing sensitivity toward AAPIs
- Mitigating racially discriminatory language against AAPIs
- Practices that apply the National Standards for Culturally and

Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

- What sources/resources should HHS use to identify additional best practices in these areas?
- What considerations should be made in the content, audiences and format for best practices guidance products, particularly to support implementation?
- How should the best practices guidance be disseminated (e.g., mechanisms, audiences)?
- Beyond issuing best practices guidance, how can HHS support implementation of the best practices?

Dated: July 12, 2021.

**Juliet Bui,**

*Public Health Advisor, Office of Minority Health.*

[FR Doc. 2021-15168 Filed 7-15-21; 8:45 am]

**BILLING CODE 4150-29-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; 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:** Center for Scientific Review Special Emphasis Panel; Endocrinology and Reproduction.

**Date:** August 5, 2021.

**Time:** 12:00 p.m. to 1:30 p.m.

**Agenda:** To review and evaluate grant applications.

**Place:** National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

**Contact Person:** Dianne Hardy, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6175, MSC 7892, Bethesda, MD 20892, 301-435-1154, [dianne.hardy@nih.gov](mailto:dianne.hardy@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333,

93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: July 12, 2021.

**Tyeshia M. Roberson-Curtis,**

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

[FR Doc. 2021-15119 Filed 7-15-21; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; 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:** Center for Scientific Review Special Emphasis Panel; Member Conflict: Neurodevelopment, Neurodegeneration, Neuroimmunology, Infections Diseases and Brain Tumors.

**Date:** July 29, 2021.

**Time:** 11:00 a.m. to 5:00 p.m.

**Agenda:** To review and evaluate grant applications.

**Place:** National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

**Contact Person:** Pat Manos, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5200, MSC 7846, Bethesda, MD 20892, 301-408-9866, [manospa@csr.nih.gov](mailto:manospa@csr.nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: July 12, 2021.

**Tyeshia M. Roberson-Curtis,**

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

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