information technology (HIT) to collect and report data. HIT may include an electronic patient registry or an electronic health record, and is a critical component for improving quality and patient outcomes. With HIT it is possible to generate timely and meaningful data, which helps providers track and plan care.

**Need and Proposed Use of the Information:** For this program, performance measures were drafted to provide data to the program and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal topic areas of interest to the Federal Office of Rural Health Policy, including: (a) Access to care; (b) population demographics; (c) staffing; (d) consortium/network; (e) sustainability; and (f) project specific domains. All measures speak to HRSA’s progress toward meeting the goals set.

HRSA collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. HRSA uses the data for program improvement and grantees use the data for performance tracking. No changes are proposed from the current data collection effort.

**Likely Respondents:** The respondents would be recipients of the Small Health Care Provider Quality Improvement Program.

**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 and 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

<table>
<thead>
<tr>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total responses</th>
<th>Average burden per response (in hours)</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Program PIMS Measures</td>
<td>32</td>
<td>1</td>
<td>32</td>
<td>8</td>
<td>256</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td></td>
<td>32</td>
<td></td>
<td>256</td>
</tr>
</tbody>
</table>

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.

**DATES:** Comments on the ICR must be received on or before April 26, 2021.

**ADDRESSES:** Submit your comments to Sherrette.Funn@hhs.gov or by calling (202) 795–7714.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 0990-New-60D, and project title for reference, to Sherrette Funn, the Reports Clearance Officer, Sherrette.Funn@hhs.gov, or call 202–795–7714.

**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.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency Information Collection Request. 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, 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.

**Abstract:** The Office of Minority Health (OMH) is seeking an approval by OMB on a new information collection, advancing the response to COVID–19 Learning Community Measure (hereafter COVID–19 Learning Community Measure). The purpose of this data collection is to gather quantitative and qualitative data from Learning Community members to monitor learning community performance in achieving process and outcome measures over the course of the one-year project. OMH will collect a set of process and outcome measures from program participants to assess the degree to which the learning community is effective in connecting subject matter experts and public health leaders, facilitating networking, and peer-to-peer information sharing of promising practices, programs, and/or policy.

The clearance is needed to collect data to enable OMH to monitor and evaluate the COVID–19 Learning Community performance. The data will be used to report the impact of the COVID–19 Learning Community. The ability to monitor and evaluate performance in this manner, and to work towards continuous program improvement are basic functions that OMH must be able to accomplish in order to carry out goals for the COVID–19 Learning Community and to ensure
the most effective and appropriate use of resources.

**Likely Respondents:** Members and staff from academia, community organizations, local/state/federal government, private sector, and tribal government and services who serve American Indian and Alaska Native and/or racial and ethnic minorities.

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**ANNUALIZED BURDEN HOUR TABLE**

<table>
<thead>
<tr>
<th>Forms (if necessary)</th>
<th>Respondents (if necessary)</th>
<th>Estimated number of respondents</th>
<th>Number of responses per respondents</th>
<th>Average burden per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post COVID–19 Learning Community Survey.</td>
<td>COVID–19 Learning Community Members.</td>
<td>200</td>
<td>1</td>
<td>5/60</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of Mental Health; 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:** National Institute of Mental Health Special Emphasis Panel; BRAIN Initiative: Non-Invasive Neuromodulation—New Tools and Techniques for Spatiotemporal Precision (R01).

**Place:** National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Telephone Conference Call).

**Contact Person:** Erin E. Gray, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, National Institutes of Health, 6001 Executive Boulevard, NSC 6152B, Bethesda, MD 20892, 301–402–8152, erin.gray@nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS)

**Date:** February 18, 2021.

**Melanie J. Pantoja,** Program Analyst, Office of Federal Advisory Committee Policy.

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

**Contact Person:** Ronit Iris Yarden, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 904B, Bethesda, MD 20892, (302) 552–9939, yardenrn@csr.nih.gov.

**Name of Committee:** Center for Scientific Review Special Emphasis Panel; Fellowship: Cardiovascular and Respiratory Sciences.

**Date:** March 24–25, 2021.

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

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

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

**Contact Person:** Kimm Hamann, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4118A, MSC 7814, Bethesda, MD 20892, (301) 435–5557, hamannkj@csr.nih.gov.

**Name of Committee:** Center for Scientific Review Special Emphasis Panel; Special Topics: Noninvasive Neuromodulation and EEG/MEG Neuroimaging.

**Date:** March 24, 2021.

**Time:** 9:00 a.m. to 7:00 p.m.

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

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

**Contact Person:** Sharon S. Low, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5104, MSC 5104, Bethesda, MD 20892–5104, 301–237–1487, lowss@csr.nih.gov.

**Name of Committee:** Center for Scientific Review Special Emphasis Panel; Fellowships: Infectious Diseases and Immunology A.

**Date:** March 24–25, 2021.

**Time:** 9:30 a.m. to 5:00 p.m.

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

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