property was no longer available for
long-term leasing. CDC attempted to
purchase the underlying property on
which LLEM is located, but NIOSH
vacated the LLEM after market-based
purchase offers were rejected by the
property owners.

In 2013, CDC completed a Project
Development Study to outline a design
solution to replace the LLEM. The study
presented the facility and site
requirements and design concepts for
the replacement facilities. In 2016, to
identify potentially available locations
that could accommodate the space
requirements defined in the 2013 study,
GSA issued (on behalf of CDC) two
separate Requests for Expressions of
Interest (REOI) for a site, developed or
undeveloped, that could be used for the
new underground safety research
facility. The first REOI, advertised in
June 2016, contained a limited
delineated area within a 200-mile radius
of the LLEM. The REOI set forth criteria
that would be used to evaluate the
suitability of the submitted sites. One
expression of interest did not contain all
necessary information to evaluate the
offeror of the Missouri site did not
respond to subsequent GSA inquiries.

The potential site in West Virginia
met the minimum criteria and was
determined to be a viable site. The site
is located near Mace, West Virginia, and
straddles the Randolph and Pocahontas
County lines.

In accordance with NEPA, as
implemented by the CEQ regulations (40
CFR parts 1500–1508), with GSA as a
cooperating agency, CDC prepared a
Draft EIS for the proposed acquisition of
the Site and construction of a new
underground safety research facility on
the Site. Under NEPA, federal agencies
are required to evaluate the
environmental effects of their proposed
actions and a range of reasonable
alternatives to the proposed action
before making a decision. On February
14, 2019, in accordance with NEPA,
CDC published a Notice of Availability
announcing that a Draft EIS for the
proposed action had been prepared. The
Draft EIS evaluated two alternatives: The
Proposed Action Alternative (acquisition
of the Site and construction of a new
underground safety research facility)
and the No Action Alternative. No other
alternatives were considered because
only one qualifying site was
identified through the site selection
process discussed above.

Publication of the Draft EIS notice
initiated a 51-day review period, which
ended on April 5, 2019. During this
period, CDC received comments from
government agencies, a Native
American tribe, and the public. These
comments pertained to the proposed
action in general, including the purpose
and need; water quality/groundwater
impacts; traffic impacts; tourism
impacts; noise and vibration impacts;
viewsheild impacts; and wildlife impacts.

All comments were considered when
preparing the Final EIS and responses to
the comments are provided in the Final
EIS. The Final EIS identifies the
Proposed Action Alternative as CDC’s
Preferred Alternative.

CDC will make a decision on whether
to proceed with the Proposed Action on
or after August 16, 2021. At that time,
CDC will issue a Record of Decision
documenting and explaining its
decision based on the Final EIS.

Dated: July 13, 2021.
Sandra Cashman,
Executive Secretary. Centers for Disease
Control and Prevention.

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Medicare & Medicaid
Services

[Document Identifier: CMS–10768]

AGENCY Information Collection
Activities: Proposed Collection;
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 (the
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
60 days for public comment on the
proposed action. Interested persons are
invited to send comments regarding our
burden estimates 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 must be received by
September 14, 2021.

ADDRESSES: When commenting, please
reference the document identifier or
OMB control number. To be assured
consideration, comments and
recommendations must be submitted in
any one of the following ways:

1. Electronically. You may send your
comments electronically to http://
www.regulations.gov. Follow the
instructions for “Comment or
Submission” or “More Search Options”
to find the information collection
document(s) that are accepting
comments.

2. By regular mail. You may mail
written comments to the following
address: CMS, Office of Strategic
Operations and Regulatory Affairs,
Division of Regulations Development,
Attention: Document Identifier/OMB
Control Number: , Room C4–26–05,
7500 Security Boulevard, Baltimore,
Maryland 21244–1850.

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 N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the
use and burden associated with the
following information collections. More
detailed information can be found in
each collection’s supporting statement
and associated materials (see
ADDRESSES).

CMS–10768—The ESRO Network Peer
Mentoring Program

Under the 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 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 mentor.

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.

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:

  • Email: Send comments to 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.

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