Dated: August 20, 2021.

Lauren K. Roth,

Acting Principal Associate Commissioner for Policy

[FR Doc. 2021–19096 Filed 9–2–21; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Blood and Tissue Safety and Availability

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

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services is hereby giving notice that the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) will hold a virtual meeting. The meeting will be open to the public. The committee will discuss and vote on recommendations to improve the supply chain and data infrastructure that supports the blood industry, especially during public health emergencies. This meeting will build upon the presentations and discussions held during the 53rd ACBTSA meeting from August 17–18, 2021.

DATES: The meeting will take place virtually on Thursday, September 23, 2021 from approximately 1:00 p.m.–4:00 p.m. Eastern Time (ET). Meeting times are tentative and subject to change. The confirmed times and agenda items for the meeting will be posted on the ACBTSA web page at *https://www.hhs.gov/oidp/advisory-committee/blood-tissue-safety-availability/meetings/2021-09-23/index.html* when this information becomes available.

FOR FURTHER INFORMATION CONTACT: James Berger, Designated Federal Officer for the ACBTSA; Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, Department of Health and Human Services, Mary E. Switzer Building, 330 C Street SW, Suite L600, Washington, DC 20024. Email: *ACBTSA@hhs.gov.*

SUPPLEMENTARY INFORMATION: ACBTSA is a discretionary Federal advisory committee. ACBTSA The Committee is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C. app), which sets forth standards for the formation and use of advisory committees. On the day of the meeting, please go to *https://www.hhs.gov/live/index.html* to view the meeting. The public will have an opportunity to present their views to the ACBTSA by submitting a written public comment. Comments should be pertinent to the meeting discussion. Persons who wish to provide written public comment should review instructions at *https://www.hhs.gov/oidp/advisory-committee/blood-tissue-safety-availability/meetings/2021-09-23/index.html* and respond by midnight September 16, 2021, ET. Written public comments will be accessible to the public on the ACBTSA web page prior to the meeting.

ACBTSA functions to provide advice to the Secretary through the Assistant Secretary for Health on a range of policy issues to include: (1) Identification of public health issues through surveillance of blood and tissue safety issues with national survey and data tools; (2) identification of public health issues that affect availability of blood, blood products, and tissues; (3) broad public health, ethical, and legal issues related to the safety of blood, blood products, and tissues; (4) the impact of various economic factors (*e.g.,* product cost and supply) on safety and availability of blood, blood products, and tissues; (5) risk communications related to blood transfusion and tissue transplantation; and (6) identification of infectious disease transmission issues for blood, organs, blood stem cells and tissues. The Committee has met regularly since its establishment in 1997.

Dated: August 27, 2021.

James J. Berger,

Designated Federal Officer, Advisory Committee on Blood and Tissue Safety and Availability, Office of Infectious Disease and HIV/AIDS Policy.

[FR Doc. 2021–19026 Filed 9–2–21; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Licensing of Office of Refugee Resettlement Facilities Request for Information

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: The Unaccompanied Children (UC) Program is responsible for the administration of childcare facilities throughout the country that care for unaccompanied children arriving in the United States prior to those children being placed with viable sponsors in the United States. To inform a strategic and impactful plan for the administration of these facilities HHS is issuing this Request for Information (RFI). The RFI solicits specific input regarding options for a Federal licensure process to ensure continued program operations.

DATES: To be considered, public comments must be received electronically no later than October 4, 2021.

ADDRESSES: Public comments should be submitted online at *http://www.regulations.gov.* All submissions must be submitted to the Docket named ACF–2021–0001 to ''Request for Information (RFI) from Non-Federal Stakeholders: Federal Licensing of ORR Facilities.'' Comments submitted electronically, including attachments, will be posted to the docket unchanged and available to view by the public. Evidence and information supporting your comment can be submitted as attachments. Please provide your contact information or organization name on the web-based form for possible follow up from HHS. There is a 5,000-character limit on comments and maximum number (10) of attached files and maximum size (10 MB) of each attached file.

FOR FURTHER INFORMATION CONTACT: Toby Biswas, Senior Supervisory Policy Counsel, Division of Policy and Procedures, Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services, Washington, DC, (202) 205–4440 or *ucpolicy@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: ORR facilities are currently administered through a nationwide network of grantee providers that care for unaccompanied children on a day-to-day basis. These facilities are subject to Federal ORR policies and regulations regarding their operations as well as applicable State-based licensure regulations regarding the operation of childcare facilities in each jurisdiction.

The Flores Settlement Agreement (FSA) generally requires that ORR promptly place unaccompanied children into a State licensed child-care program. As of July 2021, ORR operates over 200 licensed care provider facilities in 22 states under approximately 50 separate grants executed under Cooperative Agreements between ORR and the grantee care providers. Each State has its own State licensing standards.

The Director of ORR and the Secretary of HHS have broad authority to oversee policies for the care of unaccompanied children, including by identifying a

sufficient number of qualified individuals, entities, and facilities to house unaccompanied children; overseeing the infrastructure and personnel at facilities that ORR places unaccompanied children; and conducting investigations and inspections of the facilities that house unaccompanied children. *See* 6 U.S.C. 279(b)(1)–(2); 8 U.S.C. 1232. Accordingly, the Director has authority to develop, implement, and oversee the licensing or other approval of facilities that house unaccompanied children pursuant to a set of uniform Federal standards. Historically, ORR has not developed or implemented a Federal licensing or approval system and instead has funded State-licensed care facilities.

On May 31, 2021, Texas Governor Greg Abbott issued an emergency proclamation directing the Texas Health and Human Service Commission (HHSC) to ''discontinue state licensing of any child-care facility in this state that shelters or detains [unaccompanied children] under a contract with the federal government.'' The May 31 proclamation directs HHSC to ''deny a license application for any new child-care facility that shelters or detains [unaccompanied children] under a contract with the federal government, to renew any existing such licenses for no longer than a 90-day period following the date of this order, and to provide notice and initiate a 90-day period beginning on the date of this order to wind down any existing such licenses.'' [1]

On July 13, 2021, HHSC issued an emergency rule implementing the May 31 Proclamation, which creates a temporary exemption to Texas's State licensure requirement for child-care facilities that shelter unaccompanied children in Federal custody. *See* 26 T.A.C. section 745.115. The emergency rule—and the exemption it provides—are only effective for 120 days and can only be renewed for an additional 60 days. The emergency rule directed facilities with an existing license serving unaccompanied children to provide notice to HHCS by July 31, 2021, indicating whether they intended to continue serving unaccompanied children after August 30, 2021, and if so, whether they intended to relinquish their licenses and continue operating as an exempt, unlicensed program, or whether they intended to retain their licenses and continue serving unaccompanied children by separately operating an exempt program to serve their unaccompanied child population. *See* 26 T.A.C. section 745.10301. The same day, HHSC issued updated guidance regarding the May 31 proclamation.[2] It is unclear if the Texas legislature intends to provide a permanent exemption when the emergency rule expires.

ORR is committed to providing the highest level of services to all children in ORR facilities and to treating all unaccompanied children with dignity, respect, and special concern for their particular vulnerability. As such, ORR is exploring the possibility of providing Federal licenses to ORR facilities where State law declines to license or otherwise exempts from licensure programs that contract or have a grant with ORR for the provision of physical care and services for unaccompanied children. HHS is considering assigning the responsibility of licensing or approving ORR facilities to a component outside of ORR, such as in ACF, and having that component be responsible for investigations and inspections of the ORR facilities, as well as monitor compliance.

Any such HHS component would also monitor compliance with all necessary adopted standards independently of any direct ORR oversight. Specifically, this component would be responsible for investigations and inspections of ORR facilities and issuance of licenses under this plan. This HHS component might contract with an outside entity to perform some of the responsibilities discussed herein, while ultimately maintaining oversight over the outside entity.

Additionally, ORR is interested in determining whether accreditation through an independent accreditation agency could likewise accomplish the goal of providing applicable standards without Federal licensing.

The RFI seeks public input on the challenges posed by the current State-based system of licensures that requires facilities to comply with a variety of complex rules that vary by State and—as demonstrated by the Texas proclamation—exposes ORR facilities to licensing discrimination by State regulatory officials based on their affiliation with the Federal Government. The RFI also seeks input on what sort of licensing regime, and which responsible HHS component, would best serve the needs of current service providers, including any interests in standardization of licensing requirements, while also preserving independence and objectivity in oversight from ORR. The RFI also seeks input regarding how best to preserve independence from ORR in monitoring compliance of existing standards in ORR facilities as well as any additional commentary that would be relevant.

Responses may address one or more of the areas below:

1. What challenges do facilities face in complying with the State-based licensing scheme as currently operating around the country?

2. What sort of independent entity do you see as best positioned to provide the services currently provided by State licensing entities?

3. Comments on having one entity responsible for issuing licenses and a second entity responsible for investigations and inspections.

4. When should a provider seek a Federal license as opposed to a State license?

5. Views on the possibility of dual (State and Federal) licensure and/or Federal accreditation of State licensed facilities to ensure compliance with minimum Federal standards?

6. Suggestions on how to improve information sharing between State and Federal partners?

7. What challenges would be posed to existing ORR facilities if ORR were to seek a Federal license on a facility's behalf?

8. What types of standards should be adopted for licensure (the list is non-exhaustive, and commenters should please include recommendations on additional categories)?

a. Minimum standards for facilities
b. Admission, orientation, reunification, and release processes
c. Child rights
d. Services, including needs assessment, development of care plans, developmental and educational services, and legal services
e. Organization and administration
f. Reporting and recordkeeping
g. Training
h. Monitoring and oversight
i. Caregiver-to-child staffing ratios
j. Medical and dental care, family planning services, and emergency healthcare services
k. Mental health and behavior management
l. Visitation and contact with family members
m. Safeguarding children
n. Physical plant
o. Rescission and denial of licenses

9. How would an independent licensing entity best provide independence and objectivity from ORR in performing its critical task of monitoring compliance with all existing standards?

10. What proposed rules and processes should be applied for an independent investigatory agency to investigate and inspect federally licensed facilities?

11. What are some possible benefits of Federal licensure?

[1] May 31, 2021, Emergency Proclamation, available at: *https://gov.texas.gov/uploads/files/press/DISASTER_border_security_IMAGE_05-31-2021.pdf.*

[2] July 13, 2021, Updated Guidance on the Governor's Disaster Proclamation, available at: *https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/ccl-gov-declaring-disaster.pdf.*

12. What are some possible challenges of Federal licensure?

13. How would Federal licensure impact operations and other requirements, such as grant/contract or insurance requirements?

14. What agency or entity should investigate and inspect federally licensed facilities?

15. Comments regarding a Federal licensing scheme versus a Federal accreditation plan.

16. How can considerations for an ORR Federal licensing, accreditation, and/or monitoring scheme inform additional or aligned guidance and standards for other full-time child-caring facilities supported by ORR or HHS?

17. What information should ORR provide to the public on ORR-funded or ORR-licensed shelter facilities?

18. What resources should ORR consider if it develops a Federal licensing, accreditation, and/or monitoring program?

19. Would a Federal licensing or accreditation program need to work differently in different care environments, such as residential childcare institutions, group homes, and child behavioral health facilities?

20. Would you recommend any alternatives to a Federal licensing or accreditation scheme?

21. Any additional topics you wish to provide input on.

The information received will inform the planning for executing a new Federal licensing scheme or accreditation program.

Dated: September 1, 2021.

Cindy Huang,

Director, Office of Refugee Resettlement.

[FR Doc. 2021–19263 Filed 9–1–21; 4:15 pm]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meetings of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria

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

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that two meetings are scheduled to be held for the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB). The meetings will be open to the public via WebEx and teleconference; a pre-registered public comment session will be held during both meetings. Pre-registration is required for members of the public who wish to attend the meetings via WebEx/teleconference. Individuals who wish to send in their written public comment should send an email to *CARB@hhs.gov.* Registration information is available on the website *http://www.hhs.gov/paccarb* and must be completed by October 1, 2021 for the October 6, 2021 virtual Public Meeting; and, by November 29, 2021 for the November 30–December 1, 2021 virtual Public Meeting. Additional information about registering for the meeting and providing public comment can be obtained at *http://www.hhs.gov/paccarb* on the Upcoming Meetings page.

DATES: The October meeting is scheduled to be held on October 6, 2021, from 10:00 a.m. to 11:00 a.m. ET (times are tentative and subject to change). The November/December meeting is scheduled to be held on November 30, 2021 from 10:00 a.m. to 3:00 p.m. and December 1, 2021, from 10:00 a.m. to 3:00 p.m. ET (times are tentative and subject to change). The confirmed times and agenda items for both meetings will be posted on the website for the PACCARB at *http://www.hhs.gov/paccarb* when this information becomes available. Pre-registration for attending the meeting is strongly suggested and should be completed no later than October 1, 2021 for the October meeting and November 29, 2021 for the November/December meeting.

ADDRESSES: Instructions regarding attending this meeting virtually will be posted at least one week prior to the meeting at: *http://www.hhs.gov/paccarb.*

FOR FURTHER INFORMATION CONTACT: Jomana Musmar, M.S., Ph.D., Designated Federal Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, Room L616, Switzer Building, 330 C St. SW, Washington, DC 20024. Phone: 202–746–1512; Email: *CARB@hhs.gov.*

SUPPLEMENTARY INFORMATION: The Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB), established by Executive Order 13676, is continued by Section 505 of Public Law 116–22, the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA). Activities and duties of the Advisory Council are governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C. app.), which sets forth standards for the formation and use of federal advisory committees.

The PACCARB shall advise and provide information and recommendations to the Secretary regarding programs and policies intended to reduce or combat antibiotic-resistant bacteria that may present a public health threat and improve capabilities to prevent, diagnose, mitigate, or treat such resistance. The PACCARB shall function solely for advisory purposes.

Such advice, information, and recommendations may be related to improving: The effectiveness of antibiotics; research and advanced research on, and the development of, improved and innovative methods for combating or reducing antibiotic resistance, including new treatments, rapid point-of-care diagnostics, alternatives to antibiotics, including alternatives to animal antibiotics, and antimicrobial stewardship activities; surveillance of antibiotic-resistant bacterial infections, including publicly available and up-to-date information on resistance to antibiotics; education for health care providers and the public with respect to up-to-date information on antibiotic resistance and ways to reduce or combat such resistance to antibiotics related to humans and animals; methods to prevent or reduce the transmission of antibiotic-resistant bacterial infections; including stewardship programs; and coordination with respect to international efforts in order to inform and advance the United States capabilities to combat antibiotic resistance.

The October 6, 2021 public meeting will be held virtually and is dedicated to deliberation and vote of the letter with recommendations from the Immediate Action Subcommittee of the Advisory Council. The meeting agenda will be posted on the PACCARB website at *http://www.hhs.gov/paccarb* when it has been finalized. All agenda items are tentative and subject to change.

The November 31, 2021 and December 1, 2021 public meeting will be held virtually and will be dedicated to addressing the current situation regarding antimicrobial resistance as well as to a presentation from the National Academies of Sciences, Engineering, and Medicine on their report, Examining the Long-term Health and Economic Effects of Antimicrobial Resistance in the United States. The meeting agenda will be posted on the PACCARB website at *http://www.hhs.gov/paccarb* when it has been finalized. All agenda items are tentative and subject to change.

Instructions regarding attending both meetings virtually will be posted one