

conscious health care purchasing decisions, and reduce surprises in relation to their health care costs for items and services. Additionally, uninsured (or self-pay) individuals will need a good faith estimate to initiate the patient-provider dispute resolution process. Patient-Provider Dispute Resolution Process. HHS will request information from uninsured (or self-pay) individuals in order to initiate patient-provider dispute resolution process. This information will be used to help determine eligibility for the patient-provider dispute resolution process and is necessary for determining which provider or facility should be contacted for dispute resolution. Providers and facilities are required to submit information to SDR entities to inform the SDR entity's payment determinations. *Form Number:* CMS–10791 (OMB control number: 0938–NEW); *Frequency:* Annually; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 238,942; *Total Annual Responses:* 398,680; *Total Annual Hours:* 6,564,413. For policy questions regarding this collection contact Janny Frimpong at 301–492–4174.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Student Health Insurance Coverage; *Use:* Under the Student Health Insurance Coverage Final Rule published March 21, 2012 (77 FR 16453), student health insurance coverage is a type of individual health insurance coverage provided pursuant to a written agreement between an institution of higher education (as defined in the Higher Education Act of 1965) and a health insurance issuer, and provided to students who are enrolled in that institution and their dependents. The Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017 Final Rule provided that, for policy years beginning on or after July 1, 2016, student health insurance coverage is exempt from the actuarial value (AV) requirements under section 1302(d) of the Affordable Care Act, but must

provide coverage with an AV of at least 60 percent. This provision also requires issuers of student health insurance coverage to specify in any plan materials summarizing the terms of the coverage the AV of the coverage and the metal level (or the next lowest metal level) the coverage would otherwise satisfy under § 156.140. This disclosure will provide students with information that allows them to compare the student health coverage with other available coverage options. *Form Number:* CMS–10377 (OMB control number 0938–1157); *Frequency:* Annually; *Affected Public:* Private Sector; *Number of Respondents:* 48; *Total Annual Responses:* 953,541; *Total Annual Hours:* 48. For policy questions regarding this collection contact Russell Tipps at 301–492–4371.

Dated: December 29, 2021.
William N. Parham, III
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.
[FR Doc. 2021–28527 Filed 1–4–22; 8:45 am]
BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–new]

Agency Information Collection Request. 30-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.
DATES: Comments on the ICR must be received on or before February 4, 2022.
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.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, Sherrette.Funn@hhs.gov or (202) 795–7714. When submitting comments or requesting information, please include the document identifier 0990–New–30D and project title for reference.

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.

Title of the Collection: For HHS/ OHRP Consultation Process, Institutional Review Board Records.

Type of Collection: New OMB No. 0990–XXXX.

Abstract: The Assistant Secretary for Health, Office for Human Research Protections is requesting a new approval from the Office of Management and Budget of the Office for Human Research Protections (OHRP) requirement that Institutional Review Board records be submitted when an IRB or its institution request an HHS consultation process, for proposed research involving, respectively: (1) Pregnant women, human fetuses and neonates; (2) prisoners; or, (3) children, as subjects that are not otherwise approval by an IRB. The Office of the Assistant Secretary for Health, on behalf of the Secretary of HHS, may determine that such research can be conducted or supported by HHS after consulting with experts and allowing for public review of, and comment on, the proposed research.

Likely Respondents: IRBs.

TABLE—ANNUALIZED BURDEN HOUR

45 CFR part 46—HHS consultation process provision	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Subpart B, § 46. 207	3	1	1	3
Subpart C, § 46.306 (iii) and (iv)	3	1	1	3
Subpart D, § 46.407	4	1	1	4

TABLE—ANNUALIZED BURDEN HOUR—Continued

45 CFR part 46—HHS consultation process provision	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Total				10

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2021–28566 Filed 1–4–22; 8:45 am]

BILLING CODE 4150–36–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Physician-Focused Payment Model Technical Advisory Committee; Meetings

ACTION: Notice of meetings.

SUMMARY: This notice announces the 2022 meetings of the Physician-Focused Payment Model Technical Advisory Committee (PTAC). These meetings include deliberation and voting on proposals for physician-focused payment models (PFPs) submitted by individuals and stakeholder entities and may include discussions on topics related to current or previously submitted PFPs. All meetings are open to the public.

DATES: The 2022 PTAC meetings will occur on the following dates:

- Monday–Tuesday, March 7–8, 2022, from 10:00 a.m. to 3:00 p.m. ET
- Tuesday–Wednesday, June 7–8, 2022, from 9:00 a.m. to 5:00 p.m. ET
- Monday–Tuesday, September 19–20, 2022, from 9:00 a.m. to 5:00 p.m. ET
- Thursday–Friday, December 8–9, 2022, from 9:00 a.m. to 5:00 p.m. ET

Please note that times are subject to change. If the times change, the ASPE PTAC website will be updated (<https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>) and registrants will be notified directly via email.

ADDRESSES: All PTAC meetings will be held virtually or in the Great Hall of the Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Lisa Shats, Designated Federal Officer at Lisa.Shats@hhs.gov (202) 875–0938.

SUPPLEMENTARY INFORMATION:

Agenda and Comments. PTAC will hear presentations on proposed PFPs that have been submitted by individuals and stakeholder entities and/or discussion on topics related to current

or previously submitted PFPs.

Regarding proposed PFPs, following each presentation, PTAC will deliberate on the proposed PFP. If PTAC completes its deliberation, PTAC will vote on the extent to which the proposed PFP meets criteria established by the Secretary of Health and Human Services and on an overall recommendation to the Secretary. Time will be allocated for public comments. The agenda and other documents will be posted on the PTAC section of the ASPE website, <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>, prior to the meeting. The agenda is subject to change. If the agenda does change, registrants will be notified directly via email, the website will be updated, and notification will be sent out through the PTAC email listserv (<https://list.nih.gov/cgi-bin/wa.exe?A0=PTAC> to subscribe).

Meeting Attendance. These meetings are open to the public and may be hosted in-person or virtually. We intend that in-person meetings will be held in the Great Hall of the Hubert H. Humphrey Building. The public may attend in person, when feasible, via conference call, or view the meeting via livestream at www.hhs.gov/live. The conference call dial-in information will be sent to registrants prior to the meeting. Space may be limited, and registration is preferred. For meetings that are held virtually, the public may attend via WebEx link (including a dial-in only option) or view the meeting via livestream at www.hhs.gov/live.

Registration may be completed online at <http://www.cvent.com/d/gbq2tg>. Name, organization name, and email address are submitted when registering. Registrants will receive a confirmation email shortly after completing the registration process.

Special Accommodations. If sign language interpretation or other reasonable accommodation for a disability is needed, please contact ASPE PTAC staff, no later than two weeks prior to the scheduled meeting. Please submit your requests by email to PTAC@hhs.gov.

Authority. 42 U.S.C 1395(ee); Section 101(e)(1) of the Medicare Access and CHIP Reauthorization Act of 2015;

Section 51003(b) of the Bipartisan Budget Act of 2018.

PTAC is governed by provisions of the Federal Advisory Committee Act, as amended (5 U.S.C app.), which sets forth standards for the formation and use of federal advisory committees.

Dated: December 30, 2021.

Rebecca Haffajee,

Acting Assistant Secretary for Planning and Evaluation, Principal Deputy.

[FR Doc. 2021–28578 Filed 1–4–22; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; 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 contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Small Business Innovation Research (SBIR) Phase II Program Contract Solicitation (PHS 2020–1) NIAID Research Topic No. 85 Phase II Adaptable RNA-based antibody platform for protection against contemporary/emerging human enteroviruses.

Date: January 26, 2022.

Time: 10:00 a.m. to 1:00 p.m.

Agenda: To review and evaluate contract proposals.

Place: National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3E70, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Mohammed S. Aiyegbo, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural