such as when the COVID vaccine is accessible to residents, facility staff, and individuals working for the LTCO program;

iii. Conducting education and outreach on abuse and neglect identification and prevention during the COVID public health emergency to residents, their families and facility staff;

iv. Enabling travel for representatives of the LTCO Office to ensure all residents have access to an LTCO;

v. Purchase of needed Personal Protective Equipment;

vi. Purchase of technology; and

vii. Enabling participation in state-level ''strike teams'' to address complaints related to care and neglect.

b. Assurance that these funds will supplement, and not supplant, existing funding for the State LTCO program; and

c. Assurance that State Agencies on Aging will timely submit to ACL semi-annual federal financial reports and annual program reports related to the activities performed.

4. DUNS Number

All grant applicants must obtain and keep current a D–U–N–S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D–U–N–S number can be obtained from: *https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm.*

5. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal Programs, is not applicable to these grant applications.

IV. Submission Information

1. Letters of Assurance should be addressed to: Alison Barkoff, Acting Administrator and Assistant Secretary for Aging, Administration for Community Living, 330 C Street SW, Washington, DC 20201.

Letters of Assurance should be submitted electronically via email to the ACL Regional Administrator for each state listed in the Agency Contacts below.

2. Submission Dates and Times:

To receive consideration, Letters of Assurance must be submitted by 11:59 p.m. Eastern Time on March 3, 2021. Letters of Assurance should be submitted electronically via email and have an electronic time stamp indicating the date/time submitted.

VII. Agency Contacts

Direct inquiries regarding programmatic issues to Regional Administrators:

	Covered states	ACL regional administrator
Region I	CT, MA, ME, NH, RI, VT	Jennifer Throwe, Email: *jennifer.throwe@acl.hhs.gov,* Phone: 617–565–1158.
Region II	NY, NJ, PR, VI	Kathleen Otte, Email: *kathleen.otte@acl.hhs.gov,* Phone: 212–264–2976.
Region III	DC, DE, MD, PA, VA, WV	Rhonda Schwartz, Email: *rhonda.schwartz@acl.hhs.gov,* Phone: 267–831–2329.
Region IV	AL, FL, GA, KY, MS, NC, SC, TN	Costas Miskis, Email: *Constantinos.Miskis@acl.hhs.gov,* Phone: 404–562–7600.
Region V	IL, IN, MI, MN, OH, WI	Amy Wiatr-Rodriguez, Email: *Amy.Wiatr-Rodriguez@acl.hhs.gov,* Phone: 312–938–9858.
Region VI	AR, LA, OK, NM, TX	Derek Lee, Email: *derek.lee@acl.hhs.gov,* Phone: 214–767–1865.
Region VII	IA, KS, MO, NE	Lacey Boven, Email: *lacey.boven@acl.hhs.gov,* Phone: 816–702–4180.
Region VIII	CO, MT, UT, WY, ND, SD	Percy Devine, Email: *percy.devine@acl.hhs.gov,* Phone: 303–844–2951.
Region IX	CA, NV, AZ, HI, GU, CNMI, AS	Fay Gordon, Email: *Fay.Gordon@acl.hhs.gov,* Phone: 415–437–8780.
Region X	AK, ID, OR, WA	Louise Ryan, Email: *Louise.Ryan@acl.hhs.gov,* Phone: (206) 615–2299.

Dated: January 27, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2021–02092 Filed 1–29–21; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tenth Meeting of the National Clinical Care Commission

AGENCY: Office on Women's Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The National Clinical Care Commission (the Commission) will conduct its tenth meeting virtually on February 17, 2021. The Commission is charged to evaluate and make recommendations to the U.S. Department of Health and Human Services (HHS) Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

DATES: The meeting will take place on February 17, 2021, from 1 p.m. to approximately 5:30 p.m. Eastern Standard time (EST).

ADDRESSES: The meeting will be held online via webinar. To register to attend the meeting, please visit the registration website at: *https://kauffmaninc.adobeconnect.com/nccc_feb_2021/event/event_info.html.*

FOR FURTHER INFORMATION CONTACT:

Clydette Powell, M.D., MPH, FAAP, Acting Designated Federal Officer, National Clinical Care Commission, U.S. Department of Health and Human Services Office on Women's Health, 200 Independence Ave. SW, 7th Floor, Washington, DC 20201, Phone: (240) 453–8239, Email: *OHQ@hhs.gov.*

SUPPLEMENTARY INFORMATION: The National Clinical Care Commission Act (Pub. L. 115–80) requires the HHS Secretary to establish the National Clinical Care Commission. The Commission consists of representatives of specific federal agencies and non-federal individuals who represent diverse disciplines and views. The Commission will evaluate and make recommendations to the HHS Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

The tenth meeting will be held virtually, will consist of updates from the Commission's three subcommittees, and include another round of potential ''action plans,'' or recommendations, from each subcommittee. The final meeting agenda will be available prior to the meeting at: *https://health.gov/our-work/health-care-quality/national-clinical-care-commission/meetings.*

Public Participation at Meeting: The Commission invites public comment on

issues related to the Commission's charge. There will be an opportunity for limited oral comments (each no more than 3 minutes in length) at this virtual meeting. Virtual attendees who plan to provide oral comments at the Commission meeting during a designated time must register prior to the meeting at: *https://kauffmaninc.adobeconnect.com/nccc_feb_2021/event/event_info.html.*

Written comments are welcome throughout the entire development process of the Commission's work and may be emailed to *OHQ@hhs.gov.* Written comments should not exceed three pages in length.

Individuals who need special assistance, such as sign language interpretation or other reasonable accommodations, should indicate the special accommodation when registering online or by notifying Jennifer Gillissen at *jennifer.gillissen@kauffmaninc.com* by February 8, 2021.

Authority: The National Clinical Care Commission is authorized by the National Clinical Care Commission Act (Pub. L. 115–80). The Commission is governed by 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.

Dated: January 25, 2021.

Dorothy A. Fink,

Deputy Assistant Secretary for Women's Health, Office of the Assistant Secretary for Health.

[FR Doc. 2021–02037 Filed 1–29–21; 8:45 am]

BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Extension of Designation of Scarce Materials or Threatened Materials Subject to COVID–19 Hoarding Prevention Measures; Extension of Effective Date With Modifications

AGENCY: Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) provides notice of the extension of the designation issued on July 30, 2020 designating health and medical resources necessary to respond to the spread of the virus associated with Coronavirus Disease 2019 (COVID–19) that are scarce or the supply of which would be threatened by excessive accumulation by people or entities not needing the excess supplies. This notice extends the designation and updates the list of scarce or threatened materials to include certain classes and sizes of hypodermic needles and syringes.

DATES: This action took effect February 1, 2021 and terminates on June 30, 2021.

FOR FURTHER INFORMATION CONTACT: Paige Ezernack: 202–260–0365; *PaigeEzernack@hhs.gov.*

SUPPLEMENTARY INFORMATION: On March 23, 2020, and in response to the spread of the virus associated with COVID–19, President Trump signed Executive Order 13910 (Executive Order) to prevent hoarding of health and medical resources necessary to respond to the spread of COVID–19 within the United States. As provided in the Executive Order, it is the policy of the United States that health and medical resources needed to respond to the spread of COVID–19, such as personal protective equipment and sanitizing and disinfecting products, are appropriately distributed. This policy furthers the goal of protecting the Nation's healthcare systems from undue strain.

Through the Executive Order, the President delegated, to the Secretary of Health and Human Services (the Secretary), his authority under section 102 of the Defense Production Act of 1950, 50 U.S.C. 4512, as amended (the Act), to prevent hoarding of health and medical resources necessary to respond to the spread of COVID–19 within the United States, and his authority to implement the Act in subsection III of chapter 55 of title 50, United States Code (50 U.S.C. 4554, 4555, 4556, and 4560). Under this delegation and the Act, the Secretary may designate such resources as scarce materials or materials the supply of which would be threatened by such accumulation (threatened materials). The Secretary may also prescribe conditions with respect to accumulation of such materials in excess of the reasonable demands of business, personal, or home consumption. The Act prohibits any person or entity from accumulating designated materials (1) in excess of the reasonable demands of business, personal, or home consumption, or (2) for the purpose of resale at prices in excess of prevailing market prices.

The March 25 Designation Notice issued by HHS designates scarce materials or threatened materials that are subject to the hoarding prevention measures authorized under the Executive Order and the Act. *See* 85 FR 17592. (Mar. 30, 2020). Under 50 U.S.C. 4552(13), the term ''materials'' includes: ''(A) any raw materials (including minerals, metals, and advanced processed materials), commodities, articles, components (including critical components), products, and items of supply; and (B) any technical information or services ancillary to the use of any such materials, commodities, articles, components, products, or items.'' For purposes of the March 25 Designation Notice, the term ''scarce materials or threatened materials'' means health or medical resources, or any of their essential components, determined by the Secretary to be needed to respond to the spread of COVID–19 and which are, or are likely to be, in short supply or the supply of which would be threatened by hoarding. 85 FR at 17592. Designated scarce materials or threatened materials are subject to periodic review by the Secretary.

The designation is not a ''regulation'' under the Administrative Procedure Act (APA). See 50 U.S.C. 4559 (providing an exemption from the APA). To the extent that it is, the Secretary finds that, in light of the current pandemic, urgent and compelling circumstances make compliance with public comment requirements impracticable. See *Id.*

The March 25 Designation Notice was scheduled to terminate 120 days from the date of publication, unless superseded by a subsequent notice. Given the ongoing pandemic, the Secretary finds good cause to extend the March 25 Designation Notice, as modified by the June 30, 2020 and July 30, 2020 notices, through June 30, 2021. The Secretary also finds good cause to include the following modifications and additions to the list of scarce or threatened materials:

1. In FR Doc. 2020–06641 of March 30, 2020 (85 FR 17592), add the following text:

(i) On page 17593, first column, (7) Sterilization services, add ''or are authorized by FDA under section 564 of the FD&C Act for purposes of decontamination''

(ii) On page 17593, first column, (11) Face masks, remove ''PPE''

(iii) On page 17593, first column, (12) Surgical masks, remove ''PPE''

2. Add ''Syringes and hypodermic needles (whether distributed separately or attached together) generally used in the United States for vaccinations that are either:

(i) Piston syringes in 1 ml or 3 ml sizes that allow for the controlled and precise flow of liquid as described by 21 CFR 880.5860, that are compliant with ISO 7886–1:2017 and use only Current Good Manufacturing Practices (CGMP) processes; or

(ii) Hypodermic single lumen needles between 1″; and 1.5″ and 22 to 25 gauge between 1″ and 1.5″ and 22 to 25 gauge