device, or any other electronic or mechanical device designed for similar purposes is prohibited at ASC Meetings.

James R. Park,

Executive Director.

[FR Doc. 2021–25860 Filed 11–26–21; 8:45 am]

BILLING CODE 6700–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH), Subcommittee for Dose Reconstruction Reviews (SDRR), National Institute for Occupational Safety and Health (NIOSH)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Subcommittee for Dose Reconstruction Reviews (SDRR) of the Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board). This meeting is open to the public, but without a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. Written comments received in advance of the meeting will be included in the official record of the meeting. The public is also welcomed to listen to the meeting by joining the audio conference (information below). The audio conference line has 150 ports for callers.

DATES: The meeting will be held on January 19, 2022, from 10:30 a.m. to 4:00 p.m., EST.

Written comments must be received on or before January 12, 2022.

ADDRESSES: You may submit comments by mail to: Sherri Diana, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226. Meeting Information: Audio Conference Call via FTS Conferencing. The USA toll-free dial-in number is 1–866–659–0537; the pass code is 9933701.

FOR FURTHER INFORMATION CONTACT: Rashaun Roberts, Ph.D., Designated Federal Officer, NIOSH, CDC, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800; Toll Free 1(800) CDC–INFO; Email: *ocas@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC.

The Advisory Board's charter was issued on August 3, 2001, renewed at appropriate intervals, and rechartered under Executive Order 13889 on March 22, 2020, and will terminate on March 22, 2022.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. SDRR was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters to be Considered: The agenda will include discussions on the following dose reconstruction program quality management and assurance activities: Dose reconstruction cases under review from Sets 29 and 30, possibly including cases involving: Nevada test Site, Oak Ridge Institute for Science Education, Rocky Flats Plant, Idaho National Laboratory, Y–12 Plant, Clarksville Modification Center, Pantex Plant, Oak Ridge National Laboratory (X–10), Albuquerque Operations Office, General Atomics, Area IV of the Santa Susanna Field Laboratory, Oak Ridge Gaseous Diffusion Plant (K–25), Savannah River Site (SRS), Hanford, SRS, X–10, Y–12 Plant, and General Steel Industries. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2021–25863 Filed 11–26–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Understanding the Value of Centralized Services Study (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing a new data collection activity as part of the Understanding the Value of Centralized Services study. The objective of this descriptive study is to understand the advantages, disadvantages, and costs of centralizing services for individuals and families with low incomes.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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.

SUPPLEMENTARY INFORMATION:

Description: This descriptive study aims to provide insight into the models that have been used to centralize services; organizations' history of and impetus for centralizing services; the benefits, challenges, and costs of centralizing services from the perspectives of staff and clients; and how organizations have coordinated their centralized services virtually. This project will include site visits to three centralized community resource centers (CCRCs). The proposed information collection activities include interviews with staff, including leadership and administrative staff, frontline staff, finance staff, and IT/data staff, and focus groups with clients. The research team will also conduct observations of program activities.

Respondents: Respondents will include leadership and administrative staff at the CCRC, staff who manage finances at the CCRC, staff who manage data and/or technology at the CCRC, staff who provide services directly to clients at the CCRC, and clients who have accessed services at the CCRC.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total/annual burden (in hours)
Interview guide for administrative/leadership staff	18	1	1.25	23
Interview guide for frontline staff	48	1	1.25	60
Interview guide for finance staff	9	1	1	9
Interview guide for IT/data staff	9	1	1	9
Focus group guide for clients	30	1	1.5	45

Estimated Total Annual Burden Hours: 146.

Authority: Authorized by the Social Security Act 1110 [42 U.S.C. 1310], appropriated by the Continuing Appropriations Act of 2019.

John M. Sweet Jr.,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–25946 Filed 11–26–21; 8:45 am]

BILLING CODE 4184–07–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusivity Under Non-Exclusive Patent License: AAV Isolate and Fusion Protein Comprising Nerve Growth Factor Signal Peptide and Parathyroid Hormone

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institute of Diabetes and Digestive and Kidney Disease and National Institute of Dental and Craniofacial Research, institutes of the National Institutes of Health, Department of Health and Human Services, are contemplating the grant of an exclusive rights under active Non-exclusive Patent License to practice the inventions embodied in the United States, European and Japan Applications listed in the Supplementary Information section of this notice to Atsena Therapeutics, Inc., located in Durham, North Carolina, USA.

DATES: Only written comments and/or applications for a license which are received by the National Institute of Diabetes and Digestive and Kidney Disease's Technology Advancement Office on or before December 14, 2021 will be considered.

ADDRESSES: Requests for copies of the patent applications, inquiries, and comments relating to the contemplated an Exclusive Patent License should be directed to: Vladimir Knezevic, MD, (Senior) Advisor for Commercial Evaluation, Technology Advancement Office, Building 12A, Room 3011, Bethesda, MD 20817–5632 (for business mail), Telephone: (301) 435–5560; Email: *vlado.knezevic@nih.gov.*

SUPPLEMENTARY INFORMATION:

Intellectual Property

I. European Patent National Stage: EP3294894 *granted* 2019–08–14, entitled ''*AAV isolate and fusion protein comprising nerve growth factor signal peptide and parathyroid hormone*'' (HHS Reference Number E–175–2015–1–EP–03), *validated* in Great Britain, France and Germany.

II. Japanese Application No. 2017–558710 *granted* 2020–12–20, entitled ''*AAV isolate and fusion protein comprising nerve growth factor signal peptide and parathyroid hormone*'' (HHS Reference Number E–175–2015–1–JP–04).

III. U.S. Patent Application No. 15/573,214 *filed* 2017–11–10, entitled ''*AAV isolate and fusion protein comprising nerve growth factor signal peptide and parathyroid hormone*'' (HHS Reference Number E–175–2015–1–US–05).

IV. Canadian Patent Application No. 2,985,786 *filed* 2017–11–10, entitled ''*AAV isolate and fusion protein comprising nerve growth factor signal peptide and parathyroid hormone*'' (HHS Reference Number E–175–2015–1–CA–02).

The patent rights in these inventions have been assigned or exclusively licensed to the Government of the United States of America.

The prospective exclusive license territory may be worldwide and in fields of use that may be limited to treatment of limited number of monogenic inherited retinal diseases that affect the photoreceptors and/or retinal pigmented epithelium.

The above-listed patent portfolio covers inventions directed to gene therapy and specifically, expression vectors and therapeutic methods of using such vectors.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license will be royalty bearing. The prospective exclusive license may be granted unless within fifteen (15) days from the date of this published notice, the National Institute of Diabetes and Digestive and Kidney Disease receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

In response to this Notice, the public may file comments or objections. Comments and objections, other than those in the form of a license application, will not be treated confidentially and may be made publicly available.

License applications submitted in response to this notice will be presumed