

Topic/issue	Comment	ACL response
Social Events .....	Question about the purpose of "social events held" and whether it would be better to change to "social/recreation events held" to allow cost sharing with Title III.	Title III does not ask for this information. A social event, as it is being defined in Title VI, can be recorded as "Other" in SPR.
Finance Section for Part A/B	The comments on the newly added finance section for Part A/B were varied and ran from asking that the question be removed and others asking for more options to share data.	ACL is sensitive to the burden that may be caused by asking for new kinds of information from our grantees, we find that requiring this information will allow us to better advocate for our programs and their financial needs. Based on the comments ACL has added an optional text box for grantees to explain more about their financial situations, and has also added additional options under the section asking for types of funding used.
Caregiver (language) .....	Suggestions to change some of the language in the caregiver section to make it clearer.	ACL has updated the language in this section to be less wordy and using the term "caregiver" rather than "persons" to make it clearer that the intended recipients of services are caregivers and not those they care for.
Caregiver (Information and Assistance).	There were a couple of suggestions that Information and Assistance should be separated from one another.	ACL has chosen to maintain consistency in this area with Title III's SPR and will ensure that training and technical materials make it clear how we are defining Information and Assistance and how to best collect it.
Finance Section for Part C ..	Suggestion to not add the finance section and asking for the cost of respite care to be pulled out.	ACL is sensitive to the burden that may be caused by asking for new kinds of information from our grantees, we find that requiring this information will allow us to better advocate for our programs and their financial needs. ACL chose respite care from the five required services based on the thinking that the cost of this service would be easier to track.

The proposed form(s) may be found on the ACL website at <https://www.acl.gov/about-acl/public-input>.

**Estimated Program Burden**

Title VI funding is broken into three categories. Parts A and B are for nutritional and supportive

programming, and ask for the same information. Part A is for American Indian and Alaska Native grantees, and Part B is for Native Hawaiian grantees. Part C is for caregiver programming. All Part C grantees must have Part A/B funding; but not all Part A/B grantees will have Part C programs. Therefore,

there are 270 unique respondents, but only 237 will have to complete all portions of the PPR. ACL believes that the increase in burden hours is justified by the improved quality of the data and will ultimately improve the services provided to Native Elders.

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
PPR Part A/B .....	270	1	1.83	494.1
PPR Part C .....	237	1	1.66	393.4
Total .....	.....	.....	.....	887.5

Dated: February 22, 2019.  
**Mary Lazare,**  
*Principal Deputy Administrator.*  
 [FR Doc. 2019-03847 Filed 3-1-19; 8:45 am]  
 BILLING CODE 4154-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**  
 [Docket No. FDA-2018-N-3490]

**Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Exempt Infant Formula Production: Current Good Manufacturing Practices, Quality Control Procedures, Conduct of Audits, and Records**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing

that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Fax written comments on the collection of information by April 3, 2019.

**ADDRESSES:** To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, Fax: 202-395-7285, or emailed to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). All comments should be identified with the OMB control number 0910-0811. Also include the FDA docket number found

in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:**

JonnaLynn Capezzuto, Office of Operations, Food and Drug Administration, Three White Flint North, 10A-12M, 11601 Landsdown St., North Bethesda, MD 20852, 301-796-3794, [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

**Exempt Infant Formula Production: Current Good Manufacturing Practices (CGMPs), Quality Control Procedures, Conduct of Audits, and Records**

OMB Control Number 0910-0811—Extension

Section 412(h)(1) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 350a(h)(1)) exempts an infant formula that is represented and labeled for use by an infant with an inborn error of metabolism, low birth weight, or who otherwise has an unusual medical or dietary problem from the requirements of section 412(a)–(c) of the FD&C Act. These formulas are customarily referred to as “exempt infant formulas.” Under part 106 (21 CFR part 106), we established requirements for quality

factors for infant formulas and CGMPs, including quality control procedures. This collection of information will help prevent the manufacture of adulterated infant formula, ensure the safety of infant formula, and ensure that the nutrients in infant formula are present in a form that is bioavailable.

In the **Federal Register** of April 15, 2016 (81 FR 22174), we published a notice of availability for the guidance document entitled “Guidance for Industry: Exempt Infant Formula Production: Current Good Manufacturing Practices (CGMPs), Quality Control Procedures, Conduct of Audits, and Records and Reports.” The guidance describes our current thinking on the manufacturing of exempt infant formula in relation to the requirements in part 106 for CGMPs, quality control procedures, conduct of audits, and records and reports that apply to nonexempt infant formulas. Persons with access to the internet may obtain the guidance at <https://www.fda.gov/FoodGuidances>.

Our estimate of the burden of the recordkeeping recommendations includes the one-time burden of developing production and in-process control systems and the annual burdens of developing and maintaining aggregate production and control records, records pertaining to the distribution of infant

formula, and records pertaining to regularly scheduled audits. Included in the burden estimate is the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing each collection of information.

The guidance recommended, to the extent practicable, that respondents include records required by part 106, subparts A, B, C, D, and F for non-exempt infant formulas. Because the records and reporting requirements related to part 106, subparts E and G are not generally applicable to exempt infant formula manufacturers, FDA is not recommending in the guidance that exempt infant formula manufacturers follow these requirements. As such, the records and reporting requirements in part 106, subparts E and G are not part of this information collection.

*Description of Respondents:* The respondent recordkeepers are manufacturers of exempt infant formula.

In the **Federal Register** of October 1, 2018 (83 FR 49393), we published a 60-day notice requesting public comment on the proposed collection of information. No comments were received.

We estimate the burden of the information collection as follows:

TABLE 1—ESTIMATED ANNUAL RECORDKEEPING BURDEN<sup>1</sup>

21 CFR section	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeper	Total hours
<b>First-Year Annual Burden:</b>					
Production and In-Process Control System—106.6(c)(5) and 106.100(e)(1), and (e)(3).	3	1	3	40 .....	120
Controls to Prevent Adulteration due to Automatic (Mechanical or Electronic) Equipment—106.35(c) and 106.100(f)(5).	3	1	3	6,400 .....	19,200
Total First Year Only Hourly Recordkeeping Burden.	.....	.....	.....	.....	19,320
<b>Recurring Annual Burden:</b>					
Controls to Prevent Adulteration Caused by Facilities—Testing for Radiological Contaminants—106.20(f)(3).	4	1	4	1.5 .....	6
Controls to Prevent Adulteration Caused by Facilities—Recordkeeping of Testing for Radiological Contaminants—106.20(f)(4) and 106.100(f)(1).	4	1	4	0.08 (5 minutes) .....	0.32
Controls to Prevent Adulteration Caused by Facilities—Testing for Bacteriological Contaminants—106.20(f)(3).	3	52	156	0.08 (5 minutes) .....	12.48
Controls to Prevent Adulteration Caused by Facilities—Recordkeeping of Testing for Bacteriological Contaminants—106.20(f)(4) and 106.100(f)(1).	3	52	156	0.08 (5 minutes) .....	12.48
Controls to Prevent Adulteration by Equipment or Utensils—106.30(d)(1) and 106.100(f)(2).	3	52	156	0.21 (13 minutes) .....	32.76
Controls to Prevent Adulteration by Equipment or Utensils—106.30(e)(3)(iii) and 106.100(f)(3).	3	52	156	0.21 (13 minutes) .....	32.76
Controls to Prevent Adulteration by Equipment or Utensils—106.30(f)(2) and 106.100(f)(4).	3	52	156	0.19 (11 minutes) .....	29.64

TABLE 1—ESTIMATED ANNUAL RECORDKEEPING BURDEN <sup>1</sup>—Continued

21 CFR section	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeper	Total hours
Controls to Prevent Adulteration Due to Automatic (Mechanical or Electronic) Equipment—106.35(c) and 106.100(f)(5).	3	52	156	520 .....	81,120
Controls to Prevent Adulteration Due to Automatic (Mechanical or Electronic) Equipment—106.35(c) and 106.100(f)(5).	3	2	6	640 .....	3,840
Controls to Prevent Adulteration Caused by Ingredients, Containers, and Closures—106.40(g) and 106.100(f)(6).	3	52	156	0.17 (10 minutes) ...	26.52
Controls to Prevent Adulteration During Manufacturing—106.50 and 106.100(e).	3	52	156	0.23 (14 minutes) ...	35.88
Controls to Prevent Adulteration From Microorganisms—106.55(d), 106.100(e)(5)(ii), and 106.100(f)(7).	3	52	156	0.25 (15 minutes) ...	39
Controls to Prevent Adulteration During Packaging and Labeling of Infant Formula—106.60(c).	1	12	12	0.25 (15 minutes) ..	3
General Quality Control Testing—106.91(b)(1)–(3).	2	1	2	2 .....	4
General Quality Control—106.91(b)(1), 106.91(d), and 106.100(e)(5)(i).	2	52	104	0.15 (9 minutes) .....	15.6
General Quality Control—106.91(b)(2), 106.91(d), and 106.100(e)(5)(i).	2	52	104	0.15 (9 minutes) .....	15.6
General Quality Control—106.91(b)(3), 106.91(d), and 106.100(e)(5)(i).	2	52	104	0.15 (9 minutes) .....	15.6
Audit Plans and Procedures—106.94; Ongoing Review and Updating of Audits.	3	1	3	8 .....	24
Audit Plans and Procedures—106.94; Regular Audits.	3	52	156	4 .....	624
Total Recurring Recordkeeping Burden .....	.....	.....	.....	.....	85,889.64
Total Recordkeeping Burden .....	.....	.....	.....	.....	105,209.64

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

Based on a review of the information collection, we made a correction since the last OMB approval. While the one-time estimated recordkeeping burden remains as 19,320 hours, we increased the annual estimated recurring recordkeeping burden to 85,889.64 hours due to a calculation error (a 79,561.58 hour increase) for a total recordkeeping burden of 105,209.64 hours.

Dated: February 27, 2019.

**Lowell J. Schiller,**

*Acting Associate Commissioner for Policy.*

[FR Doc. 2019-03824 Filed 3-1-19; 8:45 am]

**BILLING CODE 4164-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. FDA-2018-N-3240]

**List of Bulk Drug Substances for Which There Is a Clinical Need Under Section 503B of the Federal Food, Drug, and Cosmetic Act**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA or Agency) is evaluating substances that have been nominated for inclusion on a list of bulk drug substances (active pharmaceutical ingredients) for which there is a clinical need (the 503B Bulks List). Drug products that outsourcing facilities compound using bulk drug substances on the 503B Bulks List can qualify for certain exemptions from the Federal Food, Drug, and Cosmetic Act (FD&C Act) provided certain conditions are met. This notice identifies two bulk drug substances that FDA has

considered and is not including on the list at this time: Nicardipine hydrochloride and vasopressin. Additional bulk drug substances nominated by the public for inclusion on this list are currently under consideration and will be the subject of future notices.

**DATES:** The announcement of the notice is published in the **Federal Register** on March 4, 2019.

**ADDRESSES:** Submit electronic comments on bulk drug substances nominated for the 503B Bulks List to Docket No. FDA-2015-N-3469. Submit written comments on bulk drug substances nominated for the 503B Bulks List to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Elizabeth Hankla, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 5216,