

**DATES:** Comments on this ICR should be received no later than June 11, 2019.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference.

*Information Collection Request Title:* Rural Communities Opioid Response Program Performance Measures, OMB No. 0906-xxxx, New.

*Abstract:* The Rural Communities Opioid Response Program (RCORP) is a multi-initiative program that aims to: (1) Support treatment for and prevention of substance use disorder (SUD), including opioid use disorder (OUD); and (2) reduce morbidity and mortality associated with SUD, to include OUD, by improving access to and delivering prevention, treatment, and recovery support services to high-risk rural communities. To support this purpose, RCORP grant initiatives include:

- RCORP-Planning grants to strengthen the capacity of multi-sector consortia to collaborate and develop plans to deliver SUD/OUD prevention, treatment, and recovery services in high-risk rural communities;
- RCORP-Implementation grants to fund established networks and consortia to deliver SUD/OUD prevention, treatment, and recovery activities in high-risk rural communities; and
- RCORP-Medication Assisted Treatment Expansion grants to enhance access to medication-assisted treatment within eligible hospitals, health clinics, or tribal organizations in high-risk rural communities.

Additionally, all RCORP grant award recipients will be supported by five cooperative agreements: RCORP-Technical Assistance, which provides extensive technical assistance to award recipients; RCORP-Evaluation, which will evaluate the impact of the RCORP initiative on rural communities; and three RCORP-Centers of Excellence, which will disseminate best practices related to the treatment for and prevention of substance use disorders within rural communities.

*Need and Proposed Use of the Information:* For this program, performance measures were developed to provide data on each RCORP initiative and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal

topic areas of interest to the Federal Office of Rural Health Policy (FORHP), including: (a) Provision of, and referral to, substance use disorder treatment and support services; (b) substance use disorder prevention, treatment, and recovery process and outcomes; (c) education of health care providers and community members; (d) number of fatal and non-fatal opioid-related overdoses; and (e) consortium strength and sustainability. All measures will speak to FORHP's progress toward meeting the goals set.

*Likely Respondents:* The respondents will be the grant award recipients of the Rural Communities Opioid Response Program initiatives.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

**TOTAL ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent (annually)	Total responses	Average burden per response (in hours)	Total burden hours
Rural Communities Opioid Response Program Performance Measures .....	243	2	486	5.66	2,750
Total .....	243	.....	486	.....	2,750

HRSA specifically requests comments on: (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.

**Amy P. McNulty,**  
*Acting Director, Division of the Executive Secretariat.*  
 [FR Doc. 2019-07221 Filed 4-11-19; 8:45 am]  
**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Meeting of the Advisory Committee on Organ Transplantation**

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Advisory Committee on Organ Transplantation (ACOT) meeting has been rescheduled due to an unanticipated conflict and will now be held on Monday, May 20, 2019, from

10:00 a.m.–4:00 p.m. Eastern Time. The meeting will be held by webinar and conference call. The webinar link, conference call-in number, agenda, and instructions for registration will be posted 15 business days before the meeting on the ACOT website at <https://www.organdonor.gov/about-dot/acot.html>.

**FOR FURTHER INFORMATION CONTACT:**

Robert Walsh, Designated Federal Officer, at the Healthcare Systems Bureau, Division of Transplantation, HRSA, 5600 Fishers Lane, 8W60, Rockville, Maryland 20857; 301–443–6839; or [RWalsh@hrsa.gov](mailto:RWalsh@hrsa.gov).

*New meeting date:* Monday, May 20, 2019, rather than April 16, 2019, as previously announced.

**Amy P. McNulty,**

*Acting Director, Division of the Executive Secretariat.*

[FR Doc. 2019–07278 Filed 4–11–19; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Statement of Organization, Functions, and Delegations of Authority**

**AGENCY:** Office of the Assistant Secretary for Health, Office of Infectious Disease Policy, HHS.

**ACTION:** Notice.

**SUMMARY:** The Office of the Assistant Secretary for Health, National Vaccine Program Office organization has modified its organizational structure.

**DATES:** This new organizational structure was approved by the Secretary of Health and Human Services and takes effect on April 6, 2019.

**FOR FURTHER INFORMATION CONTACT:** Tara Broido, Acting Director, Office of Communications, Office of the Assistant Secretary for Health, 200 Independence Ave. SW, Room 715–G, Washington, DC 20201, Phone 202.690.7694.

**SUPPLEMENTARY INFORMATION:** Part A (Office of the Secretary, U.S. Department of Health and Human Services) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (60 FR 27804, dated October 31, 1995, and corrected at 75 FR 53304, August 31, 2010, and amended most recently at 82 FR 3005, dated January 5, 2017) is amended to reflect the merger of the National Vaccine Prevention Office, Office of the Assistant Secretary for Health (OASH) with the Office of HIV/AIDS and Infectious Disease Policy, OASH and create the Office of

Infectious Disease Policy (OIDP), OASH, which will be responsible for administering and implementing the statutory responsibilities of the National Vaccine Program, as well as the current responsibilities of the Office of HIV/AIDS and Infectious Disease Policy. This reorganization is being undertaken to create a more effective structure that better reflects the two offices' missions and streamlines operations.

Under Part C, Section C–P, Organization and Function, make the following changes:

- Retitle all references to the National Vaccine Program Office (ACV) and to the Office of Infectious Disease Policy (ACP).

- Add the current reference to the Office of Infectious Disease Policy (ACP), The Office of Infectious Disease Policy, headed by the Deputy Assistant Secretary for Infectious Disease, will be responsible for providing advice and recommendations to the Assistant Secretary for Health on issues pertaining to: blood and tissues safety and availability; HIV/AIDS, viral hepatitis and other infectious diseases; and vaccines and immunization. The Office of Infectious Disease Policy will be responsible for administering and implementing the statutory responsibilities of the National Vaccine Program.

Under Part C, Section C–J, Organization and Function, make the following changes:

- Delete all references to the organizational structure of the Office of HIV/AIDS and Infectious Disease Policy (ACJ).

- Retitle all references to the function of the Office of HIV/AIDS and Infectious Disease Policy (ACJ) to the Office of Infectious Disease Policy (ACP).

*II. Delegations of Authority:* All delegations and re-delegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, if allowed, provided they are consistent with this reorganization.

(Authority: 44 U.S.C. 3101)

**Alex M. Azar II,**

*Secretary.*

[FR Doc. 2019–07126 Filed 4–10–19; 4:15 pm]

**BILLING CODE 4150–44–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Statement of Organization, Functions, and Delegations of Authority**

**AGENCY:** Office of the Assistant Secretary for Health, Office of Population Affairs, HHS.

**ACTION:** Notice.

**SUMMARY:** The Office of the Assistant Secretary for Health, Office of Population Affairs organization has modified its organizational structure.

**DATES:** This new organizational structure was approved by the Secretary of Health and Human Services and takes effect on April 6, 2019.

**FOR FURTHER INFORMATION CONTACT:** Tara Broido, Acting Director, Office of Communications, Office of the Assistant Secretary for Health, 200 Independence Ave. SW, Room 715–G, Washington, DC 20201, Phone 202.690.7694.

**SUPPLEMENTARY INFORMATION:** Part A (Office of the Secretary, U.S. Department of Health and Human Services) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (60 FR 27804, dated October 31, 1995, and corrected at 75 FR 53304, August 31, 2010, and amended most recently at 82 FR 3005, dated January 5, 2017) is amended to reflect the reorganization of the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH). This reorganization is being undertaken to create a more effective structure that better reflects OPA's priorities and streamlines operations. This reorganization realigns Title X family planning project staff in the 10 HHS Regional Offices, currently reporting to the OASH Regional Health Administrators, to report directly to OPA Headquarters; and merges the Office of Adolescent Health along with the Teen Pregnancy Prevention program and other adolescent health activities that it currently administers, into the Office of Population Affairs.

Under Part C, Section C–G, add the current reference: The Office of Population Affairs, headed by the Deputy Assistant Secretary for Population Affairs, will include the Office of Adolescent Health. The Office of Population Affairs will be responsible for implementing and administering the Title X family planning program and will manage the Office of Adolescent Health, which will be headed by a director, will implement and administer the Teen Pregnancy Prevention program and other adolescent health activities.