Based on a review of the information collection since our last request for OMB approval, we have made no adjustments to our burden estimate.

Dated: July 12, 2019.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2019–15269 Filed 7–17–19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: The National Health Service Corps Loan Repayment Program, OMB No. 0915–0127—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than September 16, 2019.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail them to 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* 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: The National Health Service Corps Loan Repayment Program, OMB No. 0915–0127—Revision.

Abstract: The National Health Service Corps (NHSC) Loan Repayment Program (LRP) was established to assure an adequate supply of trained primary care health professionals to provide services in the neediest Health Professional Shortage Areas (HPSAs) of the United States. The NHSC Substance Use Disorder (SUD) Workforce LRP and the NHSC Rural Community LRP were established to recruit and retain a health professional workforce with specific training and credentials to provide evidence-based SUD treatment in HPSAs. Under these programs, HHS agrees to repay the qualifying educational loans of selected primary care health professionals. In return, the health professionals agree to serve for a specified period of time in a NHSC-approved site located in a federally-designated HPSA approved by the Secretary for LRP participants. The forms utilized by each LRP include the following: (1) The NHSC LRP Application, the Authorization for Disclosure of Loan Information form, (2) the Privacy Act Release Authorization form, and, if applicable, (3) the Verification of Disadvantaged Background form, and (4) the Private Practice Option form. The first three of the aforementioned NHSC LRP forms collect information that is needed for selecting participants and repaying qualifying educational loans. The last referenced form, the Private Practice Option Form, is needed to collect information for all participants who have applied for that service option.

NHSC-approved sites are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services to populations residing in HPSAs. Related in-patient services may be provided by NHSC-approved Critical Access Hospitals and Indian Health Service hospitals. In order to become an NHSC-approved site, new sites must submit a Site Application for review and approval. Existing NHSC-approved sites are required to complete a Site Recertification Application every 3 years in order to maintain their NHSC-approved status. Both the NHSC Site Application and Site Recertification Application request information on the clinical service site, sponsoring agency, recruitment contact, staffing levels, service users, charges for services, employment policies, and fiscal management capabilities. Assistance in completing these applications may be obtained through the appropriate State Primary Care Office and the NHSC. The information collected on the applications is used for determining the eligibility of sites for the assignment of NHSC health professionals and to verify the need for NHSC clinicians. NHSC service site approval is valid for 3 years.

Need and Proposed Use of the Information: The need and purpose of this information collection is to assess an LRP applicant's eligibility and qualifications for the LRP, and to obtain information for NHSC site applicants. The NHSC LRP application asks for personal, professional, and financial/loan information.

The proposed revisions in this ICR include asking applicants to provide their educational information on the completion of advanced training such as the Primary Care Training and Enhancement (PCTE) Champion fellowship. To identify the PCTE Champions, the NHSC will require applicants to respond to the following additional questions and submit their National Practitioner Identifier (NPI):

(1) Have you completed a fellowship?

(2) Applicants who selected ''yes'' to the question above are required to submit the NPI number.

NHSC policy requires behavioral health providers to practice in a community-based setting that provides access to comprehensive behavioral health services. Accordingly, for those sites seeking to be assigned behavioral health NHSC participants, additional site information will be collected from an NHSC Comprehensive Behavioral Health Services Checklist. NHSC sites that do not directly offer all required behavioral health services must demonstrate a formal affiliation with a comprehensive, community-based primary behavioral health setting or facility to provide these services.

Likely Respondents: Likely respondents include: (1) Licensed primary care medical, dental, and mental and behavioral health providers who are employed or seeking employment, and are interested in serving underserved populations; (2) health care facilities interested in participating in the NHSC and becoming an NHSC-approved service site; and (3) NHSC sites providing behavioral health care services directly, or through a formal affiliation with a comprehensive community-based primary behavioral health setting or facility providing comprehensive behavioral health services.

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	Total responses	Average burden per response (in hours)	Total burden hours
NHSC LRP Application	9,020	1	9,020	1.00	9,020.0
Authorization for Disclosure of Loan Information Form	7,150	1	7,150	.10	715.0
Privacy Act Release Authorization Form	303	1	303	.10	30.3
Verification of Disadvantaged Background Form	660	1	660	.50	330.0
Private Practice Option Form	330	1	330	.10	33.0
NHSC Comprehensive Behavioral Health Services Checklist	4,400	1	4,400	.13	572.0
NHSC Site Application (including recertification)	4,070	1	4,070	.50	2,035.0
Total	25,933		25,933		12,735.3

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.

Maria G. Button,

Director, Division of the Executive Secretariat.

[FR Doc. 2019–15306 Filed 7–17–19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Secretary's Advisory Committee on Human Research Protections

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

ACTION: Notice.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act, U.S.C. Appendix 2, notice is hereby given that the Secretary's Advisory Committee on Human Research Protections (SACHRP) will hold a meeting that will be open to the public. Information about SACHRP and the full meeting agenda will be posted on the SACHRP website at: *http://www.dhhs.gov/ohrp/sachrp-committee/meetings/index.html*.

DATES: The meeting will be held on Tuesday, July 30, 2019, from 9 a.m. until 4:45 p.m., and Wednesday, July 31, 2019, from 9 a.m. until 3:30 p.m.

ADDRESSES: National Institutes of Health, Vaccine Research Center Rooms 1201/1203, 40 Convent Drive, Bethesda, Maryland 20892.

FOR FURTHER INFORMATION CONTACT: Julia Gorey, J.D., Executive Director, SACHRP; U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, Maryland 20852; telephone: 240–453–8141; fax: 240–453–6909; email address: *SACHRP@hhs.gov*.

SUPPLEMENTARY INFORMATION: Under the authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, SACHRP was established to provide expert advice and recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health, on issues and topics pertaining to or associated with the protection of human research subjects.

The Subpart A Subcommittee (SAS) was established by SACHRP in October 2006 and is charged with developing recommendations for consideration by SACHRP regarding the application of subpart A of 45 CFR part 46 in the current research environment.

The Subcommittee on Harmonization (SOH) was established by SACHRP at its July 2009 meeting and charged with identifying and prioritizing areas in which regulations and/or guidelines for human subjects research adopted by various agencies or offices within HHS would benefit from harmonization, consistency, clarity, simplification or coordination.

The SACHRP meeting will open to the public at 9 a.m., on Tuesday, July 30, 2019, followed by opening remarks from Dr. Jerry Menikoff, Director of OHRP and Dr. Stephen Rosenfeld, SACHRP Chair. New SACHRP members will be welcomed and introduced.

The SOH subcommittee will present its recommendations on End User Licensing Agreements and Terms of Service, and Charging Subjects to Participate in Clinical Trials. This will be followed by a discussion of site monitoring under single IRB review, with a review of possible recommendations, and finally a discussion of guidance for institutions affected by the end of the voluntary check-the-box option to extend a federalwide assurance to all research regardless of funding.

Wednesday will begin with a discussion of questions newly posed to SACHRP regarding Deceased Organ Intervention Research (DDIR), with a particular focus on recipient informed consent. There will be a panel presentations from leading experts in the field of DDIR, followed by SACHRP discussion. This will be followed by a discussion of ethical and regulatory issues surrounding reconsent of subjects for human subjects research. The meeting is scheduled to end at approximately 3:30 p.m.

Time will be allotted for public comment on both days. On-site registration is required for participation in the live public comment session. Note that public comment must be relevant to topics currently being addressed by the SACHRP. Individuals submitting written statements as public comment should email or fax their comments to SACHRP at *SACHRP@hhs.gov* at least five business days prior to the meeting.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special