requests to participate in the program by December 30, 2019 to ensure that the Agency considers your participation in this program.

FOR FURTHER INFORMATION CONTACT: Tara Gooen Bizjak, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 75, Rm. 6649, Silver Spring, MD 20993, 301–796–3257, *Tara.Gooen@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In the **Federal Register** of June 29, 2018 (83 FR 30748), FDA published a notice with a 1-year and 30-day period to submit a request to participate in the ''Modernizing Pharmaceutical Quality Systems; Studying Quality Metrics and Quality Culture; Quality Metrics Feedback Program.'' FDA is reopening the submission period until December 30, 2019. The Agency believes that an additional 120 days will allow adequate time for interested persons to participate without compromising the program.

To be considered for the program, a company should submit a statement of interest for participation to *OPQ-OS-QualityMetrics@fda.hhs.gov.* The statement of interest should include agreement to the selection qualities listed in 83 FR 30748 at 30749–30750, section III.A.

Dated: August 26, 2019.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2019–18771 Filed 8–29–19; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of The Assistant Secretary for Planning and Evaluation; Statement of Organization, Functions, and Delegations of Authority

Part A (Office of the Secretary), Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AE, Office of the Assistant Secretary for Planning and Evaluation (ASPE), as last amended at 76 FR 59399 on September 26, 2011. This notice better aligns office titles with program activities, consolidates key functions and clearly delineates ASPE's portfolio within three of its five components; Science and Data Policy (AEJ), Human Service Policy (AES), and Disability, Aging, and Long-Term Care Policy (AEW):

I. Under Section AE.20 Functions, delete the following sections in their entirety.

A. Division of Data Policy (AEJ1)
B. Division of Science Policy (AEJ2)
C. Division of Economic Support for Families (AES)
D. Office of Disability, Aging and Long-Term Care Policy (AEW)
E. Division of Long-Term Care Policy (AEW3)
F. Division of Behavioral Health and Intellectual Disabilities (AEW4)

II. Under Section AE.20 Functions, insert the following sections:

A. The Division of Evidence, Evaluation, and Data Policy (AEJ1) is responsible for evidence and evaluation based policy activities in addition to data and information privacy policy, health information technology and interoperability and data standards; and convenes the Evaluation and Evidence Council to work with stakeholders to implement statutory evidence-building plan requirements.

B. The Division of Science and Public Health Policy (AEJ2) is responsible for supporting Health and Human Services science and public health agencies in areas related to policy coordination, long-range planning, legislative development, economic, program, and regulatory analysis.

C. The Division of Strategic Planning (AEJ3) is responsible for enterprise-wide reporting, implementation, and development of strategic plans related to critical health, public health, and human services programs.

D. The Division of Family and Community Policy (AES1) is responsible for human services policy and programs to improve the wellbeing and economic status of families and communities including economic mobility; social capital; program alignment and coordination at the federal, state, and local levels refugee resettlement; fatherhood; marriage; domestic violence issues; and promoting self-sufficiency and employment including the TANF and Child Support programs.

▪ The Division of Children and Youth Policy (AES2) is responsible for promoting healthy development of children and youth including strategic coordination of national youth policy and positive youth development, child welfare and child protection, and child care and early childhood education.

▪ The Division of Data and Technical Analysis (AES3) is responsible for providing data analytic capacity for policy development and program improvement on cross-cutting human services policy through data analysis, modeling, cost and impact analyses, and the enhancement of national, state, and local data sources for analyzing and managing issues. The division also is responsible for the annual update of the HHS poverty guidelines, and also maintains cognizance of data collection activities of the Federal statistical system and coordinates with the Office of Science and Data Policy (AEJ), as appropriate.

E. The Office of Behavioral Health, Disability, and Aging Policy (AEW) is responsible for the development, coordination, research and evaluation of HHS policies and programs that support the independence, productivity, health and wellbeing of children, working age adults, and older adults with mental health and substance use disorders (*i.e.* behavioral health) and other disabilities.

▪ The Division of Disability and Aging Policy (AEW1) is responsible for the policy development, coordination, research and evaluation of federal policies and programs that aim to address the needs of people with disabilities and older Americans. Areas of focus include the interaction between the health, disability, and economic well-being of persons of all ages with disabilities including the prevalence of disability and disabling conditions; describing the socio-demographic characteristics of relevant populations; determining service use, income, employment, and program participation patterns; and coordinating the development of disability and aging data and related policy.

F. The Division of Long-Term Services and Supports Policy (AEW3) is responsible for policy development and analysis related to disability, aging, and long-term services and supports components of Medicare, Medicaid, nursing facility services, community residential, personal, and home and health rehabilitation, and the integration of acute and post-acute care services, including for individuals dually-eligible for Medicare and Medicaid.

G. The Division of Behavioral Health Policy (AEW4) is responsible for the analysis, coordination, and research and evaluation of policies related to behavioral, mental, and substance use disorders. The division is the focal point for policy development and analysis related to the financing, access/delivery, organization, and quality of services for people with behavioral, mental, and substance use disorders, including those supported or financed by Medicaid, Medicare, and SAMHSA.

III. Delegations of Authority: All delegations and redelegations of authority made to officials and employees of affected organizational

components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

Authority: 44 U.S.C. 3101.

Scott W. Rowell,

Assistant Secretary for Administration.

[FR Doc. 2019–18784 Filed 8–29–19; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Biodefense Science Board: Public Meeting

AGENCY: Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The HHS Office of the Secretary is hosting the National Biodefense Science Board (NBSB) Public Meeting in Washington, DC, on September 11, 2019. The purpose of the meeting is to gather information to develop expert advice provided by NBSB and guidance to the Secretary on scientific, technical, and other matters of special interest to HHS regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate.

DATES: The NBSB Public Meeting is being held on September 11, 2019, from 9:00 a.m. to 5:00 p.m. Eastern Daylight Time (EDT).

ADDRESSES: Please visit the NBSB website (*https://www.phe.gov/nbsb*) for all additional information regarding NBSB or meeting details.

FOR FURTHER INFORMATION CONTACT: CAPT Christopher Perdue, MD, MPH, Designated Federal Official, NBSB, ASPR, HHS; 202–401–5837; *christopher.perdue@hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to section 319M of the Public Health Service Act, HHS has established the NBSB to provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to HHS regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate.

Availability of Materials: Participants are encouraged to visit the NBSB website (*http://www.phe.gov/nbsb*) for information about the meeting, including the agenda.

Procedures for Providing Public Input: Members of the public are encouraged to go to the NBSB website (*http://www.phe.gov/nbsb*) for instructions about the submission of written comments.

Dated: August 21, 2019.

Robert P. Kadlec,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2019–18612 Filed 8–29–19; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 30 Day Comment Request; The Impact of Clinical Research Training and Medical Education at the Clinical Center on Physician Careers in Academia and Clinical Research (Clinical Center)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: Desk Officer for NIH.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, contact: Robert M. Lembo, MD, Office of Clinical Research Training and Medical Education, NIH Clinical Center, National Institutes of Health, 10 Center Drive, Room 1N252C, Bethesda, MD 20892–1158, or call non-toll-free number (301) 496–2636, or Email your request, including your address to: *robert.lembo@nih.gov.*

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on June 12, page 27336 (84 FR 27336) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

The Clinical Center, National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection Title: The Impact of Clinical Research Training and Medical Education at the Clinical Center on Physician Careers in Academia and Clinical Research, OMB #0925–0602 Expiration Date: 8/31/19, Revision, Clinical Center (CC), National Institutes of Health (NIH).

Need and Use of Information Collection: The information collected will allow continued assessment of the value of the training provided by the Office of Clinical Research Training and Medical Education (OCRTME) at the NIH Clinical Center and the extent to which this training promotes (a) patient safety; (b) research productivity and independence; and (c) future career development within clinical, translational, and academic research settings. The information received from respondents is presented to, evaluated by, and incorporated into the ongoing operational improvement efforts of the Director of the Office of Clinical Research Training and Education, and the Chief Executive Officer of the NIH Clinical Center. This information will enable the ongoing operational improvement efforts of the OCRTME and its commitment to providing clinical research training and medical education of the highest quality to each trainee.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours 478.