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FOR FURTHER INFORMATION CONTACT: Amber Sanford, Office of Operations, Food and Drug Administration, Three White Flint North, 10A-12M, 11601 Landsdown St., North Bethesda, MD 20852, 301-796-8867, PRAStaff@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.

Collection of Conflict of Interest Information for Participation in Food and Drug Administration Non-Employee Fellowship and Traineeship Programs

OMB Control Number 0910-NEW

In compliance with 44 U.S.C. 3507, FDA will submit to the Office of Management and Budget a request to review and approve a new collection of

information: “Collection of Conflict of Interest Information for Participation in FDA Non-Employee Fellowship and Traineeship Programs.” Section 742 (b) of the Food, Drug and Cosmetic Act (21 U.S.C. 379l) allows FDA to conduct and support intramural training programs through fellowship and traineeship programs. These new forms provide the FDA with information about financial investments and relationships from non-employee scientists who participate in FDA fellowship and traineeship programs. Participants in FDA fellowship and traineeship programs will be asked for certain information about financial interests and current relationships: (1) Description of the financial interest; (2) the type of financial interest (e.g. stocks, bonds, stock options); (3) if the financial interest is an employee benefit from prior employment; (4) value of financial interest; (5) who owns the financial interest (e.g. self, spouse, minor children); (6) employment relationship

with an FDA significantly regulated organization (SRO); (7) and service as a consultant to an FDA SRO, and/or proprietary interest(s) in one of more product(s) regulated by FDA, including patent, trademark, copyright, or licensing agreement. The purpose of the financial information is for FDA to determine if there is a conflict of interest between the Fellow’s or Trainee’s financial and relationship interests and their activities at FDA. The collection of information is mandatory to participate in FDA’s fellowship and traineeship programs.

In the **Federal Register** of October 22, 2018 (83 FR 53257), FDA published a 60-day notice requesting public comment on the proposed collection of information. Although two comments were received, they were not responsive to the four collection of information topics solicited.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN ¹

Activity	No. of respondents	No. of responses per respondent	Total annual responses	Average burden per response	Total hours
Collection Form—Report of Financial Interests and Other Relationships for Non-Employee Scientists at FDA					
Oak Ridge Institute for Science and Education Fellowship	500	1	500	1	500
Traineeship Program	500	1	500	1	500
Reagan-Udall Fellowship at FDA	50	1	50	1	50
Total					1050

¹ There are no capital costs or operating and maintenance costs associated with this collection of information

Dated: October 2, 2019.
Lowell J. Schiller,
Principal Associate Commissioner for Policy.
 [FR Doc. 2019-21839 Filed 10-7-19; 8:45 am]
BILLING CODE 4164-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Proposed Changes to the Scholarships for Disadvantaged Students Program

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

ACTION: Notice.

SUMMARY: On May 22, 2019, HRSA published a 30-day notice in the **Federal Register** soliciting feedback on a range of issues pertaining to the Scholarships for Disadvantaged Students (SDS) Program to assist the agency in updating certain SDS policies. HRSA requested

feedback on adjusting funding allocations to respond to projected workforce shortages, transitioning data collection from 1 year of data to a 3-year average to demonstrate eligibility, and increasing the maximum scholarship award from \$30,000 to \$40,000. As a result of HRSA’s comprehensive review of existing policies, and taking into consideration the comments received, HRSA is issuing this final notice.

ADDRESSES: Further information on SDS Program is available at <https://bhwh.hrsa.gov/loansscholarships/schoolbasedloans/sds>.

FOR FURTHER INFORMATION CONTACT: Denise Sorrell, SDS Project Officer, Division of Health Careers and Financial Support, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 15N78, Rockville, Maryland 20857, phone (301) 443-2909, or email SDSProgram@HRSA.gov.

SUPPLEMENTARY INFORMATION: SDS Program is authorized by Public Health Service Act (PHS Act) section 737 and

administered by HRSA. On May 22, 2019, through a **Federal Register** Notice (Volume 84, Number 99, pp. 23571–23572), HRSA solicited input on proposed SDS policy changes. HRSA received comments on the proposed funding allocation and 3-year data requirement in response to the solicitation for feedback.

Comments on the Proposed Changes to the SDS Program

HRSA received four comments from two nursing associations, one physician assistant association, and one primary care physician assistant program.

Funding Allocation

Summary of Comments

Commenters provided a variety of input on funding allocations among health profession disciplines. One commenter suggested that funding allocated to schools of nursing should be reduced or eliminated. Others expressed concerns that reductions in

funding to schools of nursing would reduce opportunities for associate and bachelor's degree nurses, reduce funding to registered nurses (RNs) to Bachelor of Science in Nursing degree programs, and negatively affect nursing shortages. Additionally, one commenter expressed concern that awarding funding based on projected shortages could be less effective in placing SDS graduates in underserved communities.

Response

Section 740(a) of the PHS Act requires that schools of nursing receive at least 16 percent of SDS funding. The SDS program may fund students pursuing a broad range of health professions careers under its statutory eligibility provisions. HRSA's National Center for Workforce Analysis (NCHWA) which provides HRSA with national health workforce projections, highlights that the inequitable distribution of RNs causing some states to experience an oversupply and others a shortage.¹ Although most states have enough or an oversupply of RNs, seven states will have a shortage of RNs.² To address the maldistribution of nurses, HRSA continues to provide funding to academic institutions, community-based organizations, nursing students, and clinicians and faculty through other workforce programs, such as the Nurse Corps Scholarship and Loan Repayment Programs; Nurse Education, Practice, Quality and Retention Program; and the Nursing Workforce Diversity Program. These programs also provide educational opportunities to RNs with associate and bachelor's degrees in nursing. Specifically, the Nurse Corps Scholarship program provides financial assistance to RNs seeking to obtain an associate, bachelor's, or master's degree in nursing. Since the SDS statute authorizes funding a wide range of health professions programs, the SDS program must balance the workforce needs of the nursing professions with those of other health professions. Consequently, allocating funding based on projected health professional shortage data allows SDS to support all health professions as equitably as possible, as demand for certain professions changes over time.

HRSA also remains committed to supporting clinicians in rural and

underserved communities. SDS applicants with a record of placing students in medically underserved communities are still eligible to receive a funding priority, and the policy changes outlined in this notice related to funding allocations will not impact the funding priority.

3-Year Data Exception

Summary of Comment

HRSA received one comment regarding allowing an exception to the 3-year data requirement for new health professions programs that have fewer than 3 years of enrollment data but that are otherwise able to demonstrate success in recruiting disadvantaged students.

Response

HRSA has considered this comment and agrees that it could give an unfair advantage to established programs to require 3 years of data from all applicants. To address this concern, as outlined below, the SDS program will allow an exception to this requirement for newly established schools with less than 3 years of data.

SDS Policy Update

The following final policy describes the updates HRSA will be making to the SDS program in order to increase the impact of the program.

1. In an effort to combat workforce shortages, HRSA will distribute SDS funding to award recipients consistent with promoting health professions careers projected to experience the most severe shortages as determined by the NCHWA. Professions that have shortage projections may receive an increased share of SDS, while professions with an oversupply may receive a reduced share of funds. Precise distributions for each competition will be announced in the relevant Notice of Funding Opportunity, which will allow HRSA to ensure program funds are supporting the professions most in need of these awards. Section 740(a) of the PHS Act requires HRSA to distribute at least 16 percent of SDS funding to nursing schools. Section 737 permits the SDS program to fund a broad range of health professions programs. This adjustment of funding will allow HRSA to support the broad range of health professions included in section 737 and to target strategically SDS funding for the health professions with a current or projected workforce shortage. This new policy allows the SDS program to be responsive to changing workforce needs, as well as support programs with a

strong record of placing graduates in medically underserved communities.

2. To be eligible for SDS at least 20 percent of the school's full-time enrolled students and graduates must be from a disadvantaged background. Applicants are currently required to provide 1 year of data to demonstrate this eligibility requirement. Beginning with the next grant funding cycle, applicants must provide the average for the most recent 3-year period to demonstrate their eligibility. A 3-year average is a more accurate portrayal of school enrollment patterns than 1 year. This change will allow SDS to support the grantees who have demonstrated a commitment over time to serving students from disadvantaged backgrounds. The SDS program will allow an exception for newly established schools, that is, schools that have not been in existence long enough to have 3 years of enrollment and graduation data. However, these schools will be required to demonstrate that at least 20 percent of the school's full-time students are students from disadvantaged backgrounds, through providing data from 2 years of student enrollment, and at least 1 year of graduation data. Further details about this exception will be provided in the next Notice of Funding Opportunity. Any future changes to the disadvantaged student percentage or data collection period will be announced through the SDS Notice of Funding Opportunity for the relevant grant funding cycle.

3. HRSA has analyzed SDS award data, compared it with performance measures, and discovered that providing amounts to students to cover a substantial portion of their education costs positively correlates with better graduation rates, consistent with the statutory aims. Data suggests the lack of availability or low amounts of scholarships, especially for disadvantaged students, continues to limit educational opportunities for students³. SDS last increased its scholarship amount in 2016. Without sufficient financial support, disadvantaged students are much more likely to be unable to complete successfully their education. Based on this understanding and the steady increase in tuition rates nationally, HRSA will increase the maximum

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. National and Regional Supply and Demand Projections of the Nursing Workforce: 2014–2030. Rockville, Maryland. Available at: https://bhwa.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf.

² Ibid.

³ "Indicators of Higher Education Equity in the United States." The Pell Institute for the Study of Opportunity in Higher Education, Penn Ahead-Alliance for Higher Education and Democracy (2015): 1–60. http://www.pellinstitute.org/downloads/publications-Indicators_of_Higher_Education_Equity_in_the_US_45_Year_Trend_Report.pdf.

scholarship award to \$40,000 per student, to ensure the SDS program will continue to impact students who receive the awards and ensure their success in completing the program. HRSA also reserves the right to adjust the scholarship award amount as necessary to reflect future increases in tuition rates nationwide and will announce any such changes in the Notice of Funding Opportunity for the relevant funding cycle.

HRSA will announce any future administrative changes to the SDS program through the relevant Notice of Funding Opportunity.

Dated: September 30, 2019.

Thomas J. Engels,

Acting Administrator.

[FR Doc. 2019-21903 Filed 10-7-19; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Single Source Award to the Telehealth Focused Rural Health Research Center

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

ACTION: Notice.

SUMMARY: In FY 2019, HRSA provided \$788,000 in additional funding to The University of Iowa for the Telehealth Focused Rural Health Research Center and extended the project period for 12 months.

FOR FURTHER INFORMATION CONTACT:

Sarah Heppner, Program Coordinator, Telehealth Focused Rural Health Research Center, (301) 443-5982, SHeppner@hrsa.gov.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: The University of Iowa (U1CRH29074).

Amount of Award: \$788,000.

Project Period: September 1, 2019–August 31, 2020.

CFDA Number: 93.155.

Authority: Title VII, § 711 of the Social Security Act (42 U.S.C. 912), as amended.

Justification: The primary goal of the Telehealth Focused Rural Health Research Center (Research Center) Program is to increase the amount of publically available, high quality, impartial, clinically informed, and policy-relevant research related to telehealth. This research assists rural health providers and decision-makers at the federal, state, and local levels by

contributing to the policy-relevant evidence base of telehealth services. This program was competed under announcement HRSA-15-149 and awarded to the University of Iowa for a four-year period of performance (September 1, 2015 to August 31, 2019).

In FY 2019 HRSA extended the current project period for 12 months and provided \$788,000 to the awardee. The new period of performance started on September 1, 2019, and will end on August 31, 2020. Under its current scope, the Research Center supports several cohorts of HRSA's Telehealth Network Grant Program (TNGP) recipients. HRSA extended the current project period for 12 months and provided supplemental funding to allow additional time to analyze outcomes from the TNGPs and align efforts between the Research Center and the design of the next TNGP cohort. The \$788,000 of supplemental funding for this awardee aligned with the historical funding levels for this program.

Further information on the Telehealth Focused Rural Health Research Center is available at: <https://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx?id=482de32c-8b8d-4960-bb86-caad8c9d6905>.

Dated: September 30, 2019.

Thomas J. Engels,

Acting Administrator.

[FR Doc. 2019-21904 Filed 10-7-19; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel Training Program.

Date: October 28, 2019.

Time: 10:00 a.m. to 2:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Keith McKenney, Ph.D., Scientific Review Officer, National Human Genome Research Institute, National Institutes of Health, 5635 Fishers Lane, Suite 4076, Bethesda, MD 20814, 301-594-4280, mckenneyk@mail.nih.gov.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel Sequencing Technology.

Date: November 13-14, 2019.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Marriott Courtyard Gaithersburg Washingtonian Center, 204 Boardwalk Place, Gaithersburg, MD 20878.

Contact Person: Ken D. Nakamura, Ph.D., Scientific Review Officer, Scientific Review Branch, National Human Genome Research, Institute National Institutes of Health, 5635 Fishers Lane, Suite 4076, MSC 9306 Rockville, MD 20852, 301-402-0838, nakamurk@mail.nih.gov.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel ELSI CEER.

Date: November 14, 2019.

Time: 9:00 a.m. to 12:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Bethesda, MD 20817 (Telephone Conference Call).

Contact Person: Rudy O. Pozzatti, Ph.D., Scientific Review Officer, Scientific Review Branch, National Human Genome Research Institute, National Institutes of Health, 5635 Fishers Lane, Suite 4076, MSC 9306, Rockville, MD 20852, (301) 402-0838, pozzattr@mail.nih.gov.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel Genomic Community Resource.

Date: November 18, 2019.

Time: 12:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Human Genome Research Institute, National Institutes of Health, 6700 B Rockledge Drive, Bethesda, MD 20817 (Telephone Conference Call).

Contact Person: Ken D. Nakamura, Ph.D., Scientific Review Officer, Scientific Review Branch, National Human Genome Research Institute, National Institutes of Health, 5635 Fishers Lane, Suite 4076, MSC 9306 Rockville, MD 20852, 301-402-0838 nakamurk@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.172, Human Genome Research, National Institutes of Health, HHS)

Dated: October 2, 2019.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2019-21853 Filed 10-7-19; 8:45 am]

BILLING CODE 4140-01-P