## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Assistant Secretary for Administration; Delegation of Authority

Notice is hereby given that I have amended the delegation of authority to the Assistant Secretary for Preparedness and Response (ASPR); the Director, Centers for Disease Control and Prevention (CDC); the Administrator, Health Resources and Services Administration (HRSA); the Director, National Institutes for Health (NIH); the Director, Office of Global Affairs (OGA); and the Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA), specifically the authority vested in the Secretary, by section 212(l) of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (FY 19 HHS Appropriations Act) Public Law 115–245, division B, title II, (September 28, 2018), or substantially similar authorities vested in me in the future by Congress, in order to carry out international health activities, including HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad. Section 212(l) of the FY19 HHS Appropriations Act and section 212(1) of the Further Consolidated Appropriations Act, 2020, Public Law 116–94, division A, title II, (December 20, 2019) permit the Secretary of HHS to exercise authority equivalent to that available to the Secretary of State under 22 U.S.C. 2669(c) to award personal services contracts for work performed in foreign countries.

The authority delegated herein includes the authority to determine the necessity of negotiating, executing, and performing such contracts without regard to statutory provisions as relate to the negotiation, making, and performance of contracts and performance of work in the United States. This authority is immediately revoked in the event that any subsequent fiscal year HHS appropriations act does not contain the provision currently in section 212(1) or substantially similar authority.

The Director, CDC, may redelegate this authority to the Chief Operating Officer, CDC, through Fiscal Year 2021 from this date of signature to respond to current and any future Ebola, polio, and coronavirus outbreaks. This authority may not be further be redelegated except as noted above.

The delegatees shall consult with the Secretary of State and relevant Chief of Mission to ensure that this authority is exercised in a manner consistent with section 207 of the Foreign Service Act of 1980 and other applicable statutes administered by the Department of State.

This amended delegation became effective upon date of signature. In addition, I hereby affirm and ratify any actions taken by you or your subordinates which involved the exercise of the authorities delegated herein, or substantially similar authorities vested in me by prior annual HHS appropriations acts, prior to the effective date of the delegation.

Dated: February 7, 2020.

**Alex M. Azar II,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2020–02944 Filed 2–12–20; 8:45 am]

**BILLING CODE 4151–17–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**[Document Identifier: OS–0990–New]**

### Agency Information Collection Request; 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before April 13, 2020.

**ADDRESSES:** Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795–7714.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 0990–New–60D and project title for reference, to *Sherrette.funn@hhs.gov,* or call the Reports Clearance Officer, Sherrette Funn (202) 795–7714.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* Substance Use Disorder Patient Placement Criteria Used By States.

*Type of Collection:* New.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (HHS) is requesting Office of Management and Budget (OMB) approval for a one-time survey of state agencies regarding their use of substance use disorder (SUD) patient placement criteria and assessment tools. The proposed survey is one component of a larger project to assess the feasibility of gathering and utilizing needs assessment data to identify and address unmet patient needs by levels of care. Results from this survey will provide ASPE with information about the types of patient placement data states collect and maintain, and the degree to which the data can be used to understand the SUD treatment gap. These results will provide ASPE with information that can be used to develop a multistate dataset of needs assessment that can be updated over time. Such a dataset is necessary for understanding and addressing treatment needs in the nation on an ongoing basis.

The 17-question survey requests information related to state requirements for using patient placement criteria and assessment tools for individuals with SUD. Additional questions ask how data from the placement criteria and/or assessment tools are maintained; if level of care data has been used to help determine service gaps and need for greater capacity; and whether the respondent could provide web links to available information on the criteria used in their state. Two individuals from each state and the District of Columbia will be invited to respond to the survey. Respondents will be representatives from each state's Single State Authority (SSA) and the Medicaid Agency. An eighty-five percent response rate is anticipated, resulting in an estimated 87 total participants.

This project falls under Section 301 of the Public Health Service Act (42U.S.C. 241) [280–1a] which authorizes the Office of the Secretary to conduct and coordinate studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases. The total annual burden hours estimated for this information collection request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

| Forms | Number of respondents | Number of responses per respondent | Average burden per response (hours) | Total annual burden (hours) |
|---|---|---|---|---|
| Survey on SUD Placement Criteria | 87 | 1 | 10/60 | 14.5 |

Dated: February 5, 2020.

**Sherrette A. Funn,**

*Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.*

[FR Doc. 2020–02846 Filed 2–12–20; 8:45 am]

**BILLING CODE 4150–05–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Government-Owned Inventions; Availability for Licensing

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The invention listed below is owned by an agency of the U.S. Government and is available for licensing to achieve expeditious commercialization of results of federally funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

**FOR FURTHER INFORMATION CONTACT:** Dianca Finch, Ph.D., 240–669–5503; *dianca.finch@nih.gov.* Licensing information and copies of the U.S. patent application listed below may be obtained by communicating with the indicated licensing contact at the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852; tel. 301–496–2644. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished patent applications.

**SUPPLEMENTARY INFORMATION:** Technology description follows:

#### Ebola Virus Glycoprotein-Specific Monoclonal Antibodies and Uses Thereof Description of Technology

Ebola virus is a large, negative-strand RNA virus composed of 7 genes encoding viral proteins, including a single glycoprotein (GP). The virus is responsible for causing Ebola virus disease (EVD), formerly known as Ebola hemorrhagic fever (EHF), in humans. In particular, Bundibugyo (BDBV), Zaire (EBOV), and Sudan (SUDV) species have been associated with large outbreaks of EVD in Africa and reported case fatality rates of up to 90%. Transmission of Ebola virus to humans is not yet fully understood but is likely due to incidental exposure to infected animals. EVD spreads through human-to-human transmission, with infection resulting from direct contact with blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated by such fluids.

EVD has an incubation period of 2 to 21 days (7 days on average, depending on the strain) followed by a rapid onset of non-specific symptoms such as fever, extreme fatigue, gastrointestinal complaints, abdominal pain, anorexia, headache, myalgias and/or arthralgias.

While prior outbreaks of EVD have been localized to regions of Africa, there is a potential threat of spread to other countries given the frequency of international travel. The 2014 outbreak in West Africa was first recognized in March 2014, and as of April 13, 2016, the number of cases far exceeded the largest prior EVD outbreak with a combined total (suspected, probable, and laboratory-confirmed) 28616 cases and 11310 deaths (case fatality rate = 39.5%). The largest previous outbreak occurred in Uganda in 2000–2001 with 425 cases and 224 deaths (case-fatality rate = 53%).

Viruses in the Filoviridae family are also categorized as potential threats for use as biological weapons due to ease of dissemination and transmission, and high levels of mortality. Currently, no effective therapies or FDA-licensed vaccines exist for any member of Filoviridae family of viruses.

Researchers at the Vaccine Research Center (VRC) of the National Institute of Allergy and Infectious Diseases (NIAID) developed eight high-affinity human monoclonal antibodies, specifically EboV.YD.01, EboV.YD.02, EboV.YD.03, and EboV.YD.04, EboV.YD.05, EboV.YD.06, EboV.YD.07 and EboV.YD.08 which bind with nanomolar affinity against Ebola virus glycoprotein. The human monoclonal antibodies have been assessed by functional assays, epitope mapping, affinity measurements and in vitro neutralization assays.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404.

*Potential Commercial Applications:*

- Prevention of acquisition of Ebola Zaire virus.
- Antibody therapy for people exposed to Ebola Zaire virus.
- Diagnostics for Ebola Zaire virus.

*Competitive Advantages:*

- High-affinity neutralizing antibodies (mAbs), targeting Ebola virus (EBOV) glycoprotein from a human Ebolavirus vaccine.
- Currently, there are no Food and Drug Administration (FDA)-approved vaccines or therapeutics available for prevention, post-exposure, or treatment for EBOV.
- The EboV.YD.01–EboV.YD.08 antibodies can be combined with other biologicals and vaccines for prevention and therapy of Ebola Zaire infection/disease.

*Development Stage:* Preclinical Research.

*Inventors:* Nancy J. Sullivan, Ph.D. (NIAID); John Misasi, Ph.D. (NIAID).

*Intellectual Property:* HHS Reference Number E–061–2018 includes U.S. Provisional Patent Application Number 62/782,809, filed 12/20/2018, and PCT Application Number PCT/US2019/067423, filed 12/19/2019.

*Licensing Contact:* To license this technology, please contact Dianca Finch, Ph.D., 240–669–5503; *dianca.finch@nih.gov.*

Dated: February 4, 2020.

**Wade W. Green,**

*Acting Deputy Director, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.*

[FR Doc. 2020–02916 Filed 2–12–20; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Office of the Director, National Institutes of Health; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as