

policy, program development, and other matters of significance concerning the activities under 42 U.S.C. Section 217a, Section 222 of the Public Health Service Act, as amended, and 42 CFR 121.12. ACOT advises the Secretary, through the HRSA Administrator, on all aspects of organ donation, procurement, allocation, and transplantation, and on such other matters that the Secretary determines; advises the Secretary on federal efforts to maximize the number of deceased donor organs made available for transplantation and to support the safety of living organ donation; at the request of the Secretary, reviews significant proposed Organ Procurement and Transplantation Network policies submitted for the Secretary's approval to recommend whether they should be made enforceable; and provides expert input on the latest advances in the science of transplantation.

During the April 7, 2020, meeting, ACOT will discuss issues related to the recent HHS National Survey of Organ Donation Attitudes and Behaviors and efforts to increase organ transplantation. Agenda items are subject to change as priorities dictate. Refer to the ACOT website for any updated information concerning the meeting.

Members of the public will have the opportunity to provide comments. Public participants may submit written statements in advance of the scheduled meeting. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to ACOT should be sent to Robert Walsh, DFO, using the contact information above at least 3 business days prior to the meeting.

Individuals who plan to attend and need special assistance or another reasonable accommodation should notify Robert Walsh at the address and phone number listed above at least 10 business days prior to the meeting. Since this meeting occurs in a federal government building, attendees must go through a security check to enter the building. Non-U.S. Citizen attendees must notify HRSA of their planned attendance at least 20 business days prior to the meeting in order to facilitate their entry into the building. All attendees are required to present government-issued identification prior to entry.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2020-04744 Filed 3-6-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Application and Other Forms Used by the National Health Service Corps (NHSC) Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program (S2S LRP), and the Native Hawaiian Health Scholarship Program (NHHSP), OMB No. 0915-0146—Revision

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, 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 May 8, 2020.

**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:* Application and Other Forms Used by NHSC Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program, and the Native Hawaiian Health Scholarship Program.

#### OMB No. 0915-0146—Revision

*Abstract:* Administered by HRSA's Bureau of Health Workforce, the NHSC SP, NHSC S2S LRP, and the NHHSP provide scholarships or loan repayment to qualified students who are pursuing

primary care health professions education and training. In return, students agree to provide primary health care services in medically underserved communities located in federally designated Health Professional Shortage Areas once they are fully trained and licensed health professionals. Awards are made to applicants who demonstrate the greatest potential for successful completion of their education and training as well as commitment to provide primary health care services to communities of greatest need. The information from program applications, forms, and supporting documentation is used to select the best qualified candidates for these competitive awards, and to monitor program participants' enrollment in school, postgraduate training, and compliance with program requirements.

Although some program forms vary from program to program (see program-specific burden charts below), required forms generally include: A program application, academic and non-academic letters of recommendation, the authorization to release information, and the acceptance/verification of good standing report. Additional forms for the NHSC SP include the data collection worksheet, which is completed by the educational institutions of program participants; the post-graduate training verification form (applicable for NHSC S2S LRP participants), which is completed by program participants and their residency director; and the enrollment verification form, which is completed by program participants and the educational institution for each academic term. For this ICR, the NHHSP program proposes to add 3 new forms including the scholar enrollment verification, change in program curriculum and graduation documentation forms. These forms will be completed by the grantee on behalf of the participant and the educational institution to verify the participant's enrollment status for each academic term, to provide notice of any change in the participant's program curriculum, and to verify that NHHSP has met its financial obligation to pay tuition and related fees or to hold additional funds to cover any tuition balance or fees on the participant's student account.

*Need and Proposed Use of the Information:* The NHSC SP, S2S LRP, and NHHSP applications, forms, and supporting documentation are used to collect necessary information from applicants that enable HRSA to make selection determinations for the competitive awards and monitor compliance with program requirements.

*Likely Respondents:* Qualified students who are pursuing education and training in primary care health professions and are interested in working in health professional shortage areas.

*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:*

#### NHSC SCHOLARSHIP PROGRAM APPLICATION

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Scholarship Program Application .....	1,889	1	1,889	2.00	3,778.00
Letters of Recommendation .....	1,889	2	3,778	1.00	3,778.00
Authorization to Release Information .....	1,889	1	1,889	.10	188.90
Acceptance/Verification of Good Standing Report .....	1,889	1	1,889	.25	472.25
Verification of Disadvantaged Background Status .....	547	1	547	.25	136.75
Total .....	* 1,889	.....	9,992	.....	8,353.9

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

#### NHSC AWARDEES/SCHOOLS/POST GRADUATE TRAINING PROGRAMS/SITES

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Data Collection Worksheet .....	400	1	400	1.00	400
Post Graduate Training Verification Form .....	100	1	100	.50	50
Enrollment Verification Form .....	600	2	1,200	.50	600
Total .....	* 600	.....	1,700	.....	1,050

\* Please note that the same group of respondents may complete each form as necessary.

#### NHSC STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM APPLICATION

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Students to Service Loan Repayment Program Application .....	200	1	200	2.00	400
Letters of Recommendation .....	200	2	400	1.00	400
Authorization to Release Information .....	200	1	200	.10	20
Acceptance/Verification of Good Standing Report .....	200	1	200	.25	50
Verification of Disadvantaged Background Status .....	70	1	70	.25	17.5
Post Graduate Training Verification Form .....	150	1	150	.50	75
Total .....	* 150	.....	1,220	.....	962.5

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

#### NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM APPLICATION

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Native Hawaiian Health Scholarship Program Application ..	310	1	310	2.00	620.0
Letters of Recommendation .....	310	2	620	.25	155.0
Authorization to Release Information .....	310	1	310	.25	77.5
Acceptance/Verification of Good Standing Report .....	30	1	30	.25	7.5
Scholar Enrollment Verification Form .....	30	7.5	225	0.50	112.5
Change in Program Curriculum Form .....	30	2	60	.25	15.0
NHHSP Graduation Documentation Form .....	30	1	30	0.25	7.5

NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM APPLICATION—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total .....	* 310	.....	1,585	.....	995

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

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, Executive Secretariat.*

[FR Doc. 2020-04762 Filed 3-6-20; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Nurse Corps Scholarship Program (NCSP), OMB No. 0915-0301—Revision**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received no later than April 8, 2020.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to *OIRA\_submission@omb.eop.gov* or by fax to (202) 395-5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information

Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Nurse Corps Scholarship Program OMB No. 0915-0301—Revision.

*Abstract:* The NCSP, administered by the Bureau of Health Workforce in HRSA, provides scholarships to nursing students in exchange for a minimum 2-year full-time service commitment (or part-time equivalent) at an eligible health care facility with a critical shortage of nurses (*i.e.*, Critical Shortage Facility (CSF)). The scholarship consists of payment of tuition, fees, other reasonable educational costs, and a monthly support stipend. Program recipients are required to fulfill NCSP service commitments at CSFs located in the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

A 60-day notice was published in the **Federal Register** on October, 04, 2019, vol. 84, No. 193; pp. 53158-160. No comments were received.

*Need and Proposed Use of the Information:* The NCSP collects data to determine an applicant's eligibility for the program, monitor a participant's continued enrollment in a school of nursing, monitor the participant's compliance with the NCSP service obligation, and prepare annual reports to Congress. Generally, the following information is collected (1) from the schools of nursing, on a quarterly basis—general applicant and nursing school data such as full name, location, tuition/fees, and enrollment status; (2) from the schools of nursing, on an annual basis—data concerning tuition/fees and overall student enrollment status; and (3) from the participants and their employing CSF, on a biannual basis—data concerning the participant's employment status, work schedule and leave usage. In addition, this notice includes one additional form, Verification of Academic Standing, to be completed by the academic institution to verify that the participant remains in

good academic standing under the policies of the institution. The form was not included in the 60 day notice but due to programmatic need, it is now being included in this notice.

The Employment Verification Form has been updated to include two questions about participants who work at multiple sites. The In-Service Verification form has been updated to include questions on telehealth and mental health services provided by NCSP participants. Additionally, the application will include an essay question about participation in other federal pipeline programs.

The revised information collection request includes updates to existing forms for the Nurse Corps SP in order to expand the service options for awarded participants, promote the use of telehealth for delivering care throughout the nation especially in rural areas, and to reduce the application burden on respondents.

Updated Form #1—The Participant Semi-Annual Employment In-Service Verification Form will be updated to include additional information about the participant's service including information about telehealth services. This form is also being requested for providers that work at multiple CSF sites. Telehealth helps expand the reach of providers especially in rural areas where medical service sites are more remote. The information collected will assist Program with determining the impact and utilization of telehealth services in various health care settings which will be used to inform our telehealth policies. Enabling service at multiple CSF sites will also allow greater flexibility for providers who rotate or split time between multiple sites which benefits both the participants and the underserved communities—especially in our Federally Qualified Health Centers (FQHC), which support many of our Nurse Corps Nurse Practitioners.

Updated Form #2—The Nurse Corps SP application will include questions for applicants to provide information regarding telehealth services, multiple CSF sites, and verification of base salary to determine the debt to salary ratio used to rank applicant's for award