20857, 301–443–7526, *aianhealth@hrsa.gov.*

**SUPPLEMENTARY INFORMATION:** The HRSA TAC will be established to engage in regular and meaningful collaboration and consultation with tribal officials on policies that have tribal implications and substantial direct effect on Indian tribes. HRSA, an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving health care to people who are geographically isolated, and/or economically or medically vulnerable. This includes people living with HIV/AIDS; pregnant women, mothers, and their families; and those otherwise unable to access high-quality health care. HRSA supports the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery. HRSA also oversees organ, bone marrow, and cord blood donation. It also oversees the National Vaccine Injury Compensation Program which can provide compensation to individuals in the rare cases that they are harmed by certain covered vaccinations and maintains databases that flag providers with a record of health care malpractice, waste, fraud, and abuse for federal, state, and local use.

The HRSA TAC will be the vehicle for acquiring a broad range of tribal views, determining the impact of HRSA programs on the American Indian and Alaska Natives health systems and population, developing innovative approaches to deliver health care, and assisting with effective tribal consultation. The HRSA TAC will hold one meeting each calendar year, or at the discretion of HRSA in consultation with the Chair. These meetings may be held in-person or virtually. The HRSA TAC will support, not supplant, any other government-to-government consultation activities that HRSA undertakes. In addition to assisting HRSA in the planning and coordination of tribal consultation sessions, the HRSA TAC will advise HRSA regarding the government-togovernment consultation process and will help ensure that HRSA activities and policies that impact Indian country are brought to the attention of all tribal leaders.

*Nominations:* A previous notice regarding the HRSA TAC was published in the **Federal Register** on February 6, 2020. The deadline for submissions was extended to July 6, 2020, and while HRSA received additional nomination packets, it did not receive a sufficient number of nomination packets to consider for each of the 12 vacant positions. HRSA is requesting nominations of tribal officials to serve as HRSA TAC delegate members to fill up to 12 voluntary positions on the HRSA TAC; one authorized tribal representative (and one designated alternate) from each of the Indian Health Service geographic areas. HRSA continues to seek additional qualified nominees, specifically from eligible tribal officials from the IHS geographic areas of: Alaska; Albuquerque; Billings; Navajo; Phoenix; and Tucson. The HRSA Administrator will appoint HRSA TAC delegate members with the expertise needed to fulfill the duties of the Advisory Council. Nominees will be considered in the following priority order:

1. Tribal president, chairperson, or governor;
2. Tribal vice president, vice-chairperson, or lieutenant governor;
3. Elected or appointed tribal official; and
4. Designated tribal official.

Interested applicants may self-nominate or be nominated by another individual or organization.

Individuals selected for appointment to the HRSA TAC will be invited to serve terms of up to 2 years. Appointed delegate members will receive per diem and travel expenses incurred for attending HRSA TAC meetings and/or conducting other authorized and approved business on behalf of the HRSA TAC.

The following information must be included in the package of materials submitted for each individual nominated for consideration: (1) Name of the nominee, a description of the interests the nominee would represent, and a description of the nominee's experience and interest in American Indian and Alaska Native access to health care; (2) evidence that the nominee is a duly elected or appointed tribal leader or tribal officer, or has been designated with authority to act on behalf of the duly elected or appointed tribal leader or officer, and is authorized to represent a tribal government; (3) a written commitment from the nominee that they will actively participate in good faith in HRSA TAC meetings; and (4) a current copy of the nominee's curriculum vitae. Nomination packages may be submitted directly by the individual being nominated or by the person/organization recommending the candidate.

HHS endeavors to ensure that the membership of the HRSA TAC is fairly balanced in terms of points of view represented and that individuals from a broad representation of geographic areas, gender, and ethnic and minority groups, as well as individuals with disabilities, are considered for membership. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, or cultural, religious, or socioeconomic status.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2020–18865 Filed 8–26–20; 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: Be the Match® Patient Support Center Survey; OMB No. 0906–0004—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. OMB may act on HRSA's ICR only after the 30 day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than September 28, 2020.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

**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:* Be the Match® Patient Support Center Survey OMB No. 0906–0004—Revision.

*Abstract:* The C.W. Bill Young Cell Transplantation Program (Program) was established by the Stem Cell Therapeutic and Research Act of 2005 (Public Law 109–129), as amended. The Program's Office of Patient Advocacy is operated by the National Marrow Donor Program® (NMDP)/Be The Match®. NMDP/Be The Match® has specific requirements under its HRSA contract to conduct surveys to assess patient satisfaction. As such, NMDP/Be The Match® will elicit feedback from marrow and cord blood transplant patients, caregivers, and family members who had contact with the Be The Match® Patient Support Center for navigation services, educational information, and support. The survey also includes demographic questions to determine the representativeness of findings. The objectives of the survey are to: (1) Determine the level of satisfaction with existing services of the Patient Support Center and (2) determine areas for improvement as well as opportunities for the development of new programs and services.

A 60-day notice published in the **Federal Register** on May 4, 2020, Vol. 85, No. 86; pp. 26483–84. There were no public comments.

The number of respondents figure published in the 60-day notice reflected the total surveys to be distributed and not the total respondents. This decreases the number of respondents from 4,000 to 1,320, and the burden hours from 680 to 220. The NMDP used new data to more accurately assess response rates based on past experience. NMDP also simplified its survey tool and aligned key metrics asked in the survey (Net Promoter Score) with industry evaluation standards and best practices to enhance the quality, utility, and clarity of the information collected. The NMDP has also minimized the collection burden by using the Qualtrics software platform to transmit the surveys and automated reminders.

*Need and Proposed Use of the Information:* Barriers restricting access to transplant-related care and educational information are multi-factorial. Feedback from participants is essential to understand the changing needs for services, and information, as well as to demonstrate the effectiveness of existing services. The primary use for information gathered through the survey is to determine the helpfulness of participants' initial contact with the Be The Match® Blood and Marrow Transplant (BMT) Navigators and to identify areas for improvement in the delivery of services. The BMT Navigators are Certified Oncology Patients or Nurse Navigators, who respond to requests for information and support. Stakeholders (*e.g.,* participants, program managers, Be The Match® leadership, and HRSA) use this evaluation data to share patients' experiences as well as make program decisions (by program managers and leadership) and resource allocation decisions (by HRSA).

Online and paper-based surveys will be administered to all participants (patients, caregivers, and family members) who have contact with the Be The Match® Patient Support Center. All participants that provided an email address will be invited to complete the survey online. All other participants will be mailed a survey with a pre-paid reply envelope. Survey respondents will be notified via email and cover letter and informed in the survey instructions that participation is voluntary, and responses will be kept confidential. A follow-up notification will be sent within two (2) weeks to non-respondents. The survey will be available in English and Spanish versions.

The survey will measure: (1) Overall satisfaction; (2) if the contact helped the participant feel more confident in coping with the area of concern regarding the call; (3) if the contact helped the participant feel more hopeful; (4) if the contact helped the participant feel less alone; (5) if the contact increased awareness of available resources; (6) if the contact helped the participant feel more informed about treatment options; (7) if participant's questions were answered through contact with the Be The Match® Patient Support Center, and (8) types of challenges faced by participant. The survey data will be analyzed quarterly and rolled up for an annualized analysis. The results of the analyses will be shared with program managers and HRSA. Feedback indicating a need for improvement will be reviewed by program managers biannually, and implementation of results, program changes, or additions will be documented.

Proposed changes to the survey instrument include minor changes to selected questions and a reduction in the overall number of questions. The estimated amount of respondents will increase as it will be easier for them to complete the survey online. As a result of fewer questions along with the addition of an online platform, the respondent's burden will decrease.

*Likely Respondents:* Respondents will include all patients, caregivers, and family members who have contact with Be The Match® Patient Services Coordinators via phone or email for transplant navigation services and support. The decision to survey all participants was made based on historical evidence of patients' unavailability due to frequent transitions in health status.

*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 as well as 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 rspondent | Total responses | Average burden per response (in hours) | Total burden hours |
|---|---|---|---|---|---|
| Be The Match® Patient Services Survey | 1,320 | 1 | 1,320 | 0.167* | 220** |

* Decreased from .25 average burden per response as published in the May 4, 2020 60-day FRN.

** Decreased from 680 total burden hours as published in the May 4, 2020 60-day FRN due to a reduction in the estimated number of respondents.

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. 2020–18895 Filed 8–26–20; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Center for Advancing Translational Sciences; Notice of Closed Meeting

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

The meeting 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 Center for Advancing Translational Sciences Special Emphasis Panel; COVID-related CCIA Applications (U01/R21).

*Date:* September 25, 2020.

*Time:* 1:00 p.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Center for Advancing Translational Sciences, National Institutes of Health, 6701 Democracy Boulevard, Room 1073, Bethesda, MD 20892. (Telephone Conference Call).

*Contact Person:* Christine A. Livingston, Ph.D., Scientific Review Officer, Office of Scientific Review, National Center for Advancing Translational Sciences, National Institutes of Health, 6701 Democracy Boulevard, Room 1073, Bethesda, MD 20892, (301) 435–1348, *livingsc@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.350, B—Cooperative Agreements; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: August 24, 2020.

**Melanie J. Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2020–18882 Filed 8–26–20; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Biomedical Imaging and Bioengineering; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Institute of Biomedical Imaging and Bioengineering Special Emphasis Panel. 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 Institute of Biomedical Imaging and Bioengineering Special Emphasis Panel; P41 BTRC Review C–SEP.

*Date:* September 30, 2020.

*Time:* 10:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892, (Virtual Meeting).

*Contact Person:* Manana Sukhareva, Ph.D., Scientific Review Officer, National Institute of Biomedical Imaging and Bioengineering, National Institutes of Health, 6707 Democracy Blvd., Suite 959, Bethesda, MD 20892, (301) 451–3397, *sukharem@mail.nih.gov.*

*Name of Committee:* National Institute of Biomedical Imaging and Bioengineering Special Emphasis Panel; Institutional Training Program (T32) Review SEP.

*Date:* October 23, 2020.

*Time:* 9:30 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Plaza, Bethesda, MD 20892, (Virtual Meeting).

*Contact Person:* John K. Hayes, Ph.D., Scientific Review Officer, National Institute of Biomedical Imaging and Bioengineering, National Institutes of Health, 6707 Democracy Blvd., Suite 959, Bethesda, MD 20892, (301) 451–3398, *hayesj@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, National Institute of Biomedical Imaging and Bioengineering, National Institutes of Health, HHS)

Dated: August 21, 2020.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2020–18817 Filed 8–26–20; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Dental & Craniofacial Research; Notice of Closed Meeting

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

The meeting 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 Institute of Dental and Craniofacial Research Special Emphasis Panel; NIDCR Clinical Studies SEP.

*Date:* October 7, 2020.

*Time:* 9:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institute of Dental and Craniofacial Research, National Institutes of Health, 6701 Democracy Boulevard, Suite 670, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Yun Mei, MD, Scientific Review Officer, Scientific Review Branch, National Institute of Dental and Craniofacial Research, National Institutes of Health, 6701 Democracy Boulevard, Suite 670, Bethesda, MD 20892, (301) 827–4639, *yun.mei@nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: August 24, 2020.

**Melanie J. Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2020–18880 Filed 8–26–20; 8:45 am]

**BILLING CODE 4140–01–P**