

Wright-Solomon, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Enhancing Linkage of Sexually Transmitted Infection and Human Immunodeficiency Virus Surveillance Data in the Ryan White HIV/AIDS Program Evaluation, OMB No. 0906-xxxx-NEW

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective Human Immunodeficiency Virus (HIV) care, treatment, and support to low-income people with HIV. Nearly two-thirds of clients (patients) live at or below 100 percent of the Federal poverty level and approximately three-quarters of RWHAP clients are racial and ethnic minorities. Since 1990, the RWHAP has developed a comprehensive system of HIV service providers who deliver high quality direct health care and support services to over half a million people with HIV—more than 50 percent of all people with diagnosed HIV in the United States.

HRSA's HIV/AIDS Bureau is conducting a multi-year evaluation of the Enhancing Linkage of Sexually Transmitted Infection (STI) and HIV Surveillance Data in the RWHAP (Enhancing STI Linkage) demonstration project. The Enhancing STI Linkage demonstration project is a capacity

building cooperative agreement that seeks to improve linkage, re-engagement in care, and health outcomes for people with HIV in the RWHAP. Through this demonstration project, a Technical Assistance Provider is collaborating with four RWHAP Part B jurisdictions to provide them with tailored training and technical assistance to facilitate data sharing across STI and HIV surveillance systems. A persistent barrier to addressing HIV and STI infections simultaneously and jointly is the lack of data systems linking HIV and STI surveillance data. Aside from helping to address problems around coinfection, there are substantial opportunities—particularly for the RWHAP—associated with linking HIV and STI surveillance data, including, but not limited to, identifying people with HIV currently out of care and identifying people with STIs who could be tested for HIV and promptly linked to care. This clearance request is for approval of data collection activities associated with the Enhancing STI Linkage evaluation which will occur simultaneously with the demonstration project, over a 3-year project period.

A 60-day notice published in the **Federal Register** on August 20, 2020, vol. 85 No. 162; pp. 51454-51455. There were no public comments.

Need and Proposed Use of the Information: This mixed methods evaluation will assess the achievement and effectiveness of the Enhancing STI Linkage demonstration project. HRSA

will collect quantitative and qualitative data to inform the HRSA on how to enhance jurisdictions' use of STI and HIV surveillance data to improve service delivery and HIV-related health outcomes. Information gleaned from the Enhancing STI Linkage evaluation may be used to enhance and coordinate health departments' responses to HIV and STI epidemics and affect change in HIV care continuum outcomes.

Likely Respondents: Multiple respondents from four HRSA RWHAP Part B recipients, including data end-users identified by the Part B recipients within their jurisdiction.

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

ANNUALIZED DATA COLLECTION BURDEN—YEARS 2 AND 3

Type of respondent	Form name	Number of respondents	Number of responses per respondent *	Total responses	Average burden per response (in hours)	Total burden hours
Jurisdiction TA Recipient	Jurisdiction TA Recipient Semi-Structured Interview Guide.	12	2	24	1.00	24
Policy Stakeholder	Policy Stakeholder Semi-Structured Interview Guide	12	2	24	.50	12
Data End-User	Data End-User Survey	105	2	210	.17	36
Total	129	258	72

* Note: Burden hours represent responses for both years 2 and 3; and there are 2 responses per respondent, indicating one in each year (one in year 2 and another in year 3).

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Charter Renewal of the Secretary's Advisory Committee on Human Research Protection

AGENCY: Office for Human Research Protections, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services is hereby giving notice that the charter for the Secretary's Advisory Committee on Human Research Protection (SACHRP) has been renewed.

FOR FURTHER INFORMATION CONTACT: Ms. Julia Gorey, Designated Federal Officer for the SACHRP, Office for Human Research Protections, 1101 Wootton Parkway, Rockville, MD 20852. Phone: (240) 453-8141; Email: SACHRP@hhs.gov.

SUPPLEMENTARY INFORMATION: SACHRP is a discretionary Federal advisory committee. SACHRP is authorized under 42 U.S.C. 217a, Section 222 of the Public Health Service (PHS) Act, as amended. The Committee is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App), which sets forth standards for the formation and use of advisory committees.

SACHRP functions to provide advice to the Secretary, through the Assistant Secretary for Health, on matters pertaining to the continuance and improvement of functions within the authority of the Department of Health and Human Services concerning protections for human subjects in research.

SACHRP is authorized to have 11 public voting members. The members are selected from among individuals possessing demonstrated experience and expertise in any of the several disciplines and fields pertinent to human subjects protection and/or clinical research. The Committee's public members are appointed by the Secretary. All public members of the Committee are classified as special government employees (SGEs). The Committee structure includes non-voting *ex-officio* representation from eight Departmental agencies; the eighth, the Office of the National Coordinator for Health Information Technology, is being added with this charter renewal.

On September 30, 2020, the Secretary approved for the SACHRP charter to be renewed. The new charter was effected and filed with the appropriate Congressional committees and the Library of Congress on October 1, 2020. Renewal of the Committee's charter gives authorization for the Committee to continue to operate until October 1, 2022.

A copy of the SACHRP charter is available on the Committee's website at <https://www.hhs.gov/ohrp/sachrp-committee/charter/index.html>. A copy of the charter can also be obtained by accessing the FACA database that is

maintained by the Committee Management Secretariat under the General Services Administration. The website address for the FACA database is www.facadatabase.gov.

Dated: October 21, 2020.

Jerry Menikoff,

Director, Office for Human Research Protections.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[CFDA NUMBERS: 93.971, 93.123, AND 93.972]

Indian Health Professions Preparatory, Indian Health Professions Pre-Graduate and Indian Health Professions Scholarship Programs

Announcement Type: Initial.

Key Dates

Application Deadline Date: February 28, 2021, 7:00 p.m. Eastern.

Application Review Date: March 30–April 30, 2021.

Continuation Award Notification Deadline Date: June 5, 2021.

New Award Notification Deadline Date: July 15, 2021.

Award Start Date: August 1, 2021.

Acceptance/Decline of Awards Deadline Date: August 15, 2021.

I. Funding Opportunity Description

The Indian Health Service (IHS) is committed to encouraging American Indians and Alaska Natives to enter the health professions and to assuring the availability of Indian health professionals to serve Indians. The IHS is committed to the recruitment of students for the following programs:

- *The Indian Health Professions Preparatory Scholarship* (Preparatory Scholarship) authorized by Section 103 of the Indian Health Care Improvement Act, Public Law 94-437 (1976), as amended (IHCIA), codified at 25 U.S.C. 1613(b)(1).

- *The Indian Health Professions Pre-graduate Scholarship* (Pre-graduate Scholarship) authorized by Section 103 of the IHCIA, codified at 25 U.S.C. 1613(b)(2).

- *The Indian Health Professions Scholarship* (Health Professions Scholarship) authorized by Section 104 of the IHCIA, codified at 25 U.S.C. 1613a.

Full-time and part-time scholarships will be funded for each of the three scholarship programs. The scholarship

award selections and funding are subject to availability of funds.

II. Award Information

Type of Award

Scholarship.

Estimated Funds Available

An estimated \$13.7 million will be available for fiscal year (FY) 2021 awards. The IHS Scholarship Program (IHSSP) anticipates, but cannot guarantee, student scholarship selections from any or all of the approved disciplines in the Preparatory Scholarship, Pre-graduate Scholarship, and Health Professions Scholarship programs for the scholarship period 2021–2022 academic year. Due to the rising cost of education and the decreasing number of scholars who can be funded by the IHSSP, the IHSSP previously changed the funding policy for Preparatory Scholarship and Pre-graduate Scholarship awards and reallocated a greater percentage of its funding in an effort to increase the number of Health Professions Scholarship, and inherently the number of service-obligated scholars, to better meet the health care needs of the IHS and its Tribal and Urban Indian health care system partners. This policy continues in effect for 2021–2022 academic year.

Anticipated Number of Awards

Approximately 25 new awards will be made by the IHSSP under the Preparatory Scholarship and Pre-graduate Scholarship programs for Indians. The awards are for 10 months in duration, with an additional 2 months for approved summer school requests, and will cover both tuition and fees and other related costs (ORC). The average award to a full-time student in both programs is approximately \$40,372.61. Approximately 100 new awards will be made by the IHSSP under the Health Professions Scholarship program. The awards are for 12 months in duration and will cover both tuition and fees and ORC. The average award to a full-time student is approximately \$120,814.38.

Approximately a total of 300 awards will be made under the IHSSP Scholarship Program for FY 2021–2022.

Project Period

The project period for the Preparatory Scholarship stipend support, tuition, fees and ORC is limited to 2 years for full-time students and the part-time equivalent of 2 years, not to exceed 4 years for part-time students. The project period for the Pre-graduate Scholarship stipend support, tuition, fees and ORC