

ATSDR requests OMB approval for an estimated 145 annual burden hours.

Participation in this information collection is voluntary and there is no

cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr.)	Total burden (in hr.)
Environmental Health Professionals and Affiliates.	EHLR Basic or Immersion Course Registration (classroom/conference registration).	225	1	3/60	11
	EHLR Privacy Act Opt Out Form (Basic/Immersion).	11	1	1/60	1
	Basic Course Module 1 Self-assessment (classroom).	100	1	5/60	8
	Basic Course Module 2 Self-assessment (classroom).	100	1	5/60	8
	Module 3 Self-assessment (classroom).	100	1	5/60	8
	Module 4 Self-assessment (classroom).	100	1	5/60	8
	Module 5 Self-assessment (classroom).	100	1	5/60	8
	Immersion Module 1 Self-assessment (conference).	125	1	15/60	31
	Immersion Module 2 Self-assessment (conference).	125	1	15/60	31
	Immersion Module 3 Self-assessment (conference).	125	1	15/60	31
	Total

Jeffrey M. Zirger,
Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.
 [FR Doc. 2023-07349 Filed 4-6-23; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the Advisory Committee on Heritable Disorders in Newborns and Children

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces that the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC or Committee) scheduled a public meeting. Information about ACHDNC and the agenda for this meeting can be found on the ACHDNC website at <https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html>.

DATES: Thursday, May 4, 2023, from 9:30 a.m. to 3:00 p.m. Eastern Time and

Friday, May 5, 2023, from 9:30 a.m. to 2:00 p.m. Eastern Time.
ADDRESSES: This meeting will be held in person with an option to join virtually. While this meeting is open to the public, advance registration is required. Please visit the ACHDNC website for information on registration: <https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html> by the deadline of 12:00 p.m. ET on May 3, 2023. Instructions on how to access the meeting via webcast will be provided upon registration.
 If you are a non-U.S. citizen who would like to attend the May meeting in-person, please contact ACHDNC@hrsa.gov by April 12, 2023.
FOR FURTHER INFORMATION CONTACT: Alaina Harris, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 18W66, Rockville, Maryland 20857; 301-443-0721; or ACHDNC@hrsa.gov.

SUPPLEMENTARY INFORMATION: ACHDNC provides advice and recommendations to the Secretary of Health and Human Services (Secretary) on the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. ACHDNC reviews and reports regularly on newborn and childhood screening practices,

recommends improvements in the national newborn and childhood screening programs, and fulfills requirements stated in the authorizing legislation. In addition, ACHDNC's recommendations regarding inclusion of additional conditions for screening on the Recommended Uniform Screening Panel, following adoption by the Secretary, are evidence-informed preventive health services provided for in the comprehensive guidelines supported by HRSA pursuant to section 2713 of the Public Health Service Act (42 U.S.C. 300gg-13). Under this provision, non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance are required to provide insurance coverage without cost-sharing (a co-payment, co-insurance, or deductible) for preventive services for plan years (*i.e.*, policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

During the May 4-5, 2023, meeting, ACHDNC will hear from experts in the fields of public health, medicine, heritable disorders, rare disorders, and newborn screening. Agenda items may include the following topics:

- (1) ACHDNC committee processes including prioritization and capacity of reviewing initial nominations;

(2) Criteria for pilot studies related to newborn screening;

(3) Center for Disease Control and Prevention's Enhancing Data Driven Disease Detection in Newborns (ED3N) Project; and

(4) ACHDNC Decision Matrix.

Agenda items are subject to change as priorities dictate. However, no votes will be held at this meeting to recommend including additional conditions for screening to the Recommended Uniform Screening Panel. Information about ACHDNC, including a roster of members and past meeting summaries, is also available on ACHDNC's website.

Members of the public also will have the opportunity to provide comments on any or all of the above agenda items. Public participants may request to provide general oral comments and 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. Members of the public registered to provide oral public comments on all other newborn screening related topics are tentatively scheduled to provide their statements on Friday, May 5, 2023. Requests to provide a written statement or make oral comments to the ACHDNC must be submitted via the registration website by 12:00 p.m. ET on Wednesday, April 19, 2023. Written comments will be shared with the Committee, so that they have an opportunity to consider them prior to the meeting.

Individuals who need special assistance or another reasonable accommodation should notify Alaina Harris 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 15 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. 2023-07333 Filed 4-6-23; 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: Rural Maternity and Obstetrics Management Strategies Program

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 June 6, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 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 or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 594-4394.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Maternity and Obstetrics Management Strategies Program, OMB No. 0906-xxxx-New.

Abstract: HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which is authorized by sections 501(a)(2) and 711(b)(5) of the Social Security Act (42 U.S.C. 701(a)(2) and 912(b)(5), respectively), and sections 330A(e) and 330A-2 of the Public Health Service Act (42 U.S.C. 254c(e) and 254c-1b, respectively). These authorities allow HRSA to, among other things, award grants to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas, through

community engagement and evidence-based or innovative, evidence-informed models; as well as establish or continue collaborative improvement and innovation networks to improve access to, and delivery of, maternity and obstetrics care in rural areas.

The RMOMS program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities.

HRSA seeks OMB approval to collect information about RMOMS program grants using performance measures in HRSA's Electronic Handbooks via the Performance Improvement and Measurement System.

Need and Proposed Use of the Information: For this program, performance measures were drafted to provide data to the program and enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal topic areas of interest to the Federal Office of Rural Health Policy, including: (1) consortium/network; (2) sustainability; (3) population demographics; (4) project specific domains. The annual collection of this information helps further inform and substantiate the focus and objectives of the RMOMS program.

Likely Respondents: The respondents will be recipients of the Rural Maternity and Obstetrics Management Strategies Program awards.

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