

(FP) grantees for \$56,000 each for fiscal year 2023. The funds will support in-scope grant activities related to health care services, increasing access to medical and social support services, and conducting outreach to help connect individuals living with SCD to follow-up care.

FOR FURTHER INFORMATION CONTACT: Hakim Fobia, Public Health Analyst and

Project Officer, Genetic Services Branch, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau (MCHB), HRSA, at scdprograms@hrsa.gov or (301) 945-9842.

SUPPLEMENTARY INFORMATION: *Intended Recipients of the Award:* 25 SCD NBS FP recipients as listed in Table 1.

Amount of Non-Competitive Awards: 25 awards at \$56,000 (total: \$1,400,000).

Project Period: September 1, 2023, to August 31, 2024.

CFDA Number: 93.110.

Award Instrument: Supplement.

Authority: 42 U.S.C. 701(a)(2) (§ 501(a)(2) of the Social Security Act).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	City, state	Award amount
D1J42466	Sickle Cell Disease Association of Illinois	Chicago, IL	\$56,000
D1J42474	Hemostasis and Thrombosis Center of Nevada	Las Vegas, NV	56,000
D1J42475	Ohio Sickle Cell & Health Association, Inc	Columbus, OH	56,000
D1J42467	Martin Center, Inc.	Indianapolis, IN	56,000
D1JMC42468	Baton Rouge Sickle Cell Anemia Foundation, Inc	Baton Rouge, LA	56,000
D1JMC42463	Cayenne Wellness Center and Children's Foundation, Inc.	Burbank, CA	56,000
D1JMC42472	Children's Sickle Cell Foundation Inc	Pittsburgh, PA	56,000
D1JMC42473	Clark, James R Memorial Sickle Cell Foundation	Columbia, SC	56,000
D1JMC42471	Piedmont Health Services and Sickle Cell Agency	Greensboro, NC	56,000
D1JMC42476	Sickle Cell Anemia Foundation of Oregon, Inc.	Portland, OR	56,000
D1JMC42470	Sickle Cell Association	Florissant, MO	56,000
D1JMC42477	The Sickle Cell Association Of New Jersey, Inc.	Newark, NJ	56,000
D1JMC42469	Sickle Cell Disease Association of America Michigan Chapter Inc.	Detroit, MI	56,000
D1JMC42478	Sickle Cell Disease Association of America Philadelphia—Delaware Valley Chapter.	Philadelphia, PA	56,000
D1JMC42462	Sickle Cell Foundation of Arizona, Inc.	Vail, AZ	56,000
D1JMC42465	Sickle Cell Foundation of Georgia, Inc.	Atlanta, GA	56,000
D1JMC42479	Sickle Cell Texas Marc Thomas Foundation	Austin, TX	56,000
D1JMC42480	Sickle Cell/Thalassemia Patients Networks, Inc.	Brooklyn, NY	56,000
D1JMC42481	Supporters of Families with Sickle Cell Disease, Incorporated	Tulsa, OK	56,000
D1JMC42464	University of Miami	Miami, FL	56,000
D1JMC46837	Sickle Cell Disease Foundation	Ontario, CA	56,000
D1JMC46836	Sickle Cell Disease Association of America Mobile Chapter	Mobile, AL	56,000
D1JMC46834	Crescent Foundation, Inc.	Philadelphia, PA	56,000
D1JMC46835	Metropolitan Seattle Sickle Cell Task Force	Seattle, WA	56,000
D1JMC46838	Sickle Cell Foundation of Tennessee	Memphis, TN	56,000

Justification: The Consolidated Appropriations Act, 2023 (Pub. L. 117-328) provided MCHB with additional appropriations for the Sickle Cell Disease Newborn Screening Follow-up Program. The Program currently funds 25 community-based organizations to facilitate access to quality SCD care. MCHB will provide a supplement of \$56,000 to each of the 25 existing grantees, as outlined in Table 1. Funds will support in-scope grant activities related to health care services, increasing access to medical and social support services, and conducting outreach to help connect individuals living with SCD to follow up care.

Carole Johnson,
Administrator.

[FR Doc. 2023-17805 Filed 8-17-23; 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: Evidence Based Telehealth Network Program Measures, OMB No. 0906-0043—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 October 17, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 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 Joella Roland, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

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

Information Collection Request Title: Evidence Based Telehealth Network Program Measures, OMB No. 0906-0043—Revision.

Abstract: This ICR is a revision of currently approved information collection of measures for the Office for the Advancement of Telehealth (OAT)'s Evidence Based Telehealth Network Program, under which OAT administers cooperative agreements in accordance with section 330I of the Public Health Service Act (42 U.S.C. 254c-14), as amended. The purpose of this program is to fund evidence-based projects that utilize telehealth technologies through telehealth networks to expand access to, and improve access to and the quality of, health care services. This program will work to help HRSA assess the effectiveness of evidence-based practices with the use of telehealth for patients, providers, and payers.

In the Evidence-Based Telehealth Network Program Report, the adjusted data collection instrument includes the addition, removal, and revision of measures, with 27 total data elements addressing patient encounter information. The currently approved measures focus on behavioral health, and the proposed adjusted measures allow for the inclusion of broader health

care services and expanded outcome measures. Five data elements were updated to specify data collection that allows for deeper understanding of outcomes related to socioeconomic indicators. The estimated burden for the Evidence Based Telehealth Network Program Report decreased since the data collection frequency is changing from monthly to quarterly. In addition, the information collected from grantees in the Performance Improvement and Measurement System more closely aligns measures with the Notice of Funding Opportunity and will assist in clarifying program measures and impact. These adjustments allow OAT to gain a more thorough understanding of how to utilize telehealth technologies through telehealth to improve access to, and improve the quality of, health care services.

Need and Proposed Use of the Information: The measures will enable HRSA to capture data that illustrate the impact and scope of federal funding along with assessing these efforts. The measures cover the principal topic areas of interest to OAT, including: (a)

population demographics; (b) access to health care; (c) cost savings and cost-effectiveness; and (d) clinical outcomes.

Likely Respondents: Likely respondents are award recipients of the Evidence Based Telehealth Network Program.

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

Instrument name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Evidence-Based Telehealth Network Program Report	11	4	44	31	1,364
Telehealth Performance Measurement Report	11	1	11	5	55
Total	* 11	55	1,419

* HRSA estimates 11 unique respondents, each completing the two forms.

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. 2023-17748 Filed 8-17-23; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the President's Cancer Panel.

This will be a hybrid meeting, *i.e.*, held in-person and virtually, and will be open to the public, with in-person attendance limited to space available. Individuals who plan to attend in-person or view the virtual meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The meeting can be accessed by clicking on the following link: <https://nci.rev.vbrick.com/#/webcasts/>

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Name of Committee: President's Cancer Panel.

Date: October 17, 2023.

Time: 8:30 a.m. to 4:30 p.m.

Agenda: Reducing Cancer Care Inequities: Leveraging Technology to Enhance Patient Navigation—Opportunities for Enhancing Patient Navigation.

Place: The Royal Sonesta New Orleans, North Ballroom, Level One, 300 Bourbon Street, New Orleans, LA 70130 (Hybrid Meeting).

Contact Person: Maureen R. Johnson, Ph.D., Executive Secretary, President's Cancer Panel, Special Assistant to the Director, National Cancer Institute, NIH, 31 Center Drive, Room 11A48, MSC 2590, Bethesda, MD 20892, 240-781-3327, johnsonr@mail.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.