DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 1009 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 on Alcohol Abuse and Alcoholism Special Emphasis Panel; NIAAA Member Conflict Reviews.

Date: July 17, 2024.

Time: 1:00 p.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute of Health, National Institute on Alcohol Abuse and Alcoholism, 6700B Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Beata Buzas, Ph.D., Scientific Review Officer, Extramural Project Review Branch, Office of Extramural Activities, National Institute on Alcohol Abuse and Alcoholism, 6700B Rockledge Drive, Room 2116, MSC 6902, Bethesda, MD 20892, (301) 443–0800, *bbuzas@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.273, Alcohol Research Programs, National Institutes of Health, HHS)

Dated: June 17, 2024.

David W. Freeman,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–13732 Filed 6–21–24; 8:45 am]

BILLING CODE 4140–01–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 Frederick National Laboratory Advisory Committee to the National Cancer Institute.

The meeting will be held virtually and is open to the public. Individuals who plan to view the virtual meeting and need special assistance or other reasonable accommodations to view the meeting, should notify the Contact Person listed below in advance of the meeting. The meeting can be accessed from the NIH Videocast at the following link: *https://videocast.nih.gov/.*

Name of Committee: Frederick National Laboratory Advisory Committee to the National Cancer Institute.

Date: July 10, 2024.

Time: 9:30 a.m. to 4:00 p.m.

Agenda: Ongoing and new activities at the Frederick National Laboratory for Cancer Research.

Place: National Cancer Institute Shady Grove, 9609 Medical Center Drive, Rockville, MD 20850 (Virtual Meeting).

Contact Person: Christopher D. Kane, Ph.D., Health Science Administrator and Program Officer, Office of Scientific Operations, Frederick Office of Scientific Operations, National Cancer Institute, NIH, 1050 Boyles Street, Building 427, Room 4 Frederick, MD 21702, *christopher.kane@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.

Information is also available on the Institute's/Center's home page: FNLAC: *https://deainfo.nci.nih.gov/advisory/fac/fac.htm,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: June 17, 2024.

David W. Freeman,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–13731 Filed 6–21–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; Data and Specimen Hub (DASH) (Eunice Kennedy Shriver National Institute of Child Health and Human Development)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

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 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Rebecca F. Rosen, Ph.D., Director of the Office of Data Science and Sharing, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institutes of Health, 6710B Rockledge Drive, Bethesda, MD 20817, call non-toll-free number 301–827–4602, or email your request, including your address to: *NICHD.DASH@mail.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on March 14, 2024, page 18650–18652, (Vol. 89 FR 18650–18652) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection: Data and Specimen Hub (DASH)–0925–0744 expiration date 06/30/2024, REVISION, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH).

Need and Use of Information Collection: This is a request to revise the previously approved submission (OMB number: 0925–0744) to add the collection of additional information from Users who wish to extend their data access beyond the standard three-year period, remove a Biospecimen Annual Report form that is no longer in use, extend the information collection in Institutional Certifications to cover both data and biospecimen submissions, and implement minor revisions on previously approved forms, including additional field options and language revisions that do not impact the nature of information being collected or its associated burden.

DASH has been established by NICHD as a data sharing mechanism for biomedical research investigators. It serves as a centralized resource for investigators to share and access de-identified study data from studies funded by NICHD. DASH also serves as a portal for requesting biospecimens from select DASH studies.

NICHD also supports other public archives, data collections, and resources, such as Data Sharing for Demographic Research (DSDR), NICHD/DIPHR Biospecimen Repository Access and Data Sharing (BRADS), the Down Syndrome Registry (DS-Connect), Zebrafish Information Network (ZFIN), etc. In addition to these NICHD-funded public archives, many collaborative studies funded through NICHD are dispersed across other NIH designated archives, including the National Heart, Lung, and Blood Institute (NHLBI) Biologic Specimen and Data Repository Information Coordinating Center (BioLINCC), and other NIH-wide repositories, such as the Database of Genotypes and Phenotypes (dbGaP).

In an effort to link these data resources and increase the visibility of NICHD-funded studies and data collections, DASH enables Users to catalog studies and data collections stored in other external archives to facilitate their discovery through DASH. Users submitting studies or external resources for cataloging in DASH will provide descriptive information about the study required to populate the Study Overview Page in DASH. This cataloging process closely mirrors the existing study data submission process in DASH; however, no study documentation or data will be uploaded to DASH. Requesters will be directed to the external archive via a URL link to obtain access to the data stored in the external archives and resources.

The potential for public benefit to be achieved through sharing study data and/or biospecimen inventories through DASH for secondary analysis is significant. Additionally, the ability to centralize information regarding where to find, and how to access, studies, and data collections funded by NICHD stored across various public archives (*i.e.,* cataloged studies and data collections) further helps to promote information discovery and reuse of data. NICHD DASH supports NICHD's mission to lead research and training to understand human development, improve reproductive health, enhance the lives of children and adolescents, and optimize abilities for all. Study data and biospecimen sharing and reuse will promote testing of new hypotheses from data and biospecimens already collected, facilitate trans-disciplinary collaboration, accelerate scientific findings, and enable NICHD to maximize the return on its investments in research.

Anyone can access NICHD DASH to browse and view descriptive information about the studies and data collections without creating an account. Users who wish to submit studies or request data (stored in DASH) and/or biospecimens (stored in NICHD contracted Biorepository) must register for an account. Users who wish to submit a study catalog and/or external resource catalog must also register for an account.

Information will be collected from those wishing to create an account, sufficient to identify them as unique Users. Those submitting or requesting data and/or biospecimens will be required to provide additional supporting information to ensure proper use and security of NICHD DASH study data and biospecimens. For data and/or biospecimen requests, information is collected both for initial data and/or biospecimen access and then throughout the request duration to maintain access. This includes research objectives and analysis plans, research teams, and institution information, as well as significant findings details for annual progress reports or extension justification for data request renewals. The information collected throughout these processes is limited to the essential data required to ensure the management of Users in NICHD DASH is efficient and the sharing of data and biospecimens among investigators is effective and aligns with DASH data sharing policies. The primary uses of the information collected from Uses by NICHD will be to:

- Communicate with the Users regarding data submission, study catalog submission, external resource catalog submission, data requests, and biospecimen requests;
- Monitor data submissions, study catalog submission, external resource catalog submission, data requests, and biospecimen requests;
- Notify interested Users of updates to data and biospecimens available through NICHD DASH; and
- Help NICHD understand the use of NICHD DASH study data and biospecimens by the research community.

All the data collected from use of NICHD DASH are for the purposes of internal administrative management of NICHD DASH, with the exception of the Recipient's approved use of DASH data and/or biospecimens, Recipient name and institution, and significant findings reporting in the Data Request Annual Use Report, which may be shared on the DASH website or in publications describing the performance and value of the DASH system for the broader scientific community.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 433.

ESTIMATED ANNUALIZED BURDEN HOURS

Annual burden hours estimate				
Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hour
User Registration	900	1	5/60	75

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Annual burden hours estimate				
Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hour
Data and Biospecimen Catalog Submission	36	1	2	72
Institutional Certification Template	36	1	5/60	3
Data Request	150	1	1	150
Biospecimen Request	4	1	1	4
Data Request Annual Progress Report	240	1	30/60	120
Study Catalog Submission	2	1	30/60	1
External Resource Catalog Submission	4	1	15/60	1
Data Request Renewal	42	1	10/60	7
Total	1,414	1,414		433

Dated: June 17, 2024.

Jennifer M. Guimond,

Project Clearance Liaison, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health.

[FR Doc. 2024–13715 Filed 6–21–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed project or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–0166.

Comments are invited on: (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Project: State Opioid Response (SOR)/ Tribal Opioid Response (TOR) Program Instrument (OMB No. 0930–0384)—Revision

SAMHSA is requesting approval to modify its existing SOR/TOR Program Instrument by (1) broadening language from 'naloxone' to 'naloxone and other opioid overdose reversal medications' due to the availability of new FDA-approved non-naloxone overdose reversal medications; (2) broadening language from 'fentanyl test strips' to 'drug checking technologies as directed by SAMHSA' due to the availability of new drug checking technology, including test strips for other emerging substances; (3) reducing the number of questions from 12 to 10 by combining four questions with similar themes into two questions for clarity; (4) removing question 12 because it is comprised of more than one question with several different ideas, making it unsuited for this instrument; and (5) adding one question at the request of Office of National Drug Control Policy (ONDCP)to collect information on Congressionally mandated and programmatic activities and comply with reporting requirements. The program-level information is collected quarterly and entered and stored in SAMHSA's Performance Accountability and Reporting System, which is a real-time, performance management system that captures information on SAMHSA funded substance use and substance use disorder prevention, harm reduction, treatment, and recovery support services, and mental health services delivered in the United States. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act (GPRA) of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs.

The SOR/TOR programs are authorized under the Consolidated Appropriations Act, 2023, Division H, Title II [Pub. L. 117–328], and section 1003 of the 21st Century Cures Act [Pub. L. 114–255] (42 U.S.C. 290ee–3a), as amended. SOR/TOR programs aim to address the opioid crisis by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and support the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.

SAMHSA is proposing to revise the SOR/TOR Program Instrument data collection instrument (OMB No. 0930–0384), to collect information on Congressionally mandated and programmatic activities and comply with reporting requirements.

SAMHSA developed the SOR/TOR Program Instrument to collect minimum data on naloxone purchase and distribution, but the SOR/TOR programs are unique in that they have prevention, education, and harm reduction requirements. SOR/TOR grantees are required to engage in the following prevention and education activities: (1) train peers, first responders, and other key community sectors on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone; (2) develop evidence-based community prevention efforts such as strategic messaging on the consequences of opioid and stimulant misuse; (3) implement school-based prevention programs and outreach; and (4) purchase and distribute opioid overdose antidote reversal naloxone based on the