

would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Advancing Translational Sciences Special Emphasis Panel; CTSA Collaborative and Innovative Acceleration Award (CCIA) Review.

Date: September 11, 2024.

Time: 12:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Center for Advancing Translational Sciences, National Institutes of Health, 9609 Medical Center Drive, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Jing Chen, Ph.D., Scientific Review Officer, Office of Scientific Review, National Center for Advancing Translational Sciences, National Institutes of Health, 9609 Medical Center Drive, Rockville, MD 20892, (301) 827-3268, chenjing@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: June 28, 2024.

David W. Freeman,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024-14700 Filed 7-3-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director; 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: Office of Research Infrastructure Programs Special Emphasis Panel (ZOD1), STOD: Biomedical Research Facilities.

Date: July 25, 2024.

Time: 1:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Center for Scientific Review, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Jonathan Ivins, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, Rockledge II, 6701 Rockledge Drive, MSC 7806, Bethesda, MD 20892, (301) 594-1245, ivinsj@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research Generally; 93.39, Academic Research Enhancement Award; 93.936, NIH Acquired Immunodeficiency Syndrome Research Loan Repayment Program; 93.187, Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds, National Institutes of Health, HHS).

Dated: June 28, 2024.

David W. Freeman,

Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

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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 the 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 projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276-0361.

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.

Proposed Project: Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program

(MAI PT Pilot) Data Collection Instruments.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) are requesting approval from the Office of Management and Budget (OMB) to monitor the Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program (MAI PT Pilot) through administration of a suite of data collection instruments for grant compliance and programmatic performance monitoring. This package describes the data collection activities and proposed instruments. Two instruments will facilitate grant compliance monitoring, and the third instrument is designed for program performance monitoring.

- The *MAI PT Pilot—Organizational Readiness Assessment (MAI-ORA)* is a one-time self-assessment tool intended to guide MAI PT Pilot grant recipients to objectively assess their capacity to provide substance use prevention, substance use disorder or co-occurring mental health disorder treatment, and HIV, viral hepatitis, and sexually transmitted infection prevention, screening, testing, and referral services for racial and ethnic individuals vulnerable to these conditions. Results from the MAI-ORA will allow SAMHSA to determine grantee readiness and capacity to implement their grant program, so that SAMHSA can provide additional support, as needed, to ensure grant compliance.

- The *MAI PT Pilot—Programmatic Progress Report (MAI-PPR)* is a template that grantees will use to report annual progress and will be used to monitor grant compliance.

- The *MAI PT Pilot—Online Reporting Tool (MAI-PORT)* will be used to conduct programmatic performance monitoring. The MAI-PORT is comprised of two main sections: (1) Annual Targets Report section for MAI PT Pilot grant recipients to report annual federal fiscal year programmatic goals, and (2) Quarterly Performance Report for grantees to report grant activities implemented during each federal fiscal quarter. In developing the MAI-PORT Annual Targets Report and the Quarterly Performance Report, CSAP/CSAT sought the ability to elicit programmatic information that demonstrates impact at the program aggregate level.

Data collected through the MAI-PORT are necessary to ensure SAMHSA and grantees comply with requirements under the Government Performance and Results Act Modernization Act of 2010

(GPRA) that requires regular reporting of performance measures. Additionally, data collected through these tools will provide critical information to SAMHSA’s Government Project Officers (GPOs) related to grant oversight, including barriers and facilitators that the grantees have experienced, and an understanding of the technical assistance needed to help grantees implement their programs. The information also provides a mechanism to ensure grantees are meeting the requirements of the grant funding announcement as outlined in their notice of grant award. In addition, the tools reflect CSAP’s and CSAT’s desire to elicit pertinent program level data that can be used not only to guide future programs and practices, but also to respond to stakeholder, congressional and agency inquiries.

Background and Purpose

According to the Centers for Disease Control and Prevention (CDC), the spread of HIV in the United States is mainly through anal or vaginal sex or by sharing drug-use equipment. Although these risk factors are the same for everyone, due to a range of social, economic, and demographic factors, such as stigma, discrimination, income, education, and geographic region, some racial and ethnic groups are more affected than others. In 2021, CDC reported that although Black/African Americans represented 13 percent of the U.S. population, they accounted for 42 percent (15,305) of the 36,801 new HIV diagnoses; Latino/Hispanic people represent 18.7 percent of the U.S. population but accounted for 29 percent (10,494) of HIV diagnoses (CDC, 2024;

United States Census Bureau, 2024). Between 2017 and 2021, American Indian/Alaska Native (AI/AN), Native Hawaiian and other Pacific Islander populations were the only demographic groups identified by the CDC with an increase in HIV diagnoses in the United States (CDC, 2024).

Viral hepatitis also impacts some racial and ethnic groups disproportionately. In 2020, non-Hispanic blacks were 1.4 times as likely to die from viral hepatitis, as compared to non-Hispanic whites (Office of Minority Health, 2022). Non-Hispanic blacks were almost twice as likely to die from hepatitis C as compared to the white population, and while having comparable case rates for hepatitis B in 2020, non-Hispanic blacks were 2.5 times more likely to die from hepatitis B than non-Hispanic whites (Office of Minority Health, 2022). Additionally, the percentage of people aged 12 or older with past year substance use disorder (SUD) differed by race and ethnicity with the highest rates among American Indian/Alaska Native populations (24.0 percent), followed by Black, non-Hispanic populations (18.4 percent) (SAMHSA, 2023).

The data clearly show the disproportionate burden faced by minority racial and ethnic groups and that these three issues should not be regarded as separate diseases acting independently, rather as a syndemic. To address this, SAMHSA is taking a syndemic approach to HIV, viral hepatitis, and substance use disorder through the MAI PT Pilot program. The purpose of this program is to provide substance use prevention, SUD treatment, HIV, and viral hepatitis

prevention and treatment services for racial and ethnic medically underserved individuals vulnerable to a SUD and/or mental health condition, HIV, viral hepatitis, and other infectious disease (e.g., sexually transmitted infection (STI)). The populations of focus for this program are individuals who are particularly vulnerable to or living with HIV/AIDS, including an emphasis on gay, bisexual, and other men who have sex with men, men who have sex with men and women (MSMW), Black, Latino, and AI/AN men who have sex with men (MSM), Asian and Pacific Islander, Black women, transgender men and women, youth aged 13–24 years, and People who Inject Drugs (PWID).

SAMHSA’s MAI PT Pilot is informed by the key strategies and priority jurisdictions outlined in the Ending the HIV Epidemic in the U.S. (EHE) initiative, Viral Hepatitis National Strategic Plan and STI National Strategic Plan. The program also supports the National HIV/AIDS Strategy (NHAS) and 2023–2026 SAMHSA Strategic Plan. Recipients will be expected to take a syndemic approach to SUD, HIV, viral hepatitis, and STI by providing SUD prevention and treatment to racial and ethnic individuals at risk for or living with HIV. MAI PT Pilot is authorized under Sections 509 and 516 of the Public Health Service Act, as amended.

Annualized Data Collection Burden

Table 1 and Table 2 provides an overview of the data collection method, frequency of data collection, and number of data collections for each data collection instruments.

TABLE 1—GRANT COMPLIANCE: MAI-ORA AND MAI-PPR

Instrument	Data collection method	Frequency of data collection	Maximum number of data collections	Attachment No.
MAI-ORA	Grantees submit into SPARS	Once	Once in Year 1	1
MAI-PPR	Grantees submit into eRA	Annually	Annually: 5 times (1 time per year in Years 1–5).	2

TABLE 2—PROGRAM PERFORMANCE MONITORING: MAI-PORT

Instrument	Data collection method	Frequency of data collection	Maximum number of data collections	Attachment No.
MAI-PORT	Grantees submit into SPARS	Yearly: Annual Targets Report (ATR). Quarterly: Quarterly Performance Report (QPR).	Yearly: 5 times (1 time per year in Years 1–5). Quarterly: 20 times (4 times per year in Years 1–5).	3

The estimated time to complete each instrument by year is shown in Tables 3 through 8.

TABLE 3—ESTIMATES OF ANNUAL BURDEN FOR MAI PT DATA COLLECTION: YEAR 1

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours	Average hourly wage ¹	Total respondent cost
MAI-ORA	8	1	8	24	192	\$48.35	\$9,283.20
MAI-PPR	8	1	8	3	24	48.35	1,160.40
MAI-PORT/ATR	8	1	8	1	8	48.35	386.80
MAI-PORT/QPR	8	4	32	2	64	48.35	3,094.40
Total	8	7	56	30	288	48.35	13,924.80

¹ Average hourly wage is based on the mean hourly wage for state government managers, as reported in the 2022 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-0000 Accessed on January 15, 2024.

TABLE 4—ESTIMATES OF ANNUAL BURDEN FOR MAI PT DATA COLLECTION: YEAR 2

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours	Average hourly wage ¹	Total respondent cost
MAI-ORA	8	0	0	24	0	\$48.35	\$0.00
MAI-PPR	8	1	8	3	24	48.35	1,160.40
MAI-PORT/ATR	8	1	8	1	8	48.35	386.80
MAI-PORT/QPR	8	4	32	2	64	48.35	3,094.40
Total	8	6	48	30	96	48.35	4,641.60

¹ Average hourly wage is based on the mean hourly wage for state government managers, as reported in the 2022 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-0000 Accessed on January 15, 2024.

TABLE 5—ESTIMATES OF ANNUAL BURDEN FOR MAI PT DATA COLLECTION: YEAR 3

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours	Average hourly wage ¹	Total respondent cost
MAI-ORA	8	0	0	24	0	\$48.35	\$0.00
MAI-PPR	8	1	8	3	24	48.35	1,160.40
MAI-PORT/ATR	8	1	8	1	8	48.35	386.80
MAI-PORT/QPR	8	4	32	2	64	48.35	3,094.40
Total	8	6	48	30	96	48.35	4,641.60

¹ Average hourly wage is based on the mean hourly wage for state government managers, as reported in the 2022 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-0000 Accessed on January 15, 2024.

TABLE 6—ESTIMATES OF ANNUAL BURDEN FOR MAI PT DATA COLLECTION: YEAR 4

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours	Average hourly wage ¹	Total respondent cost
MAI-ORA	8	0	0	24	0	\$48.35	\$0.00
MAI-PPR	8	1	8	3	24	48.35	1,160.40
MAI-PORT/ATR	8	1	8	1	8	48.35	386.80
MAI-PORT/QPR	8	4	32	2	64	48.35	3,094.40
Total	8	6	48	30	96	48.35	4,641.60

¹ Average hourly wage is based on the mean hourly wage for state government managers, as reported in the 2022 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-0000 Accessed on January 15, 2024.

TABLE 7—ESTIMATES OF ANNUAL BURDEN FOR MAI PT DATA COLLECTION: YEAR 5

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours	Average hourly wage ¹	Total respondent cost
MAI-ORA	8	0	0	24	0	\$48.35	\$0.00
MAI-PPR	8	1	8	3	24	48.35	1,160.40
MAI-PORT/ATR	8	1	8	1	8	48.35	386.80
MAI-PORT/QPR	8	4	32	2	64	48.35	3,094.40
Total	8	6	48	30	96	48.35	4,641.60

¹ Average hourly wage is based on the mean hourly wage for state government managers, as reported in the 2022 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-0000 Accessed on January 15, 2024.

TABLE 8—ESTIMATES OF ANNUAL BURDEN FOR MAI PT DATA COLLECTION: ALL YEARS

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours	Average hourly wage ¹	Total respondent cost
MAI-ORA	8	1	8	24	192	\$48.35	\$9,283.20
MAI-PPR	8	5	40	3	120	48.35	5,802.00
MAI-PORT/ATR	8	5	40	1	40	48.35	1,934.00
MAI-PORT/QPR	8	20	160	2	320	48.35	15,472.00
Total	8	31	248	30	672	48.35	\$32,491.20

¹ Average hourly wage is based on the mean hourly wage for state government managers, as reported in the 2022 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-0000 Accessed on January 15, 2024.

Send comments to SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E45, Rockville, MD 20852 OR email him a copy at samhsapra@samhsa.hhs.gov. Written comments should be received by September 3, 2024.

Alicia Broadus,

Public Health Advisor.

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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 projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276-0361 or carlos.graham@samhsa.hhs.gov.

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 the use of automated collection techniques or other forms of information technology.

Proposed Project: Programs To Reduce Underage Drinking—(OMB No. 0930-0316)—Revision

The Sober Truth on Preventing Underage Drinking Act (the “STOP Act”) was passed by Congress in 2006, reauthorized in December 2016 as part of the 21st Century Cures Act (Pub. L. 114-255) and the Consolidated Appropriations Act, 2023 (Pub. L. 117-328), and codified into law in 42 U.S.C. 290bb-25b: Programs to reduce underage drinking. The STOP Act contains four primary elements:

1. The award of community-based coalition enhancement grants for underage drinking prevention activities to eligible entities currently receiving funds under the Drug-Free Communities Act of 1997.

2. A national adult-oriented media public service campaign to prevent underage drinking (“Talk. They Hear You.” (TTHY), and an annual report to Congress evaluating the campaign.

3. An annual report to Congress summarizing federal prevention activities and the extent of progress in reducing underage drinking nationally, including data from national surveys conducted by federal agencies.

4. An annual report to Congress “on each State’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.” The State Survey that is the subject of this request gathers data used to develop the state-by-state report on prevention and enforcement activities related to underage drinking

Driven by the legislation and coordinated by the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), each of these activities work together to prevent and reduce underage drinking. The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) provides national leadership in federal policy and programming to support state and community activities that prevent and reduce underage drinking. The data collection activities described in this

package serve to assess the outputs and outcomes of public health messaging and interventions. The three data collection activities outlined in this package are:

1. The STOP Act State Survey: An annual survey mandated by the STOP Act legislation sent to an individual designated by the governor of all 50 states and the mayor of the District of Columbia;

2. The ICCPUD Alcohol Policy Academy Evaluation: An assessment of coalition capacity and workforce development throughout a 12 month Alcohol Policy Academy; and

3. The Parents Night Out Evaluation: An assessment of changes in knowledge, skills, and confidence of parents and caregivers after receiving the training and materials for Parents Night Out and TTHY products.

The STOP Act State Survey

The STOP Act states that the “Secretary [of Health and Human Services] shall . . . annually issue a report on each state’s performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking.” The Secretary has delegated responsibility for this report to SAMHSA. Therefore, SAMHSA has developed a “Survey of State Underage Drinking Prevention Policies, Programs, and Practices” (the “State Survey”) to provide input for the state-by-state report on prevention and enforcement activities related to the underage drinking component of the “Annual Report to Congress on the Prevention and Reduction of Underage Drinking” (“Report to Congress”).

Congress’ purpose in mandating the collection of data on state policies, programs, and practices through the *State Survey* is to provide policymakers and the public with otherwise unavailable but much needed information regarding state underage drinking prevention policies and programs. SAMHSA and other federal agencies that have underage drinking prevention as part of their mandate use the results of the *State Survey* to inform