

representative member of consumer interests and an additional non-voting representative member of industry interests will be included in addition to the voting members.

Further information regarding the most recent charter and other information can be found at <https://www.fda.gov/advisory-committees/pharmacy-compounding-advisory-committee/pharmacy-compounding-advisory-committee-charter> or by contacting the Designated Federal Officer (see **FOR FURTHER INFORMATION CONTACT**). In light of the fact that no change has been made to the committee name or description of duties, no amendment will be made to 21 CFR 14.100.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app.). For general information related to FDA advisory committees, please visit us at <http://www.fda.gov/AdvisoryCommittees/default.htm>.

Dated: July 24, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2024-16667 Filed 7-29-24; 8:45 am]

BILLING CODE 4164-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to the Office of Management and Budget for Review and Approval; Public Comment Request; The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than August 29, 2024.

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 Review—Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System, OMB No. 0906-0017—Revision.

Abstract: This request is for continued approval of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System. The MIECHV Program is administered by the Maternal and Child Health Bureau within HRSA in partnership with the Administration for Children and Families, and provides support to all 56 states and jurisdictions, as well as tribes and tribal organizations. Through a needs assessment, states, jurisdictions, tribes, and tribal organizations identify target populations and select the home visiting service delivery model(s) that best meet their needs. There is no proposed change to the previously approved information collection instruments. Over the next 3 years, as part of efforts to implement new statutory provisions enacted as part of the reauthorization of the MIECHV program, HRSA intends to engage with MIECHV awardees, home visiting model developers, and federal partners to identify opportunities to reduce administrative burden related to performance reporting, to enhance performance measures to measure disparities, and to align performance measures with other programs administered by HRSA's Maternal and Child Health Bureau.

A 60-day notice published in the **Federal Register** on April 3, 2024, 89 FR 23028–29. HRSA received one comment from a local MIECHV-funded program administrator. The comment discussed obtaining additional qualitative information for program benchmark data, improving response categories for race and ethnicity, and changing breastfeeding performance measure. HRSA has considered this comment;

however, per congressional direction, HRSA's current primary focus is minimizing burden for local MIECHV-funded programs. The changes sought by the comment would impose additional burden. As a result, no change to the proposed information collection tools is proposed at this time. As previously stated, HRSA intends to re-assess the current performance measurement system over the next 3 years, including considering and addressing the issues raised by the commenter.

Need and Proposed Use of the Information: HRSA uses performance information to demonstrate program accountability and continuously monitor and provide oversight to MIECHV program awardees. The information is also used to provide quality improvement guidance and technical assistance to awardees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to continue to collect information on demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services and a set of standardized performance and outcome indicators that correspond with the statutorily identified benchmark areas. This information will be used to demonstrate awardees' compliance with statutory and programmatic requirements. It will also be used to monitor and provide continued oversight for awardee performance and to target technical assistance resources to awardees.

Likely Respondents: MIECHV Program awardees that are states, jurisdictions, and, where applicable, nonprofit organizations providing home visiting services within states.

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

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Form 1: Demographic, Service Utilization, and Select Clinical Indicators	56	1	56	560	31,360
Form 2: Performance Indicators and Systems Outcome Measures	56	1	56	221	12,376
Total	56	56	43,736

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024-16719 Filed 7-29-24; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Organization, Functions, And Delegations of Authority; Part G, Office of Environmental Health and Engineering

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: This Notice advises the public that the Indian Health Service (IHS) proposes Part G, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), as amended May 6, 2005, July 1, 2010, and November 5, 2014, and most recently as amended December 26, 2018 is hereby amended to reflect additions of Standard Administrative Codes to better reflect the structure of the Indian Health Service (IHS) Office of Environmental Health and Engineering (OEHE), Division of Sanitation Facilities Construction (DSFC) program. The IHS is establishing these Standard Administrative Codes to improve granularity of the human resource data to allow better identification of Sanitation Facilities Construction (SFC) Program staff within the human resource data system. There will be no change in function or reporting relationships.

SUPPLEMENTARY INFORMATION:

Great Plains Area—GFA

- Div of Sanitation FAC Construction—Minot District—GFAAC11
- Div of Sanitation FAC Construction—Mobridge Field Office—GFAAC111
- Div of Sanitation FAC Construction—Belcourt Field Office—GFAAC112
- Div of Sanitation FAC Construction—Pierre District—GFAAC12

- Div of Sanitation FAC Construction—Eagle Butte Field Office—GFAAC121
- Div of Sanitation FAC Construction—Martin Field Office—GFAAC122
- Div of Sanitation FAC Construction—Sioux City District—GFAAC13
- Div of Sanitation FAC Construction—Sisseton Field Office—GFAAC131
- Div of Sanitation FAC Construction—Rosebud Field Office—GFAAC132

Albuquerque Area—GFC

- Div of Sanitation FAC Construction—Albuquerque District—GFC421
- Div of Sanitation FAC Construction—Mescalero Field Office—GFC4211
- Div of Sanitation FAC Construction—Santa Fe District—GFC422
- Div of Sanitation FAC Construction—Durango Field Office—GFC4221

Bemidji Area—GFE

- Div of Sanitation FAC Construction—Bemidji Area—GFE2AA
- Div of Sanitation FAC Construction—Minnesota District—GFE2AA1
- Div of Sanitation FAC Construction—Duluth Field Office—GFE2AA11
- Div of Sanitation FAC Construction—Rhineland District—GFE2AA2
- Div of Sanitation FAC Construction—Sault Ste Marie Field Office—GFE2AA21
- Div of Sanitation FAC Construction—Traverse City Field Office—GFE2AA22

Billings Area—GFF

- Div of Sanitation FAC Construction—Browning Field Office—GFF931
- Div of Sanitation FAC Construction—Crow Agency Field Office—GFF932
- Div of Sanitation FAC Construction—Lame Deer Field Office—GFF933
- Div of Sanitation FAC Construction—Wolf Point Field Office—GFF934
- Div of Sanitation FAC Construction—Fort Washakie Field Office—GFF935
- Div of Sanitation FAC Construction—Fort Belknap Field Office—GFF936

Nashville Area—GFH

- Div of Sanitation FAC Construction—Nashville Area—GFH2A
- Div of Sanitation FAC Construction—Manlius District—GFH2A1
- Div of Sanitation FAC Construction—Lockport Field Office—GFH2A11

- Div of Sanitation FAC Construction—Atmore Field Office—GFH2A2
- Div of Sanitation FAC Construction—Bangor Field Office—GFH2A3
- Div of Sanitation FAC Construction—Catawba Field Office—GFH2A4
- Div of Sanitation FAC Construction—Charles City Field Office—GFH2A5
- Div of Sanitation FAC Construction—Mashpee Field Office—GFH2A6
- Div of Sanitation FAC Construction—Opelousas Field Office—GFH2A7

Navajo Area—GFJ

- Div of Sanitation FAC Construction—Fort Defiance District—GFJ4B1
- Div of Sanitation FAC Construction—Many Farms Field Office—GFJ4B11
- Div of Sanitation FAC Construction—Gallup District—GFJ4B2
- Div of Sanitation FAC Construction—Crownpoint Field Office—GFJ4B21
- Div of Sanitation FAC Construction—Shiprock District—GFJ4B3
- Div of Sanitation FAC Construction—Farmington Field Office—GFJ4B31
- Div of Sanitation FAC Construction—Tuba City District—GFJ4B4
- Div of Sanitation FAC Construction—Kayenta Field Office—GFJ4B41
- Div of Sanitation FAC Construction—Tuba City Field Office—GFJ4B42
- Div of Sanitation FAC Construction—Winslow Field Office—GFJ4B43

Oklahoma City Area—GFK

- Div of Sanitation FAC Construction—Oklahoma City Area—GFK34
- Div of Sanitation FAC Construction—Clinton Field Office—GFK34B
- Div of Sanitation FAC Construction—Holton Field Office—GFK34C
- Div of Sanitation FAC Construction—Lawton Field Office—GFK34D
- Div of Sanitation FAC Construction—Pawnee Field Office—GFK34E
- Div of Sanitation FAC Construction—Shawnee Field Office—GFK34G
- Div of Sanitation FAC Construction—Miami Field Office—GFK34H
- Div of Sanitation FAC Construction—Oklmulgee Field Office—GFK34J

Phoenix Area—GFL

- Div of ENV Health Services—IEH—GFL52IE
- Div of ENV Health Services—IP—GFL52IP