comprehensive care to individuals with opioid use disorder (OUD), reduce harm, and effectively address the opioid crisis through service grants primarily to community-based organizations. This includes service grants that support the provision of MOUD such as methadone, buprenorphine and naltrexone which allow patients to receive treatment while maintaining their daily responsibilities and lives. Work in this branch will include engaging in community outreach and education efforts to raise awareness about the opioid epidemic, prevention strategies, and available treatment options. This is different from the work done in our state-based funding programs (State Opioid Response and Substance Use Prevention, Treatment, and Recovery Services Block Grants) which are housed in the Division of State and Community Systems (DSCS) and separate from the focus of the Division of Pharmacologic Therapies (DPT) which works with Opioid Treatment Programs to provide regulatory and provider support and does not fund opioid treatment. There is no overlap in the work of the existing divisions, DSCS and DPT, and the proposed OTB within the proposed DHSI. The OTB will manage the Medication-Assisted Treatment—Prescription Drug and Opioid Addiction (MAT–PDOA) and Targeted Capacity Expansion: Special Projects (TCE–SP) programs, both of which are authorized under section 509 of the PHSA, as amended. The purpose of MAT–PDOA is to provide resources to help expand and enhance access to MOUD. It is expected that this program will help to (1) increase access to MOUD for individuals with OUD, including individuals from diverse racial, ethnic, sexual and gender minority communities; and (2) decrease illicit opioid use and prescription opioid misuse. The purpose of TCE–SP is to implement targeted strategies for the provision of SUD or COD harm reduction, treatment, and/or recovery support services to support an under-resourced population or unmet need identified by the community.

Delegations of Authority

All delegations and redelegations of authority to officers and employees of SAMHSA which were in effect immediately prior to the effective date of this reorganization shall continue to be in effect.

Authority: 44 U.S.C. 3101.

Xavier Becerra,

Secretary of Health and Human Services.

[FR Doc. 2024–17131 Filed 8–2–24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Proposed Project: Drug and Alcohol Warning Network (DAWN) (OMB No. 0930–0078)—Reinstatement With Change

Under the Public Health Service Act (42 U.S.C. 290aa–4), SAMHSA is authorized to collect data on the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs. DAWN is a nationwide public health surveillance system to improve hospital emergency department (ED) monitoring of substance use-related visits. It captures data on ED visits related to recent substance use and misuse directly from the electronic health records (EHR) of participating hospitals. The new DAWN helps SAMHSA and public health professionals, clinicians, and policymakers respond effectively to the opioid and substance misuse crisis in the United States.

SAMHSA is requesting OMB approval of reinstatement with change of the DAWN data collections, to include following changes:

- Revise the data collection title to ''Drug and Alcohol Warning Network'', replacing existing 'abuse' term and including ''alcohol'' in the title.
- Remove drug-related death investigation records review component administered by state medical examiners (MEs) and individual medical examiners/coroners (ME/Cs).
- Revise data collection procedures where participating hospitals can choose the direct chart review option (at the contractor's operation center, home-based abstraction or on site at the hospital). Hospitals will also have the opportunity to select the machine learning with natural language processing (ML with NLP) option. The option for hospitals to use their own staff to abstract DAWN data as they did in the legacy DAWN is no longer offered.
- Revise the hospital selection design of the ED component to a hybrid system that combines sentinel hospitals and probability-based selection of hospitals from high priority suburban/rural areas and from the remaining areas in the United States.
- Change the reporting and publication schedule to further increase the timeliness of the new DAWN data availability and delivery to SAMHSA. The new DAWN data are collected on an ongoing basis and could be available to SAMHSA on demand. The new DAWN data are delivered to SAMHSA and available for analysis at a more frequent intervals than the legacy DAWN.
- Propose following changes to the ED Case Report Form:
  - Add ''Center for Behavioral Health Statistics and Quality'' to specify the center responsible for DAWN data collection.
  - Revise the data collection title to ''Drug and Alcohol Warning Network'' from ''Drug Abuse Warning Network.''
  - Replace prior ''Facility'' data field title with ''Hospital Emergency Department ID'' to provide more precise description and ID number of the DAWN participating hospitals.
  - Q3 ''Age'': replace prior option of ''less than 1 year'' with two detailed options of ''4 weeks (28 days) or younger'' and ''Between 4 weeks and one year old (>4 weeks, <1 year)'' to enable new identification of neonatal substance issues.
  - Q4 ''County of Residence'': revise data field title from prior ''patient's home zip code'' and add more accurate description on what data to be collected and clarify the purpose of data collection. Add new ''Unable to determine county'' option to improve data accuracy and account for geographical variation.
  - Q6 ''Gender Identity'' and Q7 ''Sexual Orientation'': added to provide inclusive measures and to align with SAMHSA's efforts in enhancing behavioral health equities among diverse populations.
  - Q8 ''Ethnicity'' and Q9 ''Race'': revise prior data field ''Race/Ethnicity'' to align with OMB 1997 Standards for Maintaining, Collecting, And Presenting Federal Data on Race and Ethnicity (Statistical Policy Directive No. 15) and to improve data accuracy and comprehensiveness.
  - Q10 ''Case Description'': replace the word ''drug(s)'' with ''substance(s)'' to clarify that the DAWN collects data on all substances including alcohol. Add new instruction language of ''Do not include information that could identify the patient or hospital'' to provide clear instruction and specify the

importance of patient and hospital privacy protection.

○ Q11 ''Substance(s) Involved and Route of Administration'': add two new options of ''transdermal'' and ''vaped'' to improve the comprehensiveness of the list on how substance is administered by the patient. Remove ''Mark if confirmed by toxicology test'' and ''alcohol involved?''

○ Q12 ''Diagnosis'': change the question order and move the data field after Q11. Revise prior instruction of ''list up to 4 diagnoses'' to ''list all diagnoses'' to enhances new DAWN's ability to identify novel drug, drug trends, and drug outbreaks.

○ Q13 ''Type of Case'': remove instruction language of ''using the decision tree.'' Revise the existing option of ''seeking detox'' to ''seeking detox and/or substance abuse treatment only'' and remove age restriction for ''Alcohol only'' option to include cases involving alcohol as the only substance of all ages.

○ Q14, Q15, and Q16 ''Was naloxone/buprenorphine/methadone administered to the patient in the ED'': added to capture new data on the implementation of medication-assisted treatment for opioid use disorder in the emergency department setting and understand why buprenorphine and methadone is administered.

○ Q17 ''Disposition'': add new options and re-categorize disposition to improve data accuracy and comprehensiveness and better understand where the patient went after their ED visit.

• Proposes a new Activity Report From to be submitted by the abstractors to collect information on the date of ED visits the abstractor has reviewed, counts of ED visits for that date, number of records reviewed, and number of left without being seen (LWBS) visits for the ED visit date if participating hospitals choose the direct chart review option.

The estimated annual burden for the DAWN data collection is as follows:

Information collection activities	Number of respondents	Responses per respondent	Total responses	Hours per response (in hours)	Total burden hours	Average hourly wage	Total annual cost
Setting Up Activities*							
Initial outreach and recruitment (all hospitals)	143	1	143	81.50	11,655	$48.72	$567,807
ED record provision setting up (direct chart review)	58	1	58	5.25	305	26.71	8,133
ED record provision setting up (ML with NLP)	85	1	85	36.00	3,060	26.71	81,733
Ongoing Maintenance Activities							
Ongoing Maintenance (direct chart review)	58	1	58	1.50	87	26.71	2,324
Ongoing Maintenance (ML with NLP)	85	1	85	6.00	510	26.71	13,622
Totals	.....	.....	.....	.....	15,616	.....	673,619

*Setting up activities will be conducted once.

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.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2024–17142 Filed 8–2–24; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG–2024–0284]

National Merchant Mariner Medical Advisory Committee; Vacancies

AGENCY: U.S. Coast Guard, Department of Homeland Security.

ACTION: Notice; request for applications.

SUMMARY: The U.S. Coast Guard is accepting applications to fill twelve (12) vacancies on the National Merchant Mariner Medical Advisory Committee (Committee). This Committee advises, consults with, and makes recommendations to the Secretary of the Department of Homeland Security through the Commandant of the United States Coast Guard on matters relating to medical certification determinations for the issuance of licenses, certification of registry, and merchant mariners' documents with respect to merchant mariners; medical standards and guidelines for the physical qualifications of operators of commercial vessels; medical examiner education; and medical research.

DATES: Completed applications must reach the U.S. Coast Guard on or before September 4, 2024.

ADDRESSES: Applications must include (a) a cover letter expressing interest in an appointment to the National Merchant Mariner Medical Advisory Committee, (b) a resume detailing the applicant's relevant experience and qualifications for the position applied for (including the mariner reference number for professional mariners, and licensure, certification, or training information for health-care professionals), and (c) a brief biography. Applications should be submitted via email with subject line ''Application for NMEDMAC'' to *pamela.j.moore@uscg.mil.*

FOR FURTHER INFORMATION CONTACT: Ms. Pamela Moore, Alternate Designated Federal Officer of the National Merchant Mariner Medical Advisory Committee; telephone 202–372–1361 or email at *pamela.j.moore@uscg.mil.*

SUPPLEMENTARY INFORMATION: The National Merchant Mariner Medical Advisory Committee is a Federal advisory committee. The Committee was established by section 601 of the *Frank LoBiondo Coast Guard Authorization Act of 2018* (Pub. L. 115–282, 132 Stat. 4192), and is codified in 46 U.S.C. 15104. The Committee operates under the provisions of the Federal Advisory Committee Act and 46 U.S.C. 15109.

The Committee is required to meet at least once a year in accordance with 46 U.S.C. 15109(a). We expect the