The Commissioner or designee shall have the authority to select members of other scientific and technical FDA advisory committees (normally not to exceed 10 members) to serve temporarily as voting members and to designate consultants to serve temporarily as voting members when: (1) expertise is required that is not available among current voting standing members of the Committee (when additional voting members are added to the Committee to provide needed expertise, a quorum will be based on the combined total of regular and added members), or (2) to comprise a quorum when, because of unforeseen circumstances, a quorum is or will be lacking. Because of the size of the Committee and the variety in the types of issues that it will consider, FDA may, in connection with a particular committee meeting, specify a quorum that is less than a majority of the current voting members. The Agency's regulations (21 CFR 14.22(d)) authorize a committee charter to specify quorum requirements.

If functioning as a medical device panel, an additional non-voting 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/human-drug-advisory-committees/drug-safety-and-risk-management-advisory-committee* 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. 1001 *et seq.*). For general information related to FDA advisory committees, please visit us at *http://www.fda.gov/AdvisoryCommittees/default.htm.*

Dated: July 31, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2024–17243 Filed 8–2–24; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.18 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the ''Schedule of Certified Interest Rates with Range of Maturities'' unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 11⅞%, as fixed by the Secretary of the Treasury, is certified for the quarter ended June 30, 2024. This rate is based on the Interest Rates for Specific Legislation, ''National Health Services Corps Scholarship Program (42 U.S.C. 254o(b)(1)(A))'' and ''National Research Service Award Program (42 U.S.C. 288(c)(4)(B)).'' This interest rate will be applied to overdue debt until the Department of Health and Human Services publishes a revision.

David C. Horn,

Director, Office of Financial Policy and Reporting.

[FR Doc. 2024–17139 Filed 8–2–24; 8:45 am]

BILLING CODE 4150–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; The Impact of Clinical Research Training and Medical Education at the Clinical Center on Physician Careers in Academia and Clinical Research

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: Tom Burklow, MD, Office of Clinical Research Training and Medical Education, NIH Clinical Center, National Institutes of Health, 10 Center Drive, Room 1N262, Bethesda, MD 20892–1158, or call non-toll-free number 301–435–8015, or Email your request, including your address to: *tom.burklow@nih.gov.*

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on May 13, 2024 (89 FR 41446) and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The Clinical Center, 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: The Impact of Clinical Research Training and Medical Education at the Clinical Center on Physician Careers in Academia and Clinical Research, OMB #0925–0602 Expiration Date: 6/30/2024, National Institutes of Health Clinical Center (CC), National Institutes of Health (NIH).

Need and Use of Information Collection: The information collected will allow continued assessment of the value of the training provided by the Office of Clinical Research Training and

Medical Education (OCRTME) at the NIH Clinical Center and the extent to which this training promotes (a) patient safety; (b) research productivity and independence; and (c) future career development within clinical, translational, and academic research settings. The information received from respondents is presented to, evaluated by, and incorporated into the ongoing operational improvement efforts of the Director of the Office of Clinical Research Training and Education, and the Chief Executive Officer of the NIH Clinical Center. This information will enable the ongoing operational improvement efforts of the OCRTME and its commitment to providing clinical research training and medical education of the highest quality to each trainee.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours 537.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Clinical Research Training Program/Medical Research Scholars Program Alumni Survey.	Physicians	800	1	20/60	267
Graduate Medical Education Graduate Survey	Physicians	350	1	20/60	117
Clinical Electives Program 1 Year Alumni Survey	Physicians	100	1	20/60	33
Continuing Medical Education Evaluation Survey	Physicians	720	1	10/60	120
Total		1,970	1,970		537

Frederick D. Vorck, Jr.,

Project Clearance Liaison, NIH Clinical Center, National Institutes of Health.

[FR Doc. 2024–17191 Filed 8–2–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Statement of Organization, Functions, and Delegations of Authority

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA).

ACTION: Organization, functions, and delegations of authority.

SUMMARY: SAMHSA has modified its organizational structure.

SUPPLEMENTARY INFORMATION: Part M of the Substance Abuse and Mental Health Services Administration (SAMHSA) Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services at 71 FR 19740–19741, April 17, 2006, is amended to reflect changes of the functional statements for the Center for Substance Abuse Treatment (CSAT). This amendment reflects the addition of one new division and two branches. CSAT has taken the lead in addressing the substance use disorder (SUD) treatment needs of Americans, focusing primarily on opioid treatment, developing a crisis continuum, improving adult and adolescent substance use treatment, and increasing access to and the quality of SUD treatment and recovery services. CSAT is dedicated to collaborating with grantees and stakeholders to enhance the accessibility of innovative services and evidence-based treatment modalities through grants and technical assistance.

In order to enhance administrative and operational efficiencies, CSAT proposes that each supervisor within the center should have a staff to supervisor ratio of 1 supervisor to 10 staff person or less. There is currently a twelve to one staff to supervisor ratio in the Division of Services Improvement (DSI)—with one branch having 17 staff. Managing 10 or more employees can be challenging for a first-line supervisor, who must effectively handle employee management and oversee grants and contracts. By adding the Division of Health Systems Improvement (DHSI) and two branches, Integrated Care Branch (ICB) and Opioid Treatment Branch (OTB) the staff to supervisor ratio would decrease to eight to one. Moreover, streamlined and smaller divisions/branches, with specific focus areas, will provide additional oversight and management by the second-level supervisor for these important Federal grants and contracts.

Center for Substance Abuse Treatment

Division of Health Systems Improvement

The proposed DHSI will focus on equity, medications for opioid use disorder (MOUD), and the continuum of care consistent with and necessary for the achievement of goals outlined in the President's Unity Agenda and the Office of National Drug Control Policy's National Drug Control Strategy. Refining the alignment of grant portfolios by the scope and span of grants and function, subject matter areas, age group focus (adolescents versus adults), and geographic focus (community versus state) will allow for improved efficiencies and service. The two branches in DHSI will be ICB and OTB. The new division will allow for dedicated leadership focusing on opioid treatment, developing a crisis continuum, improving adult and adolescent substance use treatment, and increasing access to and the quality of SUD treatment and recovery services. The proposed new division and two new branches are better aligned based on content and goal; the major grant programs impacted by this change are described below.

ICB will primarily focus on increasing access to and improving the quality of services of comprehensive, coordinated, patient-centered care across the continuum. The branch will manage the Minority AIDS Initiative (MAI) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs both of which are authorized under the Public Health Service Act (PHSA), title V, section 509. MAI seeks to increase engagement in care for racial and ethnic underrepresented individuals with SUD and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS and receive HIV/AIDS services/treatment. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- OTB will primarily focus on providing evidence-based