

found at <https://www.gsa.gov/perdiem>. GSA bases the maximum lodging allowance rates on average daily rate, a widely accepted lodging industry measure, less five percent. If a maximum lodging allowance rate and/or a meals and incidental expenses (M&IE) per diem reimbursement rate is insufficient to meet necessary expenses in any given CONUS location, Federal executive agencies can request that GSA review that location. More information on rate setting can be found on GSA’s “Factors Influencing Lodging Rates” tab at <https://www.gsa.gov/perdiem>. Additional information on the special review process can also be found at this website under the “FAQs” tab. Further, the Federal Travel Regulation (FTR) allows for actual expense reimbursement as provided in §§ 301–11.300 through 301–11.306.

For FY 2025, no new non-standard area (NSA) locations are added. Maximum lodging allowance rates in some existing per diem localities are changing and the standard CONUS lodging rate is increasing from \$107 to \$110. The M&IE reimbursement rate tiers are also revised for FY 2025; they were last revised in FY 2022. The M&IE

NSA tiers are increasing from \$59–\$79 to \$68–\$92, and the standard M&IE rate is increasing from \$59 to \$68.

Other than the changes posted on the GSA website, notices published periodically in the **Federal Register** now constitute the only notification of revisions in CONUS per diem reimbursement rates to agencies.

**Mehul Parekh**,  
*Acting Associate Administrator, Office of Government-wide Policy.*

[FR Doc. 2024–17954 Filed 8–16–24; 8:45 am]

**BILLING CODE 6820–14–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Notice of Supplemental Award; Infant-Toddler Court Program—State Awards**

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

**ACTION:** Notice of supplemental award.

**SUMMARY:** HRSA is providing supplemental award funds to the

current Infant-Toddler Court Program (ITCP)—State Awards recipients in federal fiscal year (FY) 2024 to support the continuation and expansion of existing activities to build state and local capacity and implement the infant-toddler court approach.

**FOR FURTHER INFORMATION CONTACT:** Kateryna Zoubak, Early Childhood Systems Analyst, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, HRSA, at [ezoubak@hrsa.gov](mailto:ezoubak@hrsa.gov) or 240–475–8014.

**SUPPLEMENTARY INFORMATION:**

*Intended Recipient(s) of the Award:* All 12 current recipients of the ITCP—State Awards, as listed in table 1.

*Amount of Non-Competitive Supplemental Award(s):* 12 awards totaling approximately \$2.7 million.

*Project Period:* September 30, 2022, to September 29, 2027.

*Assistance Listing (CFDA) Number:* 93.110.

*Award Instrument:* Non-competitive supplements to cooperative agreements.

*Authority:* 42 U.S.C. 701(a)(2) (title V, sec. 501(a)(2) of the Social Security Act)).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	State	Award amount
U2ZMC46643	Prevent Child Abuse Arizona	AZ	\$242,921
U2ZMC52975	Illuminate Colorado, Inc	CO	243,000
U2ZMC46638	Georgia State University Research Foundation, Inc	GA	243,000
U2ZMC46644	Iowa Department of Public Health	IA	243,000
U2ZMC46639	Michigan Department of Health and Human Services	MI	242,235
U2ZMC46636	Nevada Division of Child & Family Services	NV	Declined
U2ZMC46642	Passaic County Court Appointed Special Advocates, A New Jersey Nonprofit Corporation.	NJ	243,000
U2ZMC46640	Justice Innovation Inc., d/b/a Center for Court Innovation	NY	243,000
U2ZMC46637	Educational Service Center of Cuyahoga County	OH	243,000
U2ZMC46641	Oklahoma Department of Mental Health and Substance Abuse Services	OK	243,000
U2ZMC46635	Children’s Center	UT	242,999
U2ZMC46634	Children and Youth Justice Center	WA	243,000

*Justification:* The FY 2023 and 2024 appropriations for Maternal and Child Health Block Grant Special Projects of Regional and National Significance increased funding for the ITCP, compared to the FY 2022 enacted level. A Congressional Report accompanying the Further Consolidated Appropriations Act, 2024 (Pub. L. 118–47) designated funding “to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve wellbeing for infants, toddlers, and their families” (Senate Report 118–84). Consistent with Congressional intent, HRSA plans to use this funding to continue, enhance, and expand teams currently funded by ITCP

State Awards (HRSA–22–073). Supplemental awards will be used for project activities within the scope of the current ITCP—State Awards funding opportunity (HRSA–22–073). HRSA is awarding a total of approximately \$2.7 million to the 12 current ITCP—State Award recipients noted in table 1. Supplemental funding for similar activities may be considered in future years, depending on availability of funding for the activity and satisfactory performance.

**Carole Johnson**,  
*Administrator.*

[FR Doc. 2024–18459 Filed 8–16–24; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**National Practitioner Data Bank: Change in User Fee for Self-Query Mailed Paper Copies**

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

**ACTION:** Notice.

**SUMMARY:** HRSA is announcing a change in user fees charged to individuals requesting a supplemental mailed paper copy of their National Practitioner Data

Bank (NPDB) self-query results. The supplemental fee will increase from \$3.00 to \$13.00 per mailed paper copy as these copies will be provided using U.S. Postal Service certified mail. The user fees for one-time query, continuous, and digitally certified self-query results will remain unchanged.

**DATES:** The fee increase for mailed paper self-query results will be effective October 1, 2024.

**FOR FURTHER INFORMATION CONTACT:** David Loewenstein, Director, Division of Practitioner Data Bank, Bureau of Health Workforce, HRSA, (301) 443-2300, [NPDBPolicy@hrsa.gov](mailto:NPDBPolicy@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** The current fee structure (\$2.50/continuous query enrollment, \$2.50/one-time query, and \$3.00/self-query and an additional \$3.00/requested mailed paper copy) was announced in the **Federal Register** on July 21, 2021, (86 FR 38491) and became effective on October 1, 2021. One-time queries, continuous query enrollments, and self-queries are submitted and query responses are received through the NPDB's secure website. Fees are paid via electronic funds transfer, debit card, or credit card.

The user fees for one-time query, continuous, and digitally certified self-query results will remain unchanged. Upon requesting a self-query, practitioners receive a digitally certified response which they can save and provide to requesting entities electronically. Digitally certified self-queries are delivered in an unalterable PDF within minutes of the request being placed. Practitioners can save their certified response file digitally and provide it to requesting entities directly. The security of a digitally certified response provides assurance that the response is exactly as it was issued by the NPDB. However, if needed, practitioners may also request a mailed paper copy of their self-query results. To protect sensitive information in self-query responses, the mailed results will now be delivered through U.S. Postal Service certified mail with receipt confirmation. Since the NPDB is required to cover all its costs with user fees, increased fee for mailed paper self-query results will offset the certified mail expense.

HRSA operational standards require review of NPDB user fees at least every 2 years. The biennial review of NPDB user fees offers HRSA the opportunity to evaluate its reserves as well as revenue relative to costs. Further, the review provides essential information on whether the fee rates and authorized activities are aligned with actual program costs and activities, and can

help promote greater understanding of the fee by NPDB users.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99-660, as amended (42 U.S.C. 11101 *et seq.*). Further, two additional statutes expanded the scope of the NPDB—Section 1921 of the Social Security Act, as amended (42 U.S.C. 1396r-2) and Section 1128E of the Social Security Act, as amended (42 U.S.C. 1320a-7e). Information collected under the Section 1128E authority was consolidated within the NPDB pursuant to Section 6403 of the Affordable Care Act, Public Law 111-148; this consolidation became effective on May 6, 2013. 42 U.S.C. 11137(b)(4), 42 U.S.C. 1396r-2(e), and 42 U.S.C. 1320a-7e(d) authorize the establishment of fees for the costs of processing requests for disclosure of such information. Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and disclosed by the NPDB. In determining any changes in the amount of user fees, the Department uses the criteria set forth in section 60.19(b) of the regulations. Section 60.19(b) states:

“The amount of each fee will be determined based on the following criteria:

- (1) Direct and indirect personnel costs, including salaries and fringe benefits such as medical insurance and retirement,
- (2) Physical overhead, consulting, and other indirect costs (including materials and supplies, utilities, insurance, travel, and rent and depreciation on land, buildings, and equipment),
- (3) Agency management and supervisory costs,
- (4) Costs of enforcement, research, and establishment of regulations and guidance,
- (5) Use of electronic data processing equipment to collect and maintain information—the actual cost of the service, including computer search time, runs and printouts, and
- (6) Any other direct or indirect costs related to the provision of services.”

The Department will continue to review the user fees periodically as required by Office of Management and Budget Circular Number A-25 and will revise fees as necessary. Any future changes in user fees and their effective dates will be announced in the **Federal Register**.

**Carole Johnson,**  
Administrator.

[FR Doc. 2024-18456 Filed 8-16-24; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0260]

### Agency Information Collection Request; 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before September 18, 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](http://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:** Sherrette Funn, [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or (202) 264-0041, or [PRA@HHS.GOV](mailto:PRA@HHS.GOV). When submitting comments or requesting information, please include the document identifier 0990-0260-30D and project title for reference.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Title of the Collection:* Assurance of Compliance with Federal Policy/IRB Review/IRB Recordkeeping/Informed Consent/Consent Documentation.

*Type of Collection:* Extension of a currently approved collection.

*OMB No.:* 0990-0260.

*Abstract:* The Office of the Assistant Secretary for Health, Office for Human Research Protections is requesting a three-year extension of the Protection of Human Subjects: Assurance of Compliance with Federal Policy/IRB Review/IRB Recordkeeping/Informed