

service area rather than specific addresses of providers.

Response: The purpose of FORHP's rural definition is to delineate the land area of the United States as rural or non-rural. The areas identified as rural by this definition may include both service areas and specific provider addresses.

After consideration of the public comments received, HRSA is implementing the rugged terrain inclusion in the definition of rural area as proposed. FORHP is making this change consistent with its program authority to award grants to support rural health and rural health care services.

Updated Definition of Rural Area

HRSA is updating FORHP's rural definition to include geographic areas meeting any one of the following criteria:

- (1) Non-metropolitan counties
- (2) Outlying metropolitan counties with no population from an urban area of 50,000 or more people
- (3) Census tracts with RUCA codes 4–10 in metropolitan counties
- (4) Census tracts of at least 400 square miles in area with population density of 35 or less per square mile with RUCA codes 2–3 in metropolitan counties
- (5) Census tracts with RRS 5 and RUCA codes 2–3 that are at least 20 square miles in area in metropolitan counties

The changes will go into effect as of November 21, 2024. These changes will apply to FORHP's Notices of Funding Opportunity for FY 2025 and future years for programs that require funded activities and services be provided in rural areas, as defined by HRSA. FORHP will ensure information about the updated rural definition is available to the public on the HRSA website and in funding opportunities. These changes reflect FORHP's desire to accurately identify rural areas using a data-driven methodology that relies on established geographic identifiers and standard, national-level data sources.

Impact

Incorporating rugged terrain data into the definition of rural area using the adopted method adds 84 census tracts and approximately 305,000 people to the 60.8 million people living in FORHP-designated rural areas. This is an increase of 0.5 percent in the total number of people living in rural areas. Table 1 show the number of newly rural census tracts by state.

TABLE 1—NUMBER OF NEWLY RURAL CENSUS TRACTS BY STATE

State	Number of tracts
CA	24
OR	16
NC	12
WA	9
TN	7
CO	6
WV	6
MT	2
AK	1
MD	1
Total	84

Note: Table shows the number of newly rural census tracts with RRS 5 and RUCA codes 2–3 that are at least 20 square miles in area in metropolitan counties. Data in this table are based on 2010 census tract geographies and 2020 metropolitan county delineations. For a complete list of impacted census tracts see <https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files>.

Carole Johnson,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; 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: Center for Inherited Disease Research Access Committee.

Date: January 10, 2025.

Time: 11:30 a.m. to 12:30 p.m.

Agenda: To review and evaluate grant applications.

Address: National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Room 3172, Bethesda, MD 20892 (Virtual).

Contact Person: Barbara J. Thomas, Ph.D., Scientific Review Officer, Scientific Review Branch, National Human Genome Research Institute, National Institutes of Health, 6700B

Rockledge Drive, Room 3172, Bethesda, MD 20892, (301) 402–8837, barbara.thomas@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.172, Human Genome Research, National Institutes of Health, HHS)

Dated: November 15, 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)