

reasons cited for disenrolling from a plan and the frequency with which disenrollees cite each of the reasons) to assist beneficiaries with their annual consumer choice of plans. *Form Number:* CMS–10316 (OMB control number: 0938–1113); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 43,872; *Total Annual Responses:* 43,872; *Total Annual Hours:* 9,354. (For policy questions regarding this collection contact Beth Simon at 415–744–3780.)

Dated: March 18, 2020.

**William N. Parham, III,**

*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2020–06080 Filed 3–23–20; 8:45 am]

**BILLING CODE 4120–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Expedited OMB Review and Public Comment; Screening Tool for Unaccompanied Alien Children Program Staff and Visitors (New Collection)**

**AGENCY:** Office of Refugee Resettlement, Administration for Children and

Families, Department of Health and Human Services.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from the Office of Management and Budget (OMB) and inviting public comments on the proposed collection. The collection involves a risk questionnaire designed to identify potential coronavirus (COVID–19) among staff and visitors to Unaccompanied Alien Children (UAC) programs to ensure the life and safety of UAC in ORR care.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described in this notice.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *infocollection@acf.hhs.gov*. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation (OPRE), 330 C Street

SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* ACF is requesting that OMB grant a 180-day approval for this request under procedures for expedited processing. A request for review under normal procedures will be submitted within 180 days of the approval for this request. Any edits resulting from public comment will be incorporated into the submission under normal procedures. The COVID–19 risk questionnaire asks participants whether or not they display COVID–19 symptoms, whether or not they have had close contact with individuals known to test positive for COVID–19, and whether or not they have travel history to areas of sustained transmission of COVID–19.

*Respondents:* Staff and visitors at UAC program sites across the country.

**ANNUAL BURDEN ESTIMATES**

| Instrument                            | Total number of respondents | Annual responses per respondent | Average burden hours per response | Annual burden hours |
|---------------------------------------|-----------------------------|---------------------------------|-----------------------------------|---------------------|
| UAC COVID–19 Risk Questionnaire ..... | 15,000                      | 260                             | .033                              | 128,700             |

*Comments:* The Department specifically requests comments on (a) whether the proposed collection of information is 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

**Authority:** 6 U.S.C. 279(b)(1)(B); (E).

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2020–06244 Filed 3–23–20; 8:45 am]

**BILLING CODE 4184–45–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 30-Day Information Collection: Application for Participation in the IHS Scholarship Program**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice and request for comments. Request for extension of approval.

**SUMMARY:** In compliance the Paperwork Reduction Act (PRA) of 1995, the Indian Health Service (IHS) invites the general public to comment on the information collection titled, “Application for Participation in the IHS Scholarship Program.” Office of Management and Budget (OMB) Control No. 0917–0006. IHS is requesting OMB to approve an extension for this collection, which expires on March 31, 2020. This proposed information collection project was previously published in the **Federal Register** on December 17, 2019, and allowed 60 days for public comment, as required by the PRA. The IHS received no comments regarding this collection. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

**DATES:** *Comment Due Date:* April 23, 2020. Your comments regarding this

information collection are best assured of having full effect if received within 30 days of the date of this publication.

**ADDRESSES:** *Direct Your Comments to OMB:* Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

**SUPPLEMENTARY INFORMATION:**

**Information Collection**

*Title:* "Application for Participation in the IHS Scholarship Program," OMB Control No. 0917-0006. *Type of Information Collection Request:*

Extension of the currently approved information collection "Application for Participation in the IHS Scholarship Program." OMB Control No. 0917-0006. *Form Number(s):* IHS-856-07 through 856-16, IHS-856-19 through 856-23, IHS-817, and IHS-818 are retained for use by the IHS Scholarship Program (IHSSP) as part of this current Information Collection Request. Reporting forms are found on the IHS website at [www.ihs.gov/scholarship](http://www.ihs.gov/scholarship). Forms IHS-856-03, IHS-856-05, and IHS-856-06 have been moved to the online application process and can be found at [www.ihs.gov/scholarship/applynow/](http://www.ihs.gov/scholarship/applynow/). *Need and Use of Information Collection:* The IHS Scholarship Branch needs this information for program administration and uses the information to: solicit,

process, and award IHS Pre-graduate, Preparatory, and/or Health Professions Scholarship recipients; monitor the academic performance of recipients; and to place recipients at payback sites. The IHSSP application is electronically available on the internet at the IHS website at: <http://www.ihs.gov/scholarship/applynow/>. *Affected Public:* Individuals, not-for-profit institutions and State, local or Tribal Governments. *Type of Respondents:* Students pursuing health care professions.

*The table below provides:* Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hours.

| Data collection instrument(s)                               | Number of respondents | Responses per respondent | Total annual response | Burden hour per response* | Annual burden hours |
|---|-----------------------|--------------------------|-----------------------|---------------------------|---------------------|
| Scholarship Online Application .....                        | 850                   | 1                        | 850                   | 1.00 (60 min) .....       | 850                 |
| Verification of Acceptance or Decline of Award (IHS-856-7). | 300                   | 1                        | 300                   | 0.13 ( 8 min) .....       | 39                  |
| Recipient's Initial Program Progress Report (IHS-856-8).    | 800                   | 1                        | 800                   | 0.13 ( 8 min) .....       | 104                 |
| Notification of Academic Problem (IHS-856-9) .....          | 20                    | 1                        | 20                    | 0.13 ( 8 min) .....       | 3                   |
| Change of Status (IHS-856-10) .....                         | 50                    | 1                        | 50                    | .045 (25 min) .....       | 21                  |
| Request for Approval of Deferment (IHS-856-11) .....        | 60                    | 1                        | 60                    | 0.13 ( 8 min) .....       | 8                   |
| Preferred Placement (IHS-856-12) .....                      | 150                   | 1                        | 150                   | 0.50 (30 min) .....       | 75                  |
| Notice of Impending Graduation (IHS-856-13) .....           | 170                   | 1                        | 170                   | 0.17 (10 min) .....       | 28                  |
| Notification of Deferment Program (IHS-856-14) .....        | 60                    | 1                        | 60                    | 0.13 (8 min) .....        | 8                   |
| Placement Update (IHS-856-15) .....                         | 170                   | 1                        | 170                   | 0.18 (11 min) .....       | 31                  |
| Annual Status Report (IHS-856-16) .....                     | 200                   | 1                        | 200                   | 0.25 (15 min) .....       | 50                  |
| Lost Stipend Payment (IHS-856-19) .....                     | 10                    | 1                        | 10                    | 0.13 ( 8 min) .....       | 2                   |
| Summer School Request (IHS-856-21) .....                    | 100                   | 1                        | 100                   | 0.10 ( 6 min) .....       | 10                  |
| Change of Name or Address (IHS-856-22) .....                | 20                    | 1                        | 20                    | 0.13 (8 min) .....        | 3                   |
| Request for Credit Validation (IHS-856-23) .....            | 30                    | 1                        | 30                    | 0.10 (6 min) .....        | 3                   |
| Scholarship Program Agreement (IHS-817) .....               | 60                    | 1                        | 60                    | 0.16 (10 min) .....       | 10                  |
| Health Professions Contract (IHS-818) .....                 | 225                   | 1                        | 225                   | 0.16 (10 min) .....       | 38                  |
| <b>Total .....</b>  |                       |                          | <b>3,275</b>          |                           | <b>1,283</b>        |

\*For ease of understanding, burden hours are also provided in actual minutes.

There are no direct costs to respondents other than their time to voluntarily complete the forms and submit them for consideration. The estimated cost for the federal government is \$145,223.00 (contractor) to work on the program with IHS program staff.

*Requests for Comments:* The IHS requests your comments on this collection concerning: (a) The necessity of this information collection for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden (hours and cost) of the collection of information, including the validity of the methodology and assumptions used; (c) ways we could enhance the quality, utility, and clarity

of the information to be collected; and (d) ways we could minimize the burden of the collection of the information on the respondents.

**Michael D. Weahkee,**

*Assistant Surgeon General, RADM, U.S. Public Health Service, Principal Deputy Director, Indian Health Service.*

[FR Doc. 2020-06140 Filed 3-23-20; 8:45 am]

**BILLING CODE 4165-16-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of Environmental Health Sciences; Amended Notice of Meeting**

Notice is hereby given of a change in the meeting of the National Institute of Environmental Health Sciences Special Emphasis Panel, April 01, 2020, 01:00 p.m. to April 01, 2020, 04:00 p.m., NIEHS, Keystone, 530 Davis Drive, Durham, NC 27709 which was published in the **Federal Register** on February 10, 2020, 85 FRN 5460.

The April 01, 2020 NIEHS Special Emphasis Panel Meeting is being amended due to a change in the meeting