

Designated Federal Official (DFO), NACMH, Strategic Initiatives, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, 16N38B, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: All requests for information regarding NACMH nominations should be sent via email to the NACMH DFO at hrsabphcoppdnacmh@hrsa.gov. A copy of the NACMH charter and list of the current membership is available on the NACMH web page at <https://www.hrsa.gov/advisory-committees/migrant-health>.

SUPPLEMENTARY INFORMATION: NACMH was established and authorized under section 217 of the PHS Act (42 U.S.C. 218) to advise, consult with, and make recommendations to the Secretary of HHS concerning the organization, operation, selection, and funding of MHCs, and other entities under grants and contracts under section 330(g) of the PHS Act (42 U.S.C. 254b(g)). NACMH meets twice each calendar year, or at the discretion of the DFO in consultation with the Chair.

Nominations: HRSA is requesting nominations for two voting members to serve as Special Government Employees (SGEs) on NACMH. Specifically, HRSA is requesting nominations for the following positions: MHC board member (one nominee); and MHC Administrator/Provider (one nominee). The board member nominee must be a member or member-elect of a governing board of an organization receiving funding under section 330(g) of the PHS Act. Additionally, the board member nominee must be familiar with the delivery of primary health care to migratory and seasonal agricultural workers (MSAWs) and their families. The Administrator/Provider nominee must be qualified by training and experience in medical sciences or in the administration of health programs for MSAWs and their families. Interested applicants may self-nominate or be nominated by another individual or organization.

The Secretary of HHS appoints NACMH members with the expertise needed to fulfill the duties of the Advisory Committee. The membership requirements set forth under section 217 of the PHS Act require that the NACMH consist of 15 members, at least 12 of whom shall be members of the governing boards of MHCs, or other entities assisted under section 330(g) of the PHS Act. Of these 12 board members, at least nine shall be individuals who are MHC patients and familiar with the delivery of health care

to MSAWs. The remaining three NACMH members shall be individuals qualified by training and experience in the medical sciences or in the administration of health programs. New members filling a vacancy occurring prior to term expiration may serve only for the remainder of such term. Members may serve after term expiration until their successors take office, but no longer than 120 days. Nominees must reside in the United States, and international travel cannot be funded.

Individuals selected for appointment to the NACMH will be invited to serve for up to 4 years. Members appointed as SGEs receive a stipend and reimbursement for per diem and travel expenses incurred for attending NACMH meetings and/or conducting other business on behalf of the NACMH, as authorized by 5 U.S.C. 5703 for persons employed intermittently in government service.

The following information must be included in the package of materials submitted for each individual nominated for consideration: (1) NACMH nomination form, which can be requested by contacting the DFO at the email provided above; (2) three letters of reference; (3) a statement of any prior service on the NACMH; and (4) a current copy of the nominee's resume. Nomination packages may be submitted directly by the individual being nominated or by the person/organization recommending the candidate.

HHS endeavors to ensure that NACMH membership is balanced in terms of points of view represented and that individuals from a broad representation of geographic areas, gender, linguistically diverse ethnic and minority groups, and individuals with disabilities, are considered for membership. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, or cultural, religious, or socioeconomic status.

Individuals who are selected to be considered for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts, if the applicant has any to report. Disclosure of this information is required for HRSA ethics officials to determine whether there is a potential conflict of interest between the SGE's public duties as a member of the NACMH and their private interests, including an appearance of a loss of impartiality as defined by federal laws and regulations, and to identify any

required remedial action needed to address the potential conflict.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Ryan White HIV/AIDS Program Part F Dental Services Report, OMB No. 0915-0151—Extension

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than May 8, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or by mail at: HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the acting HRSA Information Collection Clearance Officer, at 301-594-4394.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: HRSA's Ryan White HIV/AIDS Program (RWHAP) Part F Dental Services Report, OMB No. 0915-0151—Extension

Abstract: The Dental Reimbursement Program (DRP) and the Community Based Dental Partnership Program (CBDPP) under Part F of RWHAP offer funding to accredited dental education programs to support the education and

training of oral health providers in HIV oral health care and reimbursement for the provision of oral health services for people eligible for the RWHAP. Institutions eligible for RWHAP DRP and CBDPP are accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency. The RWHAP DRP Application for the Notice of Funding Opportunity includes the Dental Services Report (DSR) that applicants use to apply for funding of non-reimbursed costs incurred in providing oral health care to patients with HIV and to report annual program data. Awards are authorized under section 2692(b) of the Public Health Service Act (42 U.S.C. 300ff-111(b)). The DSR collects data on program information, client demographics, oral health services, funding, and training. It also requests applicants to provide narrative descriptions of their services and facilities, as well as their linkages and how they collaborate with community-based providers of oral health services. Beginning with the 2022 DSR submission, the DSR website provided RWHAP DRP applicants and RWHAP CBDPP recipients an easily accessible and secure location to enter and submit their aggregate DSR data annually. The

web-based platform is accessible by all users and allows users to easily navigate and enter their data. Users can oversee their report submission status and will no longer email their completed dataset to HRSA. The implementation of the DSR website has contributed to the overall decrease in burden hours. *Need and Proposed Use of the Information:* The primary purpose of collecting this information annually is to verify applicant eligibility and determine reimbursement amounts for DRP applicants, as well as to document the program accomplishments of CBDPP grant recipients. This information also allows HRSA to learn about (1) the extent of the involvement of dental schools and programs in treating patients with HIV, (2) the number and characteristics of clients who receive RWHAP supported oral health services, (3) the types and frequency of the provision of these services, (4) the non-reimbursed costs of oral health care provided to patients with HIV, and (5) the scope of grant recipients' community-based collaborations and training of providers. In addition to meeting the goal of accountability to Congress, clients, community groups, and the general public, information collected in the DSR is critical for HRSA and for recipients to help assess the status of existing HIV-related health service delivery systems. The information will provide the measurement data for the HRSA budget justifications on the following measures:

number of persons for whom a portion/percentage of their unreimbursed oral health costs were reimbursed and the number of providers trained through the RWHAP Part F Dental Reimbursement and Community-Based Partnership Programs. *Likely Respondents:* Accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency. *Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden
Dental Services Report	DRP	56	1	56	32.0	1,792
	CBDPP	12	1	12	1.5	18
Total	68	68	1,810

HRSA specifically requests comments on (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.

Maria G. Button,
 Director, Executive Secretariat.
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