

procedure that requires significant support before, during, and after the procedure. Many patients experience barriers that impede access to HCT. Barriers to HCT-related care and educational information are multi-factorial. The NMDP/Be The Match PSC offers many programs and services to support patients, caregivers, and family members throughout their HCT journey. Feedback from recipients of NMDP services is essential to understand the changing needs for services and information as well as to demonstrate the effectiveness of existing services. The primary use for information gathered through the survey is to determine the helpfulness of participants' initial contact with the PSC patient navigators and to identify areas for improvement in the delivery of services. Patient navigators are trained lay or licensed clinical patient navigators, who respond to requests for information and support. Program managers and NMDP leadership use this evaluation data to share patients' experiences as well as make program and resource allocation decisions.

Web-based surveys will be administered to all participants (patients, caregivers, and family members) who have contact with the PSC. All participants for whom an email address is known will be invited to

complete the survey online. Survey respondents will be notified via email invitation and in the survey instructions that participation is voluntary, and responses will be kept confidential. A follow-up invitation will be sent within 2 weeks to non-respondents.

The survey will include these items to measure: (1) their experience, (2) if the contact helped the participant feel more confident in coping with treatment, (3) if the contact helped the participant feel more hopeful, (4) if the contact helped the participant feel less alone, (5) increased awareness of available resources, (6) if the contact helped the participant feel more informed about treatment options, (7) if their questions were answered, and (8) types of challenges faced by the participant. The survey data will be analyzed quarterly and annually, and results will be shared with program managers. Feedback indicating a need for improvement will be reviewed by program managers biannually and implementation of resulting program changes or additions will be documented.

*Likely Respondents:* Respondents will include all patients, caregivers, and family members who have contact with the Patient Support Center via phone or email for HCT navigation services and support (advocacy). The decision to survey all participants was made based

on the historically low response rate (~20 percent) to this survey due to patients' frequent transitions in health status as well as transfer between home and the hospital for initial treatment and care for complications. Participants will receive the survey once in a 1-year cycle. If a participant contacts the Patient Support Center one or more years after the initial contact, they will receive a second survey. This is because it is anticipated that the participants' needs will likely change during the time lapse.

*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	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Be The Match® Patient Support Center Survey .....	900	1	900	0.17	153
Total .....	900	1	900	0.17	153

The total respondent burden for the customer satisfaction surveys is estimated to be 153 hours. HRSA expects a total of 900 respondents to complete the Be The Match® Patient Support Center Survey.

**Maria G. Button,**

*Director, Executive Secretariat.*

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BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Data System for Organ Procurement and Transplantation Network, OMB No. 0915-0157—Revision**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with of the Paperwork Reduction Act of 1995, HRSA submitted an Information

Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than July 14, 2023.

**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 Review—Open for

Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-3983.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Data System for Organ Procurement and Transplantation Network, OMB No. 0915-0157—Revision.

*Abstract:* Section 372 of the Public Health Service Act requires that the Secretary of HHS, by contract, provide for the establishment and operation of a private, non-profit entity the Organ Procurement and Transplantation Network (OPTN), which on behalf of HRSA, operates the U.S. donation and transplantation system. The OPTN Board of Directors (BOD) determines what data must be collected to appropriately fulfill the OPTN responsibilities pursuant to the regulatory authority in 42 CFR 121.11 of the OPTN Final Rule. HRSA, on behalf of the OPTN BOD and in alignment with the Paperwork Reduction Act of 1995, submits OPTN BOD-approved data elements for collection to OMB for official federal approval.

A 60-day notice published in the **Federal Register** on September 29, 2022, vol. 87, No. 188; pp. 59103–59105. HRSA received one comment. The commenter supported the necessity and utility of the proposed information collection and the accuracy of the estimated burden. However, the commenter recommended that HRSA consider enhancements to the ‘currently-used United Network for Organ Sharing data system’ including the need for more real-time data for Organ Procurement Organizations (OPO) and a more advanced application programming interface which integrates with OPO’s electronic medical record platforms. Since the requested changes were to the ‘OPTN data system’ and not the forms themselves, HRSA is not making any changes to the information collection request as a result of this comment. However, HRSA appreciates all public feedback and will consider data system changes in consultation with the OPTN members and the public.

*Need and Proposed Use of the Information:* HRSA and the OPTN BOD use data to develop transplant, donation, and allocation policies; to determine whether institutional members are complying with policy; to determine member-specific performance; to ensure patient safety,

and to fulfill the requirements of the OPTN Final Rule. In addition, the regulatory authority in 42 CFR 121.11 of the OPTN Final Rule requires the OPTN data to be made available, consistent with applicable laws, for use by OPTN members, the Scientific Registry of Transplant Recipients, HHS, and members of the public for evaluation, research, patient information, and other important purposes.

This is a request to revise the current OPTN data collection which includes time-sensitive, life-critical data on transplant candidates and donors, the organ matching process, histocompatibility results, organ labeling, and packaging, and pre-and post-transplantation data on recipients and donors. This revision also includes OPTN BOD-approved changes to the existing OMB data collection forms. The OPTN collects these specific data elements from transplant hospitals, OPOs, and histocompatibility laboratories.

The OPTN uses this information to: (1) facilitate organ placement and match donor organs with recipients, (2) monitor compliance of member organizations with federal laws and regulations and with OPTN requirements, (3) review and report periodically to the public on the status of organ donation and transplantation in the United States, (4) provide data to researchers and government agencies to study the scientific and clinical status of organ transplantation, and (5) perform transplantation-related public health surveillance including the possible transmission of donor disease.

HRSA is requesting to make the following OPTN BOD-approved changes to improve the OPTN organ matching and allocation process and improve OPTN member compliance with OPTN requirements:

(1) Adding data collection forms from the OPTN donor management and organ matching system to the existing OMB-approved information collection. The system allows an OPO to add donors, run the donor/potential transplant recipients matches, and place a donated organ(s) with a computer-matched potential transplant recipient. Transplant centers will access the system to view posted donor information to assist them with accepting decisions, along with other donor/potential transplant recipient functions such as entering offer responses and verifying organ offer refusals. The OPTN donor management and organ matching system is comprised of eight data collection forms: initial donor registration, OPO notification limit administration,

potential transplant recipient, death notification registration, deceased donor death referral, donor hospital registration, donor organ disposition, and transplant center contact management.

(2) The OPTN BOD-approved additional revisions to existing data collection forms to improve organ matching, allocation, and OPTN policy compliance.

(3) Existing OPTN data collection forms that collect a single race and ethnicity variable will be revised to collect separate race and ethnicity variables, following the minimum standards for collecting and presenting data on race and ethnicity for all federal reporting found within Revisions of Standards for the Classification of Federal Data on Race and Ethnicity, OMB Statistical Policy Directive No. 15 in **Federal Register**, 62 FR 58782 (Oct. 30, 1997). Improving data collection around race and ethnicity information of donors and candidates aligns with Executive Order 13985, which calls on agencies to advance equity through identifying and addressing barriers to equal opportunity that underserved communities may face due to government policies and programs.

*Likely Respondents:* Transplant Programs, OPOs, and Histocompatibility Laboratories.

*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.

The total estimated burden hours for this collection increased by 217,361.30 hours from the previously OMB-approved data collection package from March 22, 2022. This increase is for the most part due to the addition of eight collection forms from the OPTN donor management and organ matching system to this data collection package, specifically the burden increases from the Potential Transplant Recipient form. While the data fields collected on the Potential Transplant Recipient form are limited, the volume of organ offer

responses is significant due to the large number of potential transplant recipients shown on the organ match run results. The organ match run results produce thousands of potential transplant recipients that require responses from OPOs and transplant hospitals. This volume of candidates significantly impacts the total burden hours for this form.

## TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Deceased Donor Registration .....	57	243.56	13,883	1.20	16,659.60
Living Donor Registration .....	216	28.11	6,072	2.19	13,297.68
Living Donor Follow-up .....	216	90.55	19,559	1.52	29,729.68
Donor Histocompatibility .....	141	149.18	21,034	0.20	4,206.80
Recipient Histocompatibility .....	141	264.95	37,358	0.40	14,943.20
Heart Transplant Candidate Registration .....	145	34.59	5,016	0.90	4,514.40
Heart Transplant Recipient Registration .....	145	26.32	3,816	1.96	7,479.36
Heart Transplant Recipient Follow Up (6 Month) .....	145	24.40	3,538	0.40	1,415.20
Heart Transplant Recipient Follow Up (1–5 Year) .....	145	104.14	15,100	0.90	13,590.00
Heart Transplant Recipient Follow Up (Post 5 Year) .....	145	171.10	24,810	0.50	12,405.00
Heart Post-Transplant Malignancy Form .....	145	13.17	1,910	0.90	1,719.00
Lung Transplant Candidate Registration .....	72	42.97	3,094	0.90	2,784.60
Lung Transplant Recipient Registration .....	72	35.01	2,521	1.20	3,025.20
Lung Transplant Recipient Follow Up (6 Month) .....	72	33.63	2,421	0.50	1,210.50
Lung Transplant Recipient Follow Up (1–5 Year) .....	72	139.94	10,076	1.10	11,083.60
Lung Transplant Recipient Follow Up (Post 5 Year) .....	72	136.28	9,812	0.60	5,887.20
Lung Post-Transplant Malignancy Form .....	72	22.63	1,629	0.40	651.60
Heart/Lung Transplant Candidate Registration .....	70	0.96	67	1.10	73.70
Heart/Lung Transplant Recipient Registration .....	70	0.64	45	2.15	96.75
Heart/Lung Transplant Recipient Follow Up (6 Month) .....	70	0.60	42	0.80	33.60
Heart/Lung Transplant Recipient Follow Up (1–5 Year) .....	70	2.10	147	1.10	161.70
Heart/Lung Transplant Recipient Follow Up (Post 5 Year) .....	70	3.36	235	0.60	141.00
Heart/Lung Post-Transplant Malignancy Form .....	70	0.29	20	0.40	8.00
Liver Transplant Candidate Registration .....	143	96.92	13,860	0.80	11,088.00
Liver Transplant Recipient Registration .....	143	64.58	9,235	1.20	11,082.00
Liver Transplant Recipient Follow Up (6 Month–5 Year) ..	143	320.27	45,799	1.00	45,799.00
Liver Transplant Recipient Follow Up (Post 5 Year) .....	143	384.32	54,958	0.50	27,479.00
Liver Recipient Explant Pathology Form .....	143	7.30	1,044	0.60	626.40
Liver Post-Transplant Malignancy .....	143	19.06	2,726	0.80	2,180.80
Intestine Transplant Candidate Registration .....	21	6.86	144	1.30	187.20
Intestine Transplant Recipient Registration .....	21	4.57	96	1.80	172.80
Intestine Transplant Recipient Follow Up (6 Month–5 Year) .....	21	20.05	421	1.50	631.50
Intestine Transplant Recipient Follow Up (Post 5 Year) .....	21	40.19	844	0.40	337.60
Intestine Post-Transplant Malignancy Form .....	21	0.62	13	1.00	13.00
Kidney Transplant Candidate Registration .....	234	177.00	41,418	0.80	33,134.40
Kidney Transplant Recipient Registration .....	234	105.40	24,664	1.20	29,596.80
Kidney Transplant Recipient Follow Up (6 Month–5 Year) .....	234	517.12	121,006	0.90	108,905.40
Kidney Transplant Recipient Follow Up (Post 5 Year) .....	234	525.10	122,873	0.50	61,436.50
Kidney Post-Transplant Malignancy Form .....	234	24.47	5,726	0.80	4,580.80
Pancreas Transplant Candidate Registration .....	120	2.65	318	0.60	190.80
Pancreas Transplant Recipient Registration .....	120	1.19	143	1.20	171.60
Pancreas Transplant Recipient Follow Up (6 Month–5 Year) .....	120	6.68	802	0.50	401.00
Pancreas Transplant Recipient Follow Up (Post 5 Year) ..	120	17.82	2,138	0.50	1,069.00
Pancreas Post-Transplant Malignancy Form .....	120	1.06	127	0.60	76.20
Kidney/Pancreas Transplant Candidate Registration .....	120	12.45	1,494	0.60	896.40
Kidney/Pancreas Transplant Recipient Registration .....	120	6.84	821	1.20	985.20
Kidney/Pancreas Transplant Recipient Follow Up (6 Month–5 Year) .....	120	39.44	4,733	0.50	2,366.50
Kidney/Pancreas Transplant Recipient Follow Up (Post 5 Year) .....	120	69.41	8,329	0.60	4,997.40
Kidney/Pancreas Post-Transplant Malignancy Form .....	120	2.49	299	0.40	119.60
Vascularized Composite Allograft (VCA) Transplant Candidate Registration .....	21	0.33	7	0.40	2.80
VCA Transplant Recipient Registration .....	21	0.19	4	1.36	5.44
VCA Transplant Recipient Follow Up .....	21	1.00	21	1.31	27.51
Organ Labeling and Packaging .....	57	247.72	14,120	0.18	2,541.60
Organ Tracking and Validating .....	308	19.49	6,003	0.08	480.24
Kidney Paired Donation Candidate Registration .....	159	1.20	191	0.29	55.39
Kidney Paired Donation Donor Registration .....	159	1.56	248	1.08	267.84
Kidney Paired Donation Match Offer Management .....	159	1.52	242	0.67	162.14
Disease Transmission Event .....	308	1.81	557	0.62	345.34
Living Donor Event .....	251	0.156	39	0.56	21.84

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Safety Situation .....	449	0.60	269	0.56	150.64
Potential Disease Transmission .....	57	8.72	497	1.27	631.19
Request to Unlock Form .....	449	42.40	19,038	0.02	380.76
Initial Donor Registration .....	57	335.72	19,136	3.00	57,408.00
OPO Notification Limit Administration .....	57	0.49	28	0.17	4.76
Potential Transplant Recipient .....	308	4718.48	1,453,292	0.05	72,664.60
Death Notification Registration .....	57	185.77	10,589	0.42	4,447.38
Deceased Donor Death Referral .....	57	53.84	3,069	0.50	1,534.50
Donor Hospital Registration .....	57	0.04	2	0.08	0.16
Donor Organ Disposition .....	57	335.72	19,136	0.17	3,253.12
Transplant Center Contact Management .....	251	637.50	160,013	0.06	9,600.78
Total = 70 forms .....	9,146	.....	2,352,737	.....	647,628.30

\*The numbers of respondents and the numbers of total responses in the burden table were updated with 2021 OPTN data and reflect increases in the number of organ transplants and changes in the number of respondents (Transplant Programs, OPO, and Histocompatibility Labs).

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.  
 [FR Doc. 2023–12719 Filed 6–13–23; 8:45 am]  
 BILLING CODE 4165–15–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Announcing the Annual Meeting of the President’s Council on Sports, Fitness & Nutrition**

**AGENCY:** Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (HHS) is hereby giving notice that the President’s Council on Sports, Fitness & Nutrition (PCSFN) will hold its annual meeting. The meeting will be open to the public.

**DATES:** This meeting will be held on June 27, 2023, from 1:30 p.m. to 5:00 p.m. ET.

**ADDRESSES:** The meeting will be held at the Hubert H. Humphrey Building, 200 Independence Ave SW, Washington, DC

20001. The meeting will also be accessible online via livestream and recorded for later viewing. Registrants will receive information on how to access the meeting, either in-person or via livestream, prior to the meeting.

**FOR FURTHER INFORMATION CONTACT:** Designated Federal Officer for the PCSFN, Rachel Fisher, MS, MPH, RD; HHS/OASH/ODPHP, 1101 Wootton Parkway, Suite 420, Rockville, MD 20852, 240–453–8257; Email [fitness@hhs.gov](mailto:fitness@hhs.gov). Information about PCSFN, including details about the upcoming meeting, can be obtained at <https://health.gov/our-work/nutrition-physical-activity/presidents-council>.

**SUPPLEMENTARY INFORMATION:**

**Authority and Purpose:** The primary functions of the PCSFN include: (1) Advising the President, through the Secretary, concerning the progress made in carrying out the provisions of Executive Order 13265, as amended by Executive Order 14048, and recommending to the President, through the Secretary, actions to accelerate such progress; (2) recommending to the Secretary, actions to expand opportunities at the national, state, and local levels for participation in sports and engagement in physical fitness and activity (taking into account the HHS Physical Activity Guidelines for Americans, including consideration for youth with disabilities); and (3) functioning as liaisons and spokespersons on behalf of the PCSFN to relevant State, local, and private entities, and sharing information about the work of the PCSFN in order to advise the Secretary regarding opportunities to extend and improve physical activity, fitness, sports, and nutrition programs and services at the State, local, and national levels.

**Purpose of the Meeting:** At the June 2023 meeting, the PCSFN will discuss plans for future projects and programs that may address but are not limited to: (1) implementing the National Strategy on Hunger, Nutrition, and Health, including supporting the White House Challenge to End Hunger and Build Healthy Communities; (2) raising awareness about the importance of mental health as it pertains to physical fitness and nutrition; (3) promoting the implementation of the National Youth Sports Strategy; (4) revitalizing the Presidential Youth Fitness Program; and (5), the launch of the Physical Activity Guidelines Midcourse Report: Implementation Strategies for Older Adults.

**Meeting Agendas:** The meeting agenda is in development and will be posted at <https://health.gov/our-work/nutrition-physical-activity/presidents-council/council-meetings> when it is finalized.

**Meeting Registration:** The meeting is open to the public and the media. Members of the public who wish to attend the meeting are asked to pre-register at <https://www.eventbrite.com/e/2023-presidents-council-on-sports-fitness-nutrition-annual-meeting-tickets-642518348677>. HHS will also stream the meeting online via [HHS.gov/live](https://www.hhs.gov/live). Registration for in-person public attendance must be completed before 5:00 p.m. (ET) on Monday, June 19, 2023. Foreign nationals who wish to attend in person should register no later than Thursday, June 15, 2023, to ensure sufficient time for federal building security approval. To request a sign language interpreter or other special accommodations, please indicate this when registering online or by notifying