alone pre-existing tobacco product submissions. We estimate that it would take 2 hours per record to establish the required records for a total of 4 hours for pre-existing products records and SE exemptions.

Our estimated burden for the information collection reflects an overall increase of 369,555 hours and a corresponding increase of 1,302 responses/records. We attribute this adjustment to adding a new form, the validator tool, and reevaluating our current estimates.

Dated: July 11, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2024–15570 Filed 7–15–24; 8:45 am]

BILLING CODE 4164–01–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; Ryan White HIV/AIDS Program Client-Level Data Reporting System

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

ACTION: Notice.

SUMMARY: In compliance with 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 August 15, 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.* 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 Joella Roland, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Ryan White HIV/AIDS Program Client-Level Data Reporting System, OMB No. 0906–0039—Revision.

Abstract: The Ryan White HIV/AIDS Program (RWHAP), authorized under Title XXVI of the Public Health Service Act, is administered by the HIV/AIDS Bureau within HRSA. HRSA awards funding to recipients in areas of the greatest need to respond effectively to the HIV epidemic, with an emphasis on providing life-saving and life-extending medical care, treatment, and support services for people with HIV in the United States.

The RWHAP reporting requirements include the annual submission of client-level data in the RWHAP Services Report (RSR). The RSR is designed to collect information from grant recipients and their subawarded service providers, funded under Parts A, B, C, and D of the RWHAP statute.

HRSA is requesting a revision of the current RSR with two proposed updates:

Health Coverage

- HRSA proposes adding Medicare Advantage as a response option to the client's healthcare coverage data element.

Drug Addiction Treatment Act of 2000 Waiver Requirement

Current Questions

- Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 waiver to treat opioid use disorder with medication assisted treatment, (*e.g.,* buprenorphine, naltrexone) specifically approved by the U.S. Food and Drug Administration.
- How many of the above physicians, nurse practitioners, or physician assistants prescribed medication assisted treatment (*e.g.,* buprenorphine, naltrexone) for opioid use disorders in the reporting period?

Proposed Change to Question in 2024 RSR Form

- How many physicians, nurse practitioners, or physician assistants in your organization prescribed medications for opioid use disorder (*e.g.,* buprenorphine, naltrexone) for opioid use disorders during the reporting period?

A 60-day notice published in the **Federal Register** on April 24, 2024, vol. 89, No. 79; pp. 30384–85. There were no public comments.

Need and Proposed Use of the Information: The RWHAP statute specifies HRSA's responsibilities in administering grant funds, allocating funding, assessing HIV care outcomes (*e.g.,* viral suppression), and serving priority populations. The RSR collects data on the characteristics of RWHAP-funded recipients, their contracted service providers, and the patients or clients served. The RSR system consists of two primary components (the Recipient Report and the Provider Report) and a data file containing de-identified client-level data elements. Data are submitted annually. The RWHAP statute specifies the importance of recipient accountability. The RSR is used to ensure recipient compliance with the law, including evaluating the effectiveness of programs, monitoring recipient and provider performance, and preparing annual reports to Congress. Information collected through the RSR is critical for HRSA, state and local grant recipients, and individual providers to assess the status of existing HIV-related service delivery systems, monitor trends in service utilization, evaluate the impact of data reporting, and identify areas of greatest need.

Likely Respondents: RWHAP grant recipients, as well as their subawarded service providers, funded under RWHAP Parts A, B, C, and D.

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
Recipient Report	595	1	595	11	6,545
Provider Report	2,063	1	2,063	13	26,819
Client Report	1,532	1	1,532	113	173,116
Total	4,190	.....	4,190	.....	206,480

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–15616 Filed 7–15–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Blood and Tissue Safety and Availability

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services is hereby giving notice that the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) will hold a meeting. The meeting will be open to the public via webcast. The committee will discuss and vote on recommendations related to tissue biovigilance. The committee will also hear presentations and updates on recent committee work related to blood and organ safety.

DATES: The meeting will take place on September 4–5, 2024 from approximately 9:00 a.m.–4:00 p.m. Eastern Time (ET) on September 4th and approximately 9:00 a.m.–1:00 p.m. Eastern Time (ET) on September 5th. Meeting times are tentative and subject to change. The confirmed times and agenda items for the meeting will be posted on the ACBTSA web page at *https://www.hhs.gov/oidp/advisory-committee/blood-tissue-safety-availability/meeting-summary/fifty-ninth-acbtsa-meeting/index.html* when this information becomes available.

FOR FURTHER INFORMATION CONTACT: James Berger, Designated Federal Officer for the ACBTSA; Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, Department of Health and Human Services, Tower Building, 1101 Wootton Parkway, Rockville, MD 20852. Email: *ACBTSA@hhs.gov*. Phone: 202–795–7608.

SUPPLEMENTARY INFORMATION: On the day of the meeting, please go to *https://www.hhs.gov/live/index.html* to view the meeting. The public will have an opportunity to present their views to the ACBTSA by submitting a written public comment or providing a verbal public comment during the meeting. Comments should be pertinent to the meeting discussion. Persons who wish to provide written or verbal public comment should review instructions at *https://www.hhs.gov/oidp/advisory-committee/blood-tissue-safety-availability/meeting-summary/fifty-ninth-acbtsa-meeting/index.html* and respond by midnight August 27, 2024, ET.

Background and Authority: The ACBTSA is a discretionary Federal advisory committee and is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92–463, as amended (5 U.S.C. app), which sets forth standards for the formation and use of advisory committees. The ACBTSA functions to provide advice to the Secretary through the Assistant Secretary for Health on a range of policy issues to include: (1) Identification of public health issues through surveillance of blood and tissue safety issues with national survey and data tools; (2) identification of public health issues that affect availability of blood, blood products, and tissues; (3) broad public health, ethical, and legal issues related to the safety of blood, blood products, and tissues; (4) the impact of various economic factors (*e.g.,* product cost and supply) on safety and availability of blood, blood products, and tissues; (5) risk communications related to blood transfusion and tissue transplantation; and (6) identification of infectious disease transmission issues for blood, organs, blood stem cells and tissues. The Committee has met regularly since its establishment in 1997.

Dated: July 1, 2024.

James J. Berger,

Designated Federal Officer, Advisory Committee on Blood and Tissue Safety and Availability, Office of Infectious Disease and HIV/AIDS Policy.

[FR Doc. 2024–15566 Filed 7–15–24; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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: National Heart, Lung, and Blood Institute Special Emphasis Panel; NHLBI Mentored Career Development K-Awards.

Date: August 21, 2024.

Time: 11:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge I, 6705 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Zhihong Shan, Ph.D., MD, Scientific Review Officer, Office of Scientific Review/DERA, National Heart, Lung, and Blood Institute National Institutes of Health, 6705 Rockledge Drive, Room 205–J Bethesda, MD 20892, (301) 827–7085, *zhihong.shan@nih.gov*.

Name of Committee: National Heart, Lung, and Blood Institute Special Emphasis Panel; Opportunities for Collaborative Research at the NIH Clinical Center (U01).

Date: August 28, 2024.