1. What are the best ways to improve the *quality of life* of individuals living with SCD?

2. What strategies or best practices are needed to ensure individuals with SCD receive *comprehensive evidence-based health care*? If possible, describe different strategies needed for children and for adults in both healthcare (*e.g.,* clinics, hospitals) and non-healthcare settings (*e.g.,* education, housing, transportation).

3. What are the barriers to ensuring infants identified with SCD through *newborn screening* are receiving appropriate follow-up care? What strategies or practices best address these barriers?

4. What are the barriers to successful *transition from pediatric to adult* serving systems? What strategies are available for individuals with SCD to receive evidence-based, comprehensive care as they transition into adulthood (*e.g.,* in clinics, hospitals)? What strategies or programs (*e.g.,* community health worker programs) have successfully transitioned individuals with SCD in non-health settings (*e.g.,* education, employment, and living situations)?

5. What are the challenges to improving the *systems of care* that support individuals with SCD and their families across the lifespan more broadly? Please share strategies that can bridge the gaps between systems that address healthcare (*e.g.,* clinics, hospitals) and systems that address social determinants of health (*e.g.,* education, housing, transportation)?

Respondents can also provide additional comments or recommendations that are not specifically linked to the questions above. All responses may, but are not required to, identify the individual's name, address, email, telephone number, professional or organizational affiliation, background or area of expertise (*e.g.,* program participant, family member, clinician, public health worker, researcher, HRSA SCD grantee), and topic/subject matter. Information obtained as a result of this request for information (RFI) may be used by HRSA for program planning. Comments in response to this RFI may be made publicly available, so respondents should bear this in mind when making comments. HRSA will not respond to any individual comments.

Special Note to Commenters

Whenever possible, respondents are asked to draw their responses from objective, empirical, and actionable evidence and to cite this evidence within their responses. The information obtained through this RFI may help inform the next iteration of the HRSA SCD portfolio of investments. This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, applications, proposal abstracts, or quotations. This RFI does not commit the U.S. Government to contract for any supplies or services or make a grant or cooperative agreement award. Further, HRSA is not seeking proposals through this RFI and will not accept unsolicited proposals. HRSA will not respond to questions about the policy issues raised in this RFI. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future procurement or program, if conducted.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–28558 Filed 12–5–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Strategic Preparedness and Response

Request for Information on Hospital Preparedness Program Funding Formula

AGENCY: Administration for Strategic Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In accordance with section 319C–2 of the Public Health Service (PHS) Act, the Administration for Strategic Preparedness and Response (ASPR) distributes Hospital Preparedness Program (HPP) cooperative agreement funding to recipients using a statutorily required formula. ASPR is seeking comment on the risk component of the HPP funding formula to inform potential future changes to the formula.

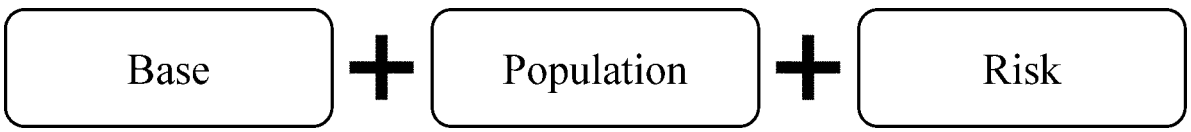
DATES: Comments on this notice must be received by December 20, 2024. ASPR will not reply individually to responders but will consider all comments submitted by the deadline.

ADDRESSES: Please submit all responses to the following email address: *HPP@hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Jennifer Hannah, Director, Office of Health Care Readiness (OHCR) via *Jennifer.Hannah@hhs.gov* or call: 202–245–0722.

SUPPLEMENTARY INFORMATION: HPP is a cooperative agreement program that, through its support for health care coalitions, prepares the nation's health care delivery system to save lives during emergencies that exceed the day-to-day capacity of health care and emergency response systems. HPP is the primary source of federal funding for health care preparedness and response. HPP provides funding to 62 recipients, including the governments of all 50 states, eight U.S. territories and freely associated states, the District of Columbia, Chicago, New York City, and Los Angeles County. For the purposes of this Request for Information (RFI), ''the health care delivery system'' refers to all organizations and persons whose mission is to promote, restore, optimize, or maintain health.

Section 319C–2 of the PHS Act requires ASPR to distribute HPP funding based on the following factors: a required base amount determined by the HHS Secretary, a required adjustment based on population, and an amount based on significant unmet need and degree of risk.

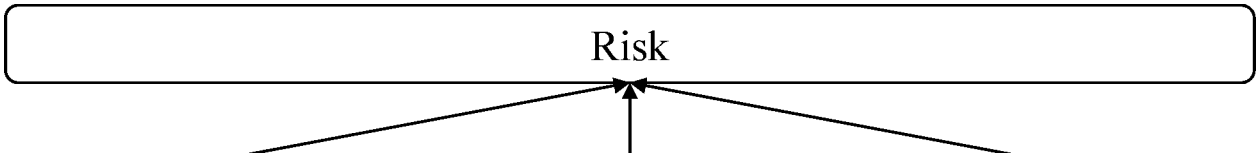


The risk component accounts for health care risks and hazards capable of creating a surge for the U.S. health care delivery system. ASPR calculates the health care surge-specific risk component using publicly available national datasets to account for three subcomponents:

1. Threat, or the likelihood of a particular threat event occurring, quantified by the number of events occurring within a recipient's jurisdiction (*e.g.,* the ''flood'' threat parameter is comprised of the number of flooding events occurring within a recipient's jurisdiction).

2. Vulnerability, or a community's or communities' access to health care services and surge capacity (or lack thereof), quantified by proportion-based public health metrics (*e.g.,* the ''health care access'' vulnerability parameter is comprised of the number of staffed hospital beds per capita by recipient).

3. Consequence, or the potential negative impacts associated with a particular threat/hazard occurring, quantified by the historic number of casualties per event associated with each threat/hazard (*e.g.,* the ''flood'' consequence parameter captures the expected number of casualties associated with a flooding event).



Information Requested

Please reference the tables found at *https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/rfi.aspx* to answer the following questions.

(1) What, if any, feedback do you have regarding the current datasets? For example, are there any current datasets you recommend retiring? Please specify why and if you would recommend any replacements.

(2) What, if any, additional datasets would you recommend including in the risk calculation? Please specify the data source and associated risk subcomponent (*i.e.,* threat, vulnerability, consequence). You may recommend adding one of the ''potential datasets'' included in the tables found at *https://aspr.hhs.gov/HealthCare Readiness/HPP/Pages/rfi.aspx* and/or suggest new datasets for consideration.

(3) What, if any, additional considerations would you recommend including in the calculation of risk (*e.g.,* threats that are not included in the current datasets)? Please also include datasets that can be used to measure these factors.

You may address as many or as few questions as you choose. You may provide additional feedback relevant to the HPP funding formula. When responding, please identify the corresponding question. Datasets used for the risk calculation must be national in scope and either publicly available or readily available to the federal government.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the government to provide support for any ideas in response to it. ASPR will use the information submitted in response to this RFI at its discretion and will not provide comments to any of your submissions. The government is under no obligation to acknowledge receipt of the information received or provide feedback with respect to any information submitted. No proprietary, classified, confidential, or sensitive information should be included in a response. The contents of all submissions may be made available to the public in the future. Submitted materials should therefore be publicly available or be able to be made public.

The Administrator and Assistant Secretary for Preparedness and Response of ASPR, Dawn O'Connell, having reviewed and approved this document, authorizes Adam DeVore, who is the Federal Register liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Adam DeVore,

Federal Register Liaison, Administration for Strategic Preparedness and Response.

[FR Doc. 2024–28740 Filed 12–5–24; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, email the SAMHSA Reports Clearance Officer at *samhsapra@samhsa.hhs.gov.*

Project: SAMHSA Unified Client-Level Performance Reporting Tool (SUPRT)—(OMB No. 0930–NEW)

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA is seeking approval for the new SAMHSA Unified Performance Reporting Tool (SUPRT) which will (1) combine and align the existing client-level performance instrument for the SAMHSA Center for Substance Abuse Treatment (CSAT) and National Outcomes Measures (NOMs) instrument for the SAMHSA Center for Mental Health Services (CMHS), and (2) create a two-component tool that will allow for a client (or caregiver) self-administered questionnaire (called SAMHSA Unified Performance Reporting Tool (SUPRT)–C: Client or Caregiver Form or 'SUPRT–C') and a grantee completion of administrative data (called SAMHSA Unified Performance Reporting Tool (SUPRT)–A: Administrative Report or 'SUPRT–A'). The revisions also allow for the client portion to move from interviewer-administered to self-administered with the aim of potentially reducing burden and increasing reporting accuracy.

SUPRT will allow SAMHSA to (1) continue to meet Government Performance and Results Modernization Act (GPRAMA) of 2010 reporting requirements; (2) reduce the scope and associated burden of questions requiring responses directly from clients; (3) standardize questions across programs wherever possible; and, (4) elicit programmatic information that will help to assess the impact of discretionary grant programs on the achievement of SAMHSA's 2023–2026 Strategic Priority Area goals and objectives.

Furthermore, this effort is designed to align performance reporting requirements with other parts of the Federal Statistical System. For example,