

Dated: January 12, 2024.

William N. Parham, III

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Runaway and Homeless Youth—Homeless Management Information System (RHY-HMIS; Office of Management and Budget #0970-0573)

AGENCY: Family and Youth Services Bureau, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Family and Youth Services Bureau’s Runaway and Homeless Youth (RHY) Program is requesting a 3-year extension of the Runaway and Homeless Youth—Homeless Management Information System (RHY-HMIS) data collection efforts (OMB #0970-0573, expiration 07/31/2024). There are no changes requested to the data elements.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The RHY Program has a requirement to collect information from all youth who receive shelter and supportive services with RHY funding. In April 2015, the Administration on Children, Youth and Families, through a formal Memorandum of Understanding, integrated the RHY data collection with the U.S. Department of Housing and Urban Development’s (HUD) HMIS and HUD’s data standards along with other federal partners. HUD has OMB approval for HUD’s data standards and ACF has approval under a separate OMB number for the RHY data elements. The data collection effort includes universal data elements that are collected by all federal partners and RHY program specific elements, which are tailored to the RHY Program using HUD’s HMIS.

Respondents: Youth who receive emergency and longer-term shelter and supportive services under RHY funding.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
RHY-HMIS: Basic Center Program (Intake)	123,000	1	0.38	46,740	15,580
RHY-HMIS: Basic Center Program (Exit)	123,000	1	0.33	40,590	13,530
RHY-HMIS: Transitional Living Program (including Maternity Group Home program and TLP Demonstration Programs; Intake)	24,000	1	0.38	9,120	3,040
RHY-HMIS: Transitional Living Program (including Maternity Group Home program and TLP Demonstration Programs; Exit)	24,000	1	0.33	7,920	2,640
RHY-HMIS: Street Outreach Program (Contact)	108,000	1	0.5	54,000	18,000
RHY-HMIS: Street Outreach Program (Engagement)	30,000	1	0.28	8,400	2,800
RHY Funded Grantees (data entry)	308,225	2	0.36	221,922	73,974
RHY Funded Grantees (data submission)—FY24	675	2	0.16	216	72
RHY Funded Grantees (data submission)—FY25 & FY26	675	8	0.16	864	288
Estimated Total Annual Burden Hours	129,924

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: Reconnecting Homeless Youth Act of 2008 (Public Law 110-378) through Fiscal Year (FY) 2013 and reauthorized by the Juvenile Justice Reform Act through FY 2019.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2018-N-2727]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Institutional Review Board Waiver or Alteration of Informed Consent for Minimal Risk Clinical Investigations

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing that a collection of information entitled “Institutional

Review Board Waiver or Alteration of Informed Consent for Minimal Risk Clinical Investigations” has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: Domini Bean, Office of Operations, Food and Drug Administration, Three White Flint North, 10A–12M, 11601 Landsdown St., North Bethesda, MD 20852, 301–796–5733, PRASStaff@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: On November 27, 2023, the Agency submitted a proposed collection of information entitled “Institutional Review Board Waiver or Alteration of Informed Consent for Minimal Risk Clinical Investigations” to OMB for review and clearance under 44 U.S.C. 3507. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0130. The approval expires on December 31, 2026. A copy of the supporting statement for this information collection is available on the internet at <https://www.reginfo.gov/public/do/PRAMain>.

Dated: January 12, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

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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: National Survey of Organ Donation Attitudes and Practices, OMB No. 0915–0290—Revision

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

ACTION: Notice.

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 March 18, 2024.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, Maryland, 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 Joella Roland, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

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

Information Collection Request Title: National Survey of Organ Donation Attitudes and Practices (NSODAP) OMB No. 0915–0290—Revision with changes.

Abstract: The overall purpose of this study is to conduct an independent multi-mode (web and telephone) survey of public opinion regarding various issues related to organ donation. The survey will measure public opinion on issues such as willingness to become an organ donor, financial incentives for donation, living donation, impediments to donation, and level of public knowledge about donation. Previous NSODAPs were conducted during 1993, 2005, 2012, and 2019. Similar to the 2019 survey, the goal is to complete 10,000 interviews with adults (18 years of age or older) nationwide. Specifically, this will include 1,000 equal-probability of selection method computer-assisted telephone interviewing (CATI) interviews, 1,000 ethnic oversamples CATI interviews, and a supplemental web panel of 8,000 respondents. The final sample will include 1,000 interviews each with Black/African Americans, Asians, Hispanics, and Native Americans, and a statistically sufficient sample for meaningful comparisons across demographic levels of age group, education, and income groups. A total sample of 10,000 is necessary to achieve sufficiently large subgroups for statistical analysis across demographic groups.

Need and Proposed Use of the Information: The Division of Transplantation, within the Health Systems Bureau of HRSA at the Department of Health and Human Services, is the primary federal entity responsible for oversight of the solid organ and blood stem cell transplant

systems in the United States and for initiatives to increase organ donor registration and donation. Sponsorship of a national survey on the American public’s donation attitudes and practices is one of the services that the Division of Transplantation provides for the larger donation community, consistent with its legal authority to establish a public education and awareness program (section 377A of the Public Health Service Act, 42 U.S.C. 274f–1).

Patients in need of organ transplantation in the United States face a longstanding critical shortage of organs. Approximately 103,000 Americans were on the waiting list for transplantation by the end of 2022, but only 42,000 transplants were performed, only meeting two-fifths of the national need. While this represents an increase in the number of transplants performed in 2021, the organ shortage remains in the United States. Understanding public attitudes about organ donation and how the attitudes change over time is critical to addressing organ shortage through public awareness and education efforts.

The information from this survey will facilitate appropriate tailoring and targeting of donation outreach messages and strategies and provide an overall assessment of the impact of previous outreach messages and strategies. The data will also inform the development of policies related to organ donation and transplantation.

Likely Respondents: A nationally representative sample of adults over the age of 18 with a higher number of responses from populations of interest such as racial-ethnic minorities, including African American, Asian, Native American, and Hispanic respondents, as well as respondents of all age groups and education levels.

Burden Statement: The modes of data collection are web surveys and CATI interviews and include both landline and cell phones. Respondent burden is minimized by having automatic data entry either electronically by the respondent answering the online survey or by a trained CATI interviewer for a telephone survey that includes no additional requirements for respondents. The survey will capture only the minimum necessary information for analysis and will take only about 22 minutes of the respondent’s time for the CATI survey and 16 minutes for the web survey. The questions are the same in both the CATI and web surveys, but prior research experience by the contractor has found web surveys take 25 percent less time to complete than the same survey conducted via phone, because