National Institute on Minority Health and Health Disparities, National Institutes of Health, Gateway Building, 7201 Wisconsin Avenue, Bethesda, MD 20892, (301) 402– 1366, ismonddr@mail.nih.gov.

Name of Committee: National Institute on Minority Health and Health Disparities Special Emphasis Panel; Building Population Health Research Capacity in the U.S. Affiliated Pacific Islands (U24—Clinical Trial Not Allowed).

Date: November 17, 2020.
Time: 1:00 p.m. to 5:00 p.m.
Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Gateway Plaza, 7201 Wisconsin Ave, Bethesda, MD 20817 (Virtual Meeting).

Contact Person: Maryline Laude-Sharp, Ph.D., Scientific Review Officer, Office of Extramural Research Administration, National Institute on Minority Health and Health Disparities, National Institutes of Health, Gateway Building, 7201 Wisconsin Avenue, Ste. 525, MSC. 9206, Bethesda, MD 20892, (301) 451–9536, mlaudesharp@mail.nih.gov.

Dated: September 14, 2020.

#### Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2020-20581 Filed 9-17-20; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **National Institutes of Health**

# National Institute of Dental & Craniofacial Research; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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 Institute of Dental and Craniofacial Research Special Emphasis Panel; Review of Data Analysis Grant Applications.

Date: November 12, 2020. Time: 11:00 a.m. to 6:00 p.m. Agenda: To review and evaluate grant

applications.

Place: National Institute of Dental and
Craniofacial Research, National Institutes of
Health, 6701 Democracy Boulevard, Suite
664, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Jimok Kim, Ph.D., Scientific Review Officer, Scientific Review Branch, National Institute of Dental and Craniofacial Research, National Institutes of Health, 6701 Democracy Boulevard, Suite 664, Bethesda, MD 20892, 301–402–8559, jimok.kim@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: September 14, 2020.

#### Melanie J. Pantoja

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2020-20579 Filed 9-17-20; 8:45 am]

BILLING CODE 4140-01-P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Non-Substantive Change Review by the Office of Management and Budget

The Substance Abuse and Mental Health Services Administration (SAMHSA) has submitted the following request (see below) for a Nonsubstantive Change review under the Paperwork Reduction Act (44 U.S.C. Chapter 35). A copy of the information collection plans may be obtained by calling the SAMHSA Reports Clearance Officer on (240) 276–0361.

*Title:* 2020 National Survey on Drug Use and Health.

*OMB Number:* 0930–0110. *Frequency:* Annual.

Affected Public: Individuals or Households.

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use

of prescription drugs. The results are used by SAMHSA, the Office of National Drug Control Policy (ONDCP), federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

While NSDUH must be updated periodically to reflect changing substance use and mental health issues and to continue producing current data a non-substantive change has been warranted in response to the COVID–19 pandemic. For on the 2020 NSDUH the following minor changes are planned: (1) Adding eleven COVID–19 questions; and (2) four telemedicine utilization questions.

The COVID-19 questions seek to assess the pandemic effects on substance use and mental health in the United States. Including these questions on the NSDUH survey will allow SAMHSA to provide national-level estimates on the impact of COVID-19 on substance use and mental health. The four questions on telemedicine utilization will provide national, systematic survey data on its use to treat substance use and mental health in the United States. The updates will also allow the NSDUH to transition to a more agile data collection methodology. As certain parts of the United States reduce COVID-19 restrictions in-person data collection will resume in October 2020 when possible. However, in order to collect sufficient data to produce nationally representative estimates, a modified sampling strategy including alternate modes of administration will be applied including telephone and online interviews in areas with COVID-19 restrictions.

As with all NSDUH/NHSDA (Prior to 2002, the NSDUH was referred to as the National Household Survey on Drug Abuse) surveys conducted since 1999, the sample size of the survey for 2020 will be only be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia through multimodal data collection. Due to an estimated smaller sample size there is no increase to the annualized burden hours for the NSDUH. Adding the 11 COVID-19 pandemic and 4 telemedicine items is expected to add approximately 10 minutes extra burden per respondent shown below in Table 1.

TABLE 1—ESTIMATED RESPONDENT BURDEN HOURS WITH NEW QUESTIONS

Response	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
COVID-19 Items	42,000	1	0.133	5,586