DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2019–N–0803]

Advisory Committee; Technical Electronic Product Radiation Safety Standards Committee; Renewal

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; renewal of Federal advisory committee.

SUMMARY: The Food and Drug Administration (FDA) is announcing the renewal of the Technical Electronic Product Radiation Safety Standards Committee by the Commissioner of Food and Drugs (the Commissioner). The Commissioner has determined that it is in the public interest to renew the Technical Electronic Product Radiation Safety Standards Committee for an additional 2 years beyond the charter expiration date. The new charter will be in effect until December 24, 2024.

DATES: Authority for the Technical Electronic Product Radiation Safety Standards Committee will expire on December 24, 2024, unless the Commissioner formally determines that renewal is in the public interest.

FOR FURTHER INFORMATION CONTACT: Akinola Awojope, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 5216, Silver Spring, MD 20993–0002, 301–636–0512, *Akinola.Awojope@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION: Pursuant to 41 CFR 102–3.65 and approval by the Department of Health and Human Services and by the General Services Administration, FDA is announcing the renewal of the Technical Electronic Product Radiation Safety Standards Committee. The committee is a non-discretionary Federal advisory committee established to provide advice and consultation to the Commissioner. The Commissioner is charged with the administration of the Radiation Control for Health and Safety Act of 1968. This Act creates the Technical Electronic Product Radiation Safety Standards Committee and requires the Commissioner to consult with the Committee before prescribing standards for radiation emissions from electronic products. This Committee provides advice and consultation to the Commissioner on the technical feasibility, reasonableness, and practicability of performance standards for electronic products to control the emission of radiation from such products, and may recommend electronic product radiation safety standards to the Commissioner for consideration.

The Committee shall consist of 15 voting members including the Chair. Members and the Chair are selected by the Commissioner or designee from among authorities knowledgeable in the fields of science or engineering applicable to electronic product radiation safety. Members will be invited to serve for overlapping terms of up to 4 years. Terms of more than 2 years are contingent upon the renewal of the Committee by appropriate action prior to its expiration. Voting members will include five members selected from governmental agencies, including State and Federal Governments, five members from the affected industries, and five members from the general public, of which at least one shall be a representative of organized labor. A quorum shall consist of 10 members, of which at least 3 shall be from the general public, 3 from the government agencies, and 3 from the affected industries.

Further information regarding the most recent charter and other information can be found at *https://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/Radiation-EmittingProducts/TechnicalElectronicProductRadiationSafetyStandardsCommittee/default.htm* or by contacting the Designated Federal Officer (see **FOR FURTHER INFORMATION CONTACT**). In light of the fact that no change has been made to the committee name or description of duties, no amendment will be made to 21 CFR 14.100.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app.). For general information related to FDA advisory committees, please visit us at *http://www.fda.gov/AdvisoryCommittees/default.htm*.

Dated: January 18, 2023.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2023–01219 Filed 1–23–23; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[OMB No. 0906–0047—Revision]

Agency Information Collection Activities: Proposed Collection: Public Comment Request: Information Collection Request Title: Ryan White HIV/AIDS Program Parts A and B Unobligated Balances and Rebate Addendum Tables

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

ACTION: Notice.

SUMMARY: 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 27, 2023.

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 Samantha Miller, the acting HRSA Information Collection Clearance Officer, at 301–594–4394.

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

Information Collection Request Title: Ryan White HIV/AIDS Program Parts A and B Unobligated Balances and Rebate Addendum Tables, OMB No. 0906–0047—Revision.

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states and territories, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people diagnosed with HIV. Nearly two-thirds of RWHAP clients (patients) live at or below 100 percent of the federal poverty level and approximately three-quarters of RWHAP clients are racial and ethnic

minorities. Since 1990, the RWHAP has developed a comprehensive system of HIV service providers who deliver high quality direct health care and support services to over half a million people diagnosed with HIV—more than 50 percent of all people diagnosed with HIV in the United States.

Grant recipients funded under Parts A and B of the RWHAP (codified under Title XXVI of the Public Health Service Act) are required to report financial data to HRSA annually in their Federal Financial Report (FFR SF–425). In addition to the FFR, the RWHAP Parts A and B grant recipients are required to identify and report the unobligated balance (UOB) by itemized subprogram/funding stream source (Formula, Minority AIDS Initiative (MAI), AIDS Drug Assistance Program (ADAP), etc.). As of April 22, 2021, grant recipients must submit the subprogram breakdown of the UOB on their FFR in the Payment Management System. Grant recipients are also required to specify RWHAP Rebate Funding received in the fiscal year in the UOB table. HRSA uses the UOB and rebate addendum financial information to determine formula funding as directed by the RWHAP statute. These data were previously collected when grant recipients submitted their annual FFR SF–425 in hard copy only and submitted to HRSA, which then combined the FFR SF–425 data with the UOB and rebate addendum tables that are submitted by recipients on a suggested format through the HRSA (EHB). The purpose of this financial data collection is to streamline the process for the grant recipients by collecting financial information in the same location and at the same time. The FFR SF–425 is now completed in the Payment Management System and is exported automatically to the HRSA EHBs when the recipient completes the FFR. The UOB tables for RWHAP Parts A and B will continue to collect the same information with the addition of one column on Prior Year (Fiscal Year (FY) 20XX) information. This one column will impact seven recipients out of 111 RWHAP Part A and Part B recipients in total, annually. Recipients that need to submit data to the added column need to complete one or several fields at the most. (See tables below for reference). The UOB and rebate addendum data tables will be collected in the HRSA EHBs below the FFR SF–425 control number and the Paperwork Burden Statement.

Need and Proposed Use of the Information: RWHAP Part A and Part B recipients complete the UOB and rebate addendum tables as a part of their FFR SF–425 submission. This process has decreased administrative burden, increased transparency, and improved the quality of data submitted to HRSA. These UOB and rebate addendum tables are essential for allowing HRSA to ensure that RWHAP recipients are meeting the goal of accountability to Congress, clients, advocacy groups, and the general public. Information provided in the UOB and rebate addendum tables is critical for HRSA, states and territories, local clinics, and individual providers to evaluate the effectiveness of these programs.

Likely Respondents: HRSA RWHAP Parts A and B Recipients.

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
Part A UOB Table	52	1	52	0.5	26
Part B UOB Table	59	1	59	0.5	29.5
Total	111	.....	111	.....	55.5

Note: Beginning in July 2021, information related to prior year UOB was collected in addition to the existing data in the approved ICR. The additional information collected does not impact all 111 respondents; in FY 2020, seven respondents reported prior year UOB which equates to only 6 percent of respondents impacted. The estimated burden to potentially impacted respondents is negligible. See the tables below for comparison of the added data point for prior year UOB. No changes were made to the approved ICR for the RWHAP Part B rebate table.

2019 APPROVED ICR TABLE FOR RWHAP PART A

UOB of federal funds by subprogram			
Category	Federal funds authorized	Unexpended carryover	Current year (FY 20XX)
Part A Formula.			
Part A Supplemental.			
Part A MAI.			

REVISED RWHAP PART A TABLE

UOB of federal funds by subprogram				
Category	Federal funds authorized	Unexpended carryover	Prior year (FY 20XX)	Current year (FY 20XX)
Part A Formula. Part A Supplemental. Part A MAI.				

2019 APPROVED ICR TABLE FOR RWHAP PART B

UOB of federal funds by subprogram			
Category	Federal funds authorized	Unexpended carryover	Current year (FY 20XX)
Part B Base. Part B ADAP. Part B Emerging Communities. Part B MAI. Part B ADAP Supplemental. Part A Transfer.			

REVISED RWHAP PART B TABLE

UOB of federal funds by subprogram				
Category	Federal funds authorized	Unexpended carryover	Prior year (FY 20XX)	Current year (FY 20XX)
Part B Base. Part B ADAP. Part B Emerging Communities. Part B MAI. Part B ADAP Supplemental. Part A Transfer.				

RWHAP PART B REBATE TABLE

Ryan White Rebate Funding	
Total Rebates Available. Expended Rebate Amount. Unexpended Rebate. Expended Rebate Amount to be Used to Reduce UOB.	

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. 2023–01288 Filed 1–23–23; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee

AGENCY: Office of Infectious Disease and HIV/AIDS Policy, 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 Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a virtual meeting. The meeting will be open to the public and public comment will be heard during the meeting.

DATES: The meeting will be held February 2–3, 2023. The confirmed meeting times and agenda will be posted on the NVAC website at *http://www.hhs.gov/nvpo/nvac/meetings/index.html* as soon as they become available.

ADDRESSES: Instructions regarding attending this meeting will be posted online at: *http://www.hhs.gov/nvpo/nvac/meetings/index.html* at least one week prior to the meeting. Pre-registration is required for those who wish to attend the meeting virtually or participate in public comment. Please register at *http://www.hhs.gov/nvpo/nvac/meetings/index.html.*

FOR FURTHER INFORMATION CONTACT: Ann Aikin, Acting Designated Federal Officer, Office of Infectious Disease and HIV/AIDS Policy, U.S. Department of