SUPPLEMENTARY INFORMATION: ACHDNC provides advice and recommendations to the Secretary of HHS (Secretary) on the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. ACHDNC's recommendations regarding inclusion of additional conditions for screening, following adoption by the Secretary, are evidence-informed preventive health services provided for in the comprehensive guidelines supported by HRSA through the Recommended Uniform Screening Panel (RUSP) pursuant to section 2713 of the Public Health Service Act (42 U.S.C. 300gg–13). Under this provision, non-grandfathered group health plans and health insurance issuers offering group or individual health insurance are required to provide insurance coverage without cost-sharing (a co-payment, co-insurance, or deductible) for preventive services for plan years (*i.e.,* policy years) beginning on or after the date that is one year from the Secretary's adoption of the condition for screening.

During the August 1–2, 2019, meeting, ACHDNC will hear from experts in the fields of public health, medicine, heritable disorders, rare disorders, and newborn screening. Agenda items include: (1) Review of the RUSP condition nomination and evidence review process; (2) updates on screening methodologies; (3) rare disease registries; (4) linking data resources; and (5) workgroup updates. Agenda items are subject to changes as priorities dictate. The final meeting agenda will be available on ACHDNC's website: *https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html.* Information about ACHDNC, a roster of members, as well as past meeting summaries are also available on the ACHDNC website.

Members of the public will have the opportunity to provide comments. In addition to general public comments, the ACHDNC is soliciting specific feedback at this meeting from the public on processes for nominating conditions to the RUSP condition and conducting evidence reviews. There will be time reserved on the agenda for public participants to provide comments on the RUSP condition nomination and evidence review process. Requests to offer oral comments will be accepted in the order they are requested and may be limited as time allows. Public participants may also submit written statements as further described below. To submit written comments or request time for an oral comment at the meeting, please register online by 12:00 p.m. ET on July 26, 2019. Visit the ACHDNC website for information on registration *https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html.* Individuals associated with groups or who plan to provide comments on similar topics may be asked to combine their comments and present them through a single representative. No audiovisual presentations are permitted. Written comments should identify the individual's name, address, email, telephone number, professional or organization affiliation, background or area of expertise (*e.g.,* parent, family member, researcher, clinician, public health, etc.), and the topic/subject matter.

Individuals who plan to attend and need special assistance or another reasonable accommodation should notify Alaina Harris, at the contact information listed above, at least 10 business days prior to the meeting. Since this meeting occurs in a federal government building, attendees must go through a security check to enter the building. Non-U.S. Citizen attendees must notify HRSA of their planned attendance at least 20 business days prior to the meeting in order to facilitate their entry into the building. All attendees are required to present government-issued identification prior to entry.

Maria G. Button,

Director, Division of the Executive Secretariat.

[FR Doc. 2019–14758 Filed 7–10–19; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Children's Hospitals Graduate Medical Education Payment Program, OMB No. 0915–0247, Extension

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

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, 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 September 9, 2019.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail them to HRSA Information Collection Clearance Officer, Room 14N136B, 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

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

Information Collection Request Title: Children's Hospitals Graduate Medical Education Payment Program, OMB No. 0915–0247, Extension.

Abstract: In 1999, the Children's Hospitals Graduate Medical Education (CHGME) Payment Program was enacted by Public Law 106–129 and most recently amended by the Dr. Benjy Frances Brooks Children's Hospitals Graduate Medical Education (GME) Support Reauthorization Act of 2018 (Pub. L. 115–241). The purpose of this program is to fund freestanding children's hospitals to support the training of pediatric and other residents in GME programs. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs; indirect payments are designed to compensate hospitals for expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

Need and Proposed Use of the Information: Data based on the number of full-time equivalent (FTE) residents in applicant children's hospital training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals.

HRSA will not collect any additional information on these forms. The previously approved information collection included 25 separate forms; this request includes 29 separate forms. Previously, the four additional forms were combined. Specifically:

- HRSA 99–2 is now HRSA 99–2 (Initial) and HRSA 99–2 (Reconciliation);
- Exhibit 2 (Initial, Resident FTE Assessment, Reconciliation) is now Exhibit 2 (Initial and Reconciliation) and Exhibit 2 (FTE Resident Assessment);
- Exhibit 3 (Initial, Resident FTE Assessment, Reconciliation) is now Exhibit 3 (Initial and Reconciliation) and Exhibit 3 (FTE Resident Assessment); and
- Exhibit 4 (Initial, Resident FTE Assessment, Reconciliation) is now Exhibit 4 (Initial and Reconciliation) and Exhibit 4 (FTE Resident Assessment).

Hospitals will be requested to submit data on the number of resident FTEs trained during the federal fiscal year to participate in the reconciliation payment process. Auditors will be requested to submit data on the number of resident FTEs trained by the hospitals in a resident FTE assessment summary. An assessment of the hospital data ensures that appropriate Medicare regulations and CHGME Payment Program guidelines are followed in determining which residents are eligible to be claimed for funding. The audit results affect final payments made by the CHGME Payment Program to all eligible children's hospitals.

Likely Respondents: Hospitals applying for and receiving CHGME funds and fiscal intermediaries auditing data submitted by the hospitals receiving CHGME funds.

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
Application Cover Letter (Initial and Reconciliation)	60	2	120	0.33	39.6
HRSA 99 (Initial and Reconciliation)	60	2	120	0.33	39.6
HRSA 99–1 (Initial)	60	1	60	26.50	1,590.0
HRSA 99–1 (Reconciliation)	60	1	60	6.50	390.0
HRSA 99–1 (Supplemental) (FTE Resident Assessment)	30	2	60	3.67	220.2
HRSA 99–2 (Initial)	60	1	60	11.33	679.8
HRSA 99–2 (Reconciliation)	60	1	60	3.67	220.2
HRSA 99–4 (Reconciliation)	60	1	60	12.50	750.0
HRSA 99–5 (Initial and Reconciliation)	60	2	120	0.33	39.6
CFO Form Letter (Initial and Reconciliation)	60	2	120	0.33	39.6
Exhibit 2 (Initial and Reconciliation)	60	2	120	0.33	39.6
Exhibit 3 (Initial and Reconciliation)	60	2	120	0.33	39.6
Exhibit 4 (Initial and Reconciliation)	60	2	120	0.33	39.6
FTE Resident Assessment Cover Letter (FTE Resident Assessment)	30	2	60	0.33	19.8
Conversation Record (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit C (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit F (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit N (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit O(1) (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit O(2) (FTE Resident Assessment)	30	2	60	26.5	1,590.0
Exhibit P (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit P(2) (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit S (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit T (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit T(1) (FTE Resident Assessment)	30	2	60	3.67	220.2
Exhibit 1 (FTE Resident Assessment)	30	2	60	0.33	19.8
Exhibit 2 (FTE Resident Assessment)	30	2	60	0.33	19.8
Exhibit 3 (FTE Resident Assessment)	30	2	60	0.33	19.8
Exhibit 4 (FTE Resident Assessment)	30	2	60	0.33	19.8
Total	*90		*90		8,018.40

*The total is 90 because the same hospitals and auditors are completing the forms.

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, Division of the Executive Secretariat.

[FR Doc. 2019–14752 Filed 7–10–19; 8:45 am]

BILLING CODE 4165–15–P