

*Procedure:* Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before May 8, 2020. Oral presentations from the public will be scheduled between approximately 11:45 a.m. to 12:45 p.m. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before April 30, 2020. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by May 1, 2020.

Persons attending FDA’s advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with disabilities. If you require accommodations due to a disability, please contact Kathleen Hayes at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our website at <https://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: February 19, 2020.

**Lowell J. Schiller,**

*Principal Associate Commissioner for Policy.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**“Low Income Levels” Used for Various Health Professions and Nursing Programs Authorized in Titles III, VII, and VIII of the Public Health Service Act**

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

**ACTION:** Notice.

**SUMMARY:** HRSA is updating income levels used to identify a “low income family” for the purpose of determining eligibility for programs that provide health professions and nursing training to individuals from disadvantaged backgrounds. These various programs are authorized in Titles III, VII, and VIII of the Public Health Service Act.

**SUPPLEMENTARY INFORMATION:** HHS periodically publishes in the **Federal Register** low-income levels to be used by institutions receiving grants and cooperative agreements to determine eligibility for programs providing training for (1) disadvantaged individuals, (2) individuals from disadvantaged backgrounds, or (3) individuals from low-income families.

Many health professions and nursing grant and cooperative agreement awardees use the low-income levels to determine whether potential program participants are from an economically disadvantaged background and would be eligible to participate in the program, as well as to determine the amount of funding the individual receives. Awards are generally made to accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, podiatric medicine, nursing, and chiropractic; public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice; and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

A “low-income family/household” for workforce training programs included in Titles III, VII, and VIII of the Public Health Service Act is defined as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two

or more individuals related by birth, marriage, or adoption who live together.

Most HRSA programs use the income of a student’s parent(s) to compute low income status. However, a “household” may potentially be only one person. Other HRSA programs, depending upon the legislative intent of the program, the programmatic purpose related to income level, as well as the age and circumstances of the participant, will apply these low income standards to the individual student to determine eligibility, as long as he or she is not listed as a dependent on the tax form of his or her parent(s). Each program announces the rationale and choice of methodology for determining low-income levels in program guidance.

Low-income levels are adjusted annually based on HHS’s poverty guidelines. HHS’s poverty guidelines are based on poverty thresholds published by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index. The income figures below have been updated to reflect the Department’s 2020 poverty guidelines as published in 85 FR 12 (January 17, 2020).

**LOW INCOME LEVELS BASED ON THE 2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Persons in family/household *	Income level **
1 .....	\$25,520
2 .....	34,480
3 .....	43,440
4 .....	52,400
5 .....	61,360
6 .....	70,320
7 .....	79,280
8 .....	88,240

For families with more than 8 persons, add \$8,960 for each additional person.

\* Includes only dependents listed on federal income tax forms.

\*\* Adjusted gross income for calendar year 2019.

**LOW INCOME LEVELS BASED ON THE 2020 POVERTY GUIDELINES FOR ALASKA**

Persons in family/household *	Income level **
1 .....	\$31,900
2 .....	43,100
3 .....	54,300
4 .....	65,500
5 .....	76,700
6 .....	87,900
7 .....	99,100
8 .....	110,300

For families with more than 8 persons, add \$11,200 for each additional person.

\* Includes only dependents listed on federal income tax forms.

\*\* Adjusted gross income for calendar year 2019.

#### LOW INCOME LEVELS BASED ON THE 2020 POVERTY GUIDELINES FOR HAWAII

Persons in family/household*	Income level**
1 .....	\$29,360
2 .....	39,660
3 .....	49,960
4 .....	60,260
5 .....	70,560
6 .....	80,860
7 .....	91,160
8 .....	101,460

For families with more than 8 persons, add \$10,300 for each additional person.

\* Includes only dependents listed on federal income tax forms.

\*\* Adjusted gross income for calendar year 2019.

Separate poverty guidelines figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period since the U.S. Census Bureau poverty thresholds do not have separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. Puerto Rico and other outlying jurisdictions shall use income guidelines for the 48 Contiguous States and the District of Columbia.

Dated: February 18, 2020.

**Thomas J. Engels,**  
Administrator.

[FR Doc. 2020–03590 Filed 2–21–20; 8:45 am]

BILLING CODE 4165–15–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: The Division of Independent Review Application Reviewer Recruitment Form, OMB No. 0915–0295—Extension

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review

of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30 day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than March 25, 2020.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 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](mailto:paperwork@hrsa.gov) or call the HRSA Information Collection Clearance Officer, Lisa Wright-Solomon, at (301) 443–1984.

#### SUPPLEMENTARY INFORMATION:

*Information Collection Request Title:* The Division of Independent Review Application Reviewer Recruitment Form, OMB No. 0915–0295—Extension.

*Abstract:* HRSA's Division of Independent Review (DIR) is responsible for administering the review of eligible applications submitted for grants under HRSA competitive announcements. DIR ensures that the objective review process is independent, efficient, effective, economical, and complies with the applicable statutes, regulations, and policies. Applications are reviewed by subject matter experts knowledgeable in health and public health disciplines for which support is requested. Review findings are advisory to HRSA programs responsible for making award decisions.

This ICR is for continuation of a web-based data collection system, the Reviewer Recruitment Module (RRM), used to gather critical reviewer information. The RRM uses standardized categories of information in drop down menu format for data such as the following: Degree, specialty, occupation, work setting, and in select instances affiliations with organizations and institutions that serve special populations. Some program regulations require that objective review panels contain consumers of health services. Other demographic data may be voluntarily provided by a potential reviewer. Defined data elements assist HRSA in finding and selecting expert reviewers for objective review committees.

HRSA maintains a roster of approximately 9,000 qualified individuals who have actively served on HRSA objective review committees. The web-based RRM simplifies reviewer

registration entry using a user-friendly Graphical User Interface (GUI) with a few data drop down menu choices, a search engine that supports key word queries in the actual resume or Curriculum Vitae text and also permits reviewers to access and update their information at will and as needed. The RRM is 508 compliant and accessible by the general public via a link on the HRSA "Grants" internet site, or by keying the RRM URL into their browser. The RRM is accessible using any of the commonly used internet browsers.

A 60-day notice published in the **Federal Register** on December 6, 2019, vol. 84, No. 235; pp. 66920–21. There were no public comments.

*Need and Proposed Use of the Information:* HRSA currently utilizes the RRM to collect information from individuals who wish to volunteer as objective review committee participants for the Agency's discretionary and competitive grant or cooperative agreement funding opportunities. The RRM provides HRSA with an effective search and communication functionality with which to identify and contact qualified potential reviewers. The RRM has an enhanced search and reporting capability to help DIR ensure that the HRSA reviewer pool has the necessary skills, education and diversity to meet the ever-evolving need for qualified reviewers. If DIR identifies either an expertise or demographic that is under-represented in the RRM pool, DIR is able to recruit specifically to address those needs as expertise is always the primary determinant in selecting potential reviewers for any specific grant review. No reviewer is required to provide demographic information to join the reviewer pool or be selected as a reviewer for any competition.

All HRSA reviewers must possess the technical skill and ability to access the internet on a secure desktop laptop or touch pad, and either a land line or Voice Over internet Protocol capability in order to participate in HRSA objective review committees. Reviewers are professionals with expertise and experience consistent with the HRSA mission. Certain legislation requires HRSA programs to include consumers of specific health care services in the objective review committee.

*Likely Respondents:* Potential respondents are subject matter professionals with expertise and experience in the social, cultural, and health care fields that are consistent with the HRSA mission and competitive program needs to address the availability and delivery of quality health care to all Americans.