

**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 |
|-------------------------------------|-----------------------|------------------------------------|-----------------|----------------------------------------|--------------------|
| New reviewer .....                  | 1,194                 | 1                                  | 1194            | .166                                   | 198                |
| Updating reviewer information ..... | 7,953                 | 1                                  | 7953            | .333                                   | 2,648              |
| <b>Total</b> .....                  | <b>9,147</b>          | .....                              | <b>9147</b>     | .....                                  | <b>2,846</b>       |

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. 2020-03587 Filed 2-21-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of General Medical Sciences; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory General Medical Sciences Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the 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 Advisory General Medical Sciences Council.

**Date:** May 21, 2020.

**Open:** 8:30 a.m. to 12:00 p.m.

**Agenda:** To review and evaluate for the discussion of program policies and issues; opening remarks; report of the Director, NIGMS; and other business of the Council.

**Place:** National Institutes of Health, Natcher Building, Conference Rooms E1 & E2, 45 Center Drive, Bethesda, MD 20892.

**Closed:** 12:00 p.m. to 5:00 p.m.

**Agenda:** To review and evaluate grant applications.

**Place:** National Institutes of Health, Natcher Building, Conference Rooms E1 & E2, 45 Center Drive, Bethesda, MD 20892.

**Contact Person:** Erica L. Brown, Ph.D., Acting Associate Director for Extramural Activities, National Institute of General Medical Sciences, National Institutes of Health, Natcher Building, Room 2AN24F, Bethesda, MD 20892, (301) 594-4499, [erica.brown@nih.gov](mailto:erica.brown@nih.gov).

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: <http://www.nigms.nih.gov/About/Council>, where an agenda and any additional information for the meeting will be posted when available. (Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and

Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: February 18, 2020.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2020-03542 Filed 2-21-20; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Implementation of the Updated American Veterinary Medical Association Guidelines for the Euthanasia of Animals: 2020 Edition

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The National Institutes of Health (NIH) is providing guidance to Public Health Service (PHS) awardee institutions on implementation of the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals: 2020 Edition ("Guidelines"). The NIH is seeking input from the public on any concerns they may have regarding the updated Guidelines.

**DATES:** Public concerns regarding the updated AVMA Guidelines for the Euthanasia of Animals: 2020 Edition must be submitted electronically at <https://grants.nih.gov/grants/rfi/rfi.cfm?ID=105> by 11:59:59 p.m. EDT on April 29, 2020, in order to be considered.

**FOR FURTHER INFORMATION CONTACT:**

Patricia Brown, Director, Office of Laboratory Animal Welfare, Office of Extramural Research, National Institutes of Health, 6700B Rockledge Drive, Suite 2500, Bethesda, MD 20892–6910, phone: 301–496–7163, email: [olaw@od.nih.gov](mailto:olaw@od.nih.gov).

**SUPPLEMENTARY INFORMATION:****I. Background**

The NIH Office of Laboratory Animal Welfare (OLAW) oversees PHS-funded animal activities by the authority of the Health Research Extension Act of 1985 and the PHS Policy on Humane Care and Use of Laboratory Animals (Policy). The PHS Policy, IV.C.1.g., requires that Institutional Animal Care and Use Committees (IACUCs) reviewing PHS-conducted or supported research projects, determine if methods of euthanasia used in projects will be consistent with the recommendations of the AVMA Panel on Euthanasia, unless a deviation is justified for scientific reasons in writing by the investigator.

PHS-Assured institutions are encouraged to begin using the 2020 Guidelines as soon as possible when reviewing research projects, and full implementation is expected after October 1, 2020. Previously approved projects undergoing continuing review according to PHS Policy, IV.C.5., which requires a complete review at least once every 3 years, must be reviewed using the 2020 Guidelines after October 1, 2020.

**II. Electronic Access**

The AVMA has posted the AVMA Guidelines for the Euthanasia of Animals: 2020 Edition at <https://www.avma.org/KB/Policies/Documents/euthanasia.pdf> (PDF).

Dated: February 18, 2020.

**Francis S. Collins,**

*Director, National Institutes of Health.*

[FR Doc. 2020–03607 Filed 2–21–20; 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: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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) ways to enhance 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.

**Proposed Project: Program Evaluation for Prevention Contract (PEPC)—Strategic Prevention Framework for Prescription Drugs (SPF–Rx) Evaluation (OMB No. 0930–0377)—Revision**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) aims to complete a cross-site evaluation of SAMHSA's Strategic Prevention Framework for Prescription Drugs (SPF–Rx). SPF–Rx is designed to address nonmedical use of prescription drugs as well as opioid overdoses by raising awareness about the dangers of sharing medications and by working with pharmaceutical and medical communities on the risks of overprescribing. The SPF–Rx program aims to promote collaboration between states/tribes and pharmaceutical and medical communities to understand the risks of overprescribing to youth ages

12–17 and adults 18 years of age and older. The program also aims to enhance capacity for, and access to, Prescription Drug Monitoring Program (PDMP) data for prevention purposes. This request for data collection includes a revision from previously approved OMB instruments.

The SPF–Rx program's indicators of success are reductions in opioid overdoses, reduction in prescription drug misuse and improved use of PDMP data. Data collected through the tools described in this statement will be used for the national cross-site evaluation of SAMHSA's SPF–Rx program. This package covers continued data collection through 2023. The PEPC team will systematically collect and maintain an Annual Implementation Instrument (AII) and Grantee and Community Level Outcomes data modules submitted by SPF–Rx grantees through the online Data Management System (DMS).

SAMHSA is requesting approval for data collection for the SPF–Rx cross-site evaluation with the following instruments:

*Annual Implementation Instrument (AII)*—The AII is a survey instrument collected yearly to monitor state, tribal entity, and community-level performance, and to evaluate the effectiveness of the SPF–Rx program. This tool is completed by grantees and sub-recipient community project directors, and provides process data related to funding use and effectiveness, organizational capacity, collaboration with community partners, data infrastructure, planned intervention targets, intervention implementation, evaluation, contextual factors, training and technical assistance (T/TA) needs, and sustainability.

*Grantee- and Community-Level Outcomes Modules*—These modules collect data on key SPF–Rx program outcomes, including opioid prescribing patterns and provider use of PDMP. Grantees will provide outcomes data at the grantee level for their state, tribal area, or jurisdiction, as well as at the community level for each of their sub-recipient communities.

*Grantee-Level Interview*—This qualitative interview will be administered at the end of the evaluation to obtain information from the grantee project directors on their programs, staffing, populations of focus, infrastructure, capacity, lessons learned, and collaboration.