

a variety of research methods. We estimate that the burden to respondents will average 16 minutes each (varying from 5 minutes to 90 minutes). FDA estimates the burden of this collection of information based on prior

experience with the various types of data collection methods described earlier.

In the **Federal Register** of November 2, 2022 (87 FR 66192), FDA published a 60-day notice requesting public

comment on the proposed collection of information. No comments were received.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN<sup>1 2</sup>

| Type of respondent/survey                                   | Number of respondents | Number of responses per respondent | Total annual responses | Average burden per response     | Total hours |
|---|-----------------------|------------------------------------|------------------------|---------------------------------|-------------|
| <b>General Public</b>                                       |                       |                                    |                        |                                 |             |
| Individual indepth interviews .....                         | 420                   | 1                                  | 420                    | 0.75 (45 minutes) .....         | 315         |
| General public focus group interviews .....                 | 288                   | 1                                  | 288                    | 1.50 (1 hour, 30 minutes) ..... | 432         |
| Intercept interviews: central location .....                | 200                   | 1                                  | 200                    | 0.25 (15 minutes) .....         | 50          |
| Intercept interviews: telephone .....                       | 4,000                 | 1                                  | 4,000                  | 0.08 (5 minutes) .....          | 320         |
| Self-administered surveys .....                             | 2,400                 | 1                                  | 2,400                  | 0.25 (15 minutes) .....         | 600         |
| Gatekeeper reviews .....                                    | 400                   | 1                                  | 400                    | 0.50 (30 minutes) .....         | 200         |
| Omnibus surveys .....                                       | 1,200                 | 1                                  | 1,200                  | 0.17 (10 minutes) .....         | 204         |
| Total (general public) .....                                |                       |                                    |                        |                                 | 2,121       |
| <b>Healthcare Professional</b>                              |                       |                                    |                        |                                 |             |
| Healthcare professional individual indepth interviews ..... | 72                    | 1                                  | 72                     | 0.75 (45 minutes) .....         | 54          |
| Healthcare professional focus group interviews .....        | 144                   | 1                                  | 144                    | 1.50 (1 hour, 30 minutes) ..... | 216         |
| Total (healthcare professional) .....                       |                       |                                    |                        |                                 | 270         |
| Total (overall) .....                                       |                       |                                    |                        |                                 | 2,391       |

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

<sup>2</sup> Numbers have been rounded.

Over the next 3-year approval period, we anticipate increasing our capability to conduct more communication surveys, which aligns with CDRH's strategic priorities. We have adjusted our burden estimates accordingly. Additionally, we have added an estimated hour burden for "healthcare professional individual indepth interviews." These changes reflect an overall increase of 315 burden hours and a corresponding increase of 276 responses annually.

Dated: March 23, 2023.

**Lauren K. Roth,**

*Associate Commissioner for Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting of the National Advisory Council on Migrant Health

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

**ACTION:** Notice.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, this notice announces that the National Advisory Council on Migrant Health

(NACMH) scheduled a public meeting. Information about NACMH and the agenda for this meeting can be found on NACMH's website at <https://www.hrsa.gov/advisory-committees/migrant-health>.

**DATES:** May 24–25, 2023, 9:00 a.m.–5:00 p.m. Eastern Time.

**ADDRESSES:** This meeting will be held in-person at Hyatt Place Tampa Wesley Chapel, 26000 Sierra Center Boulevard, Lutz, Florida 33559 with an option to join virtually. For information about the meeting, visit NACMH's website 30 business days before the meeting date, where instructions to join the meeting will be posted.

#### FOR FURTHER INFORMATION CONTACT:

Esther Paul, NACMH, Designated Federal Official, Strategic Initiatives Division, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, 5600 Fishers Lane, Rockville, MD 20857; 301-594-4300; or [epaul@hrsa.gov](mailto:epaul@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** NACMH provides advice and recommendations to the Secretary of Health and Human Services on policy, program development, and other matters of significance concerning the activities under section 217 of the Public Health Service Act, as amended (42 U.S.C. 218). Specifically, NACMH provides recommendations concerning the organization, operation, selection, and funding of migrant health centers, and

other entities under grants and contracts under section 330 of the Public Health Service Act (42 U.S.C. 254b). NACMH meets twice each calendar year, or at the discretion of the Designated Federal Official in consultation with the NACMH Chair.

During the May 24–25, 2023, meeting, NACMH will discuss issues related to migratory and seasonal agricultural worker health. Agenda items are subject to change as priorities dictate. Refer to the NACMH website for any updated information concerning the meeting.

Members of the public will have the opportunity to provide comments. Public participants may submit written statements in advance of the scheduled meeting. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to NACMH should be sent to Esther Paul, Designated Federal Official, using the contact information above at least 3 business days prior to the meeting.

Individuals who plan to attend and need special assistance or another reasonable accommodation should notify Esther Paul at the address and phone number listed above at least 10 business days prior to the meeting.

**Maria G. Button,**

*Director, Executive Secretariat.*

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