

requirement in section 413(a)(2) of the FD&C Act.

We estimate that 95 percent of respondents submit electronically, leaving about 3 who submit their NDIN in paper format ( $5\% \times 55 = 2.75$ , rounded up to 3). However, we have seen a trend of decreased paper submissions over the past 2 years and expect usage to remain low. Thus, we estimate only one NDIN will be submitted in paper format. We estimate that information in this NDIN regarding the table of contents, names of contacts, and reference lists will be provided in list form. Because the underlying information should be already readily available, we estimate that it will take about 60 minutes to prepare the information in list form, which would create a burden of 1 hour ( $1 \times 1$  hour).

We estimate that 10 notifiers will each reference information once from a previous notification and will provide written authorization to do so. We estimate that it will take about 24 minutes to prepare a written authorization. We calculate that the burden for this activity will be 4 hours annually ( $10 \text{ notifiers} \times 1 \text{ authorization} \times 0.4 \text{ hour}$ ).

We estimate that 55 notifiers each will provide identity specifications in table form with their NDIN submissions. Because the underlining information should be already readily available, we estimate that it will take about 1 hour to prepare the information in table form, which would create a burden of 55 hours ( $55 \text{ tables} \times 1 \text{ hour}$ ).

We estimate that 55 notifiers each will provide information about the manufacturing process with their NDIN submissions. We estimate that it will take about 5 hours to prepare this information, which would create a burden of 275 hours ( $55 \text{ manufacturing process} \times 5 \text{ hours}$ ).

Dated: January 10, 2024.

**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 Advisory Committee on Heritable Disorders in Newborns and Children; Correction

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

**ACTION:** Notice; correction.

**SUMMARY:** HRSA published a document in the *Federal Register* of January 9, 2024, concerning a meeting of the Advisory Committee on Heritable Disorders in Newborns and Children. The document contained incorrect HRSA contact information for further information and an incorrect date for requests to provide a written or oral statement. The notice originally stated that for further information, contact Kim Morrison at 301-822-4978. The correct contact information should be: Kim Morrison at 240-485-8419. The notice originally stated that requests for public comment were due on Tuesday, January 17, 2024. The correct date for requests for public comment is Thursday, January 18, 2024.

**FOR FURTHER INFORMATION CONTACT:** Kim Morrison, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Rockville, Maryland, 20857; 240-485-8419; or [ACHDNC@hrsa.gov](mailto:ACHDNC@hrsa.gov).

#### SUPPLEMENTARY INFORMATION:

##### Correction

In the *Federal Register* of January 9, 2024, FR Doc. 2024-00264, page 1105, column 2, **FOR FURTHER INFORMATION CONTACT** section, paragraph 1, correct the “Kim Morrison, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room, Rockville, Maryland 20857; 301-822-4978; or [ACHDNC@hrsa.gov](mailto:ACHDNC@hrsa.gov)” caption to read: “Kim Morrison, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857; 240-485-8419; or [ACHDNC@hrsa.gov](mailto:ACHDNC@hrsa.gov).”

In the *Federal Register* of January 9, 2024, FR Doc. 2024-00264, page 1106, column 1, **SUPPLEMENTARY INFORMATION** section, paragraph 1, correct the “Requests to provide a written statement or make oral comments to ACHDNC must be submitted via the registration website by 12 p.m. ET on Tuesday, January 17, 2024” caption to read: “Requests to provide a written statement or make oral comments to ACHDNC must be submitted via the registration website by 12 p.m. ET on Thursday, January 18, 2024.”

**Maria G. Button,**

*Director, Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection

**Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Rural Health Care Coordination Program Performance Improvement Measures, OMB No. 0906-0024—Revision**

**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 18, 2024.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto: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](mailto:paperwork@hrsa.gov) or call Joella Roland, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

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

*Information Collection Request Title:* Rural Health Care Coordination Program Performance Improvement Measures, OMB No. 0906-0024—Revision

*Abstract:* The Rural Health Care Coordination (Care Coordination) Program is authorized under 42 U.S.C. 254c(e) (Section 330A(e) of the Public Health Service Act) to promote rural health care services outreach by improving and expanding delivery of health care services through comprehensive care coordination strategies addressing a primary focus area: (1) heart disease, (2) cancer, (3) chronic lower respiratory disease, (4) stroke, or (5) maternal health. This authority permits the Federal Office of Rural Health Policy to award grants to