teleconference and/or video conference meeting will be available at the location of the advisory committee meeting and at *https://www.fda.gov/AdvisoryCommittees/Calendar/default.htm*. Scroll down to the appropriate advisory committee meeting link. The online presentation of materials will include slide presentations with audio and video components to allow the presentation of materials in a manner that most closely resembles an in-person advisory committee meeting.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the Committees. All electronic and written submissions to the Docket (see **ADDRESSES**) on or before January 22, 2025, will be provided to the Committees. Oral presentations from the public will be scheduled between approximately between 1 p.m. and 2 p.m. Eastern Time. 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, whether they would like to present online or in-person, and an indication of the approximate time requested to make their presentation on or before January 13, 2025. 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. Similarly, room for interested persons to participate in-person may be limited. If the number of registrants requesting to speak in-person during the open public hearing is greater than can be reasonably accommodated in the venue for the in-person portion of the advisory committee meeting, FDA may conduct a lottery to determine the speakers who will be invited to participate in-person. The contact person will notify interested persons regarding their request to speak by January 14, 2025. Persons attending FDA's advisory committee meetings are advised that FDA is not responsible for providing access to electrical outlets.

For press inquiries, please contact the Office of Media Affairs at *fdaoma@fda.hhs.gov* or 301–796–4540.

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 Jessica Seo (see **FOR FURTHER INFORMATION CONTACT**) 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. 1001 *et seq.*). This meeting notice also serves as notice that, pursuant to 21 CFR 10.19, the requirements in 21 CFR 14.22(b), (f), and (g) relating to the location of advisory committee meetings are hereby waived to allow for this meeting to take place using an online meeting platform in conjunction with the physical meeting room (see location). This waiver is in the interest of allowing greater transparency and opportunities for public participation, in addition to convenience for advisory committee members, speakers, and guest speakers. The conditions for issuance of a waiver under 21 CFR 10.19 are met.

Dated: December 2, 2024.

P. Ritu Nalubola,

Associate Commissioner for Policy.

[FR Doc. 2024–28811 Filed 12–6–24; 8:45 am]

BILLING CODE 4164–01–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; HRSA Ryan White HIV/AIDS Program Part F Regional AIDS Education and Training Center Program Activities

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 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 January 8, 2025.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting ''Currently under Review—Open for Public Comments,'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: HRSA Ryan White HIV/AIDS Program Part F Regional AIDS Education and Training Center Program Activities, OMB No. 0906–xxxx—New.

Abstract: The Ryan White HIV/AIDS Program's (RWHAP) AIDS Education and Training Center (AETC) Program, authorized under title XXVI of the Public Health Service Act, supports a network of regional centers that conduct targeted, multi-disciplinary education and training programs for health care providers treating people with HIV. The RWHAP Regional AETC Program's purpose is to increase the number of health care providers who are effectively educated and equipped to counsel, diagnose, treat, and medically manage people with HIV. The RWHAP Regional AETC Program recipients are required to report data on the training activities and trainees to HRSA once a year. HRSA is requesting the approval of new AETC data collection forms to accurately capture data relating to Regional AETC activities, participants, and site information for both Practice Transformation (PT) and Interprofessional Education (IPE) sites as well as involvement in the HIV care and treatment workforce (1-year post-participation), knowledge gained through participating in an activity, and satisfaction with the activity. The RWHAP Regional AETC Program recipients will gather data on the training activities they conduct using six data collection instruments. The Individual Participant Record is completed at least once every reporting period by participants actively engaging in Regional AETC activities. This form includes Regional AETC participant demographic, workplace, and clients-served data for the participant's

respective provider sites. The Regional AETC recipient completes the Training Activity Record form at the end of each Regional AETC activity that takes place during the reporting period. This form describes the activity in hours, modality, and topic(s). The PT Site Characteristics/Outcomes form collects site characteristics information for PT recipient sites only, such as clinic activities and procedures and aggregate counts of clients. PT sites provide clinical services and differ from IPE sites that support students, thus necessitating a different form. The IPE Site Characteristics/Outcomes form collects site characteristics information for IPE recipient sites only. The Participant Post-Activity Immediate Survey collects information from participants immediately after an activity, specifically, their satisfaction and potential increased knowledge due to participating in said activity. The IPE Long-Term form collects 1-year post-participation information from participant students who engaged in an IPE program to assess involvement in the field of HIV care and treatment.

A 60-day notice published in the **Federal Register** on July 19, 2024, 89 FR 58744–45. The 60-day FRN publication elicited 15 public comments, including feedback from eight currently funded AETC regional recipients. The public comments offered input to clarify the definitions of the terminology used on the forms; requested additions and revisions to response options and categories; provided feedback to update demographic questions; requested more review to identify which professions should be included or removed from the forms; asked for clarity on the training track and the process for selecting a track; and suggested that there be a balance of questions on both HIV treatment and prevention.

HRSA's HIV/AIDS Bureau conducted a thorough review of all the feedback provided by the public during the 60-day publication period. HRSA will incorporate much of the public feedback into the new forms, including through the addition of new proposed questions, removal of current incompatible questions, correcting spelling and grammar, providing definitions and instructions for clarity, incorporating skip logic to streamline question response options/categories, updating the form format, and the change of the form title from Interprofessional Education Site Characteristics/Outcomes Form to the Interprofessional Education Health Profession Program Characteristics/Outcomes Form. Other suggestions may be further reviewed in future OMB packages or non-substantive change memos.

Need and Proposed Use of the Information: HRSA uses the data collected when conducting RWHAP AETC programmatic assessments to determine future program needs. These data allow HRSA to identify where gaps exist in training HIV professionals as well as to measure whether training activities are meeting the goals of the National HIV/AIDS Strategy and the RWHAP statute.

Likely Respondents: RWHAP Regional AETC participants complete the Individual Participant Record at least once a reporting period. Regional AETC recipients complete a Training Activity Record for each training activity they conduct during the reporting period. All Regional AETC participants will take the Participant Post-Activity Survey immediately after any attended activity. The IPE Long-Term form will only be completed by participants who engaged in an IPE program, 1-year post-participation in the program. Finally, PT recipients will complete the PT Site Characteristics/Outcomes form at least once per reporting period, and IPE recipients will complete the IPE Site Characteristics/Outcomes form at least once per reporting period.

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 use 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
Individual Participant Record	59,576	1	59,576	0.27	16,085.52
Training Activity Record	12,226	1	12,226	0.21	2,567.46
PT, Site Characteristics and Outcomes	128	1	128	0.31	39.68
IPE, Site Characteristics and Outcomes	86	1	86	0.09	7.74
Participant Post-Activity Immediate Survey	59,576	3	178,728	0.06	10,723.68
IPE, Long-Term	4,403	1	4,403	0.07	308.21
Combined Data Set	8	1	8	64.00	512.00
Total	136,003	.....	255,155	.....	30,244.29

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–28803 Filed 12–6–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Availability of Draft Health Center Program Scope Policy Manual Guidance

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

ACTION: Request for public comment.

SUMMARY: HRSA requests public comments on the Draft Health Center Program Scope of Project Manual (draft Scope Policy Manual). The draft Scope Policy Manual provides updated policy guidance on what constitutes the Health Center Program scope of project under the Public Health Service Act (PHS Act).

DATES: Submit comments no later than February 7, 2025.

ADDRESSES: Electronic comments should be submitted through the HRSA Bureau of Primary Health Care Contact Form (*https://hrsa.my.site.com/support/s/*), by selecting ''Comment on Draft Policy'' under the ''Policy'' section.

FOR FURTHER INFORMATION CONTACT: Jennifer Joseph, Office of Policy and Program Development Director, Bureau of Primary Health Care, HRSA, at *jjoseph@hrsa.gov* and 301–594–4300.

SUPPLEMENTARY INFORMATION: The draft Scope Policy Manual (*https://bphc.hrsa.gov/sites/default/files/bphc/compliance/draft-health-center-program-scope-project-manual*) updates Health Center Program scope of project policy guidance for all health centers that apply for and receive federal award (*https://bphc.hrsa.gov/compliance/compliance-manual/glossary#federal-award*) funds under the Health Center Program subrecipient organization (sections 1861(aa)(4)(A)(ii) and 1905(l)(2)(B)(ii) of the Social Security Act; *https://bphc.hrsa.gov/compliance/compliance-manual/glossary#subrecipient*), and Health Center Program look-alikes (sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act; (*https://bphc.hrsa.gov/compliance/compliance-manual/glossary#look-alike*).

The draft Scope Policy Manual proposes new policy and clarifies existing policy in key areas. Through the draft Scope Policy Manual, HRSA updates the Health Center Program scope of project policy to consolidate scope of project-related policy into a single policy document to assist health centers in understanding scope of project, statutory language and the Health Center Program Compliance Manual (*https://bphc.hrsa.gov/compliance/compliance-manual*).

The draft Scope Policy Manual does not include scope of project process-related instructions. Instructions for documenting and updating scope of project will continue to be available on the Health Center Program Scope of Project web page (*https://bphc.hrsa.gov/compliance/scope-project*).

HRSA proposes that the final Scope Policy Manual supersede the following previously issued scope of project Policy Information Notices (PINs):

- *PIN 2007–09:* Service Area Overlap: Policy and Process
- *PIN 2008–01:* Defining Scope of Project and Policy for Requesting Changes
- *PIN 2009–02:* Specialty Services and Health Centers' Scope of Project
- *PIN 2009–05:* Policy for Special Populations-Only Grantees Requesting a Change in Scope to Add a New Target Population

HRSA provides grants to eligible applicants under section 330 of the PHS Act (42 U.S.C. 254b) to support the delivery of preventive and primary care services to the nation's underserved individuals and families. HRSA also designates eligible applicants as Health Center Program look-alikes. Look-alikes do not receive Health Center Program funding but must meet the Health Center Program statutory and regulatory requirements. Nearly 1,400 Health Center Program-funded health centers and more than 100 Health Center Program look-alike organizations operate more than 15,000 service delivery sites that provide care to more than 30.5 million patients in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Note that for the purposes of this document, the term ''health center'' refers to entities that receive a federal award under section 330 of the PHS Act, as well as subrecipients and organizations designated as look-alikes, unless otherwise stated.

Carole Johnson,

Administrator.

[FR Doc. 2024–28748 Filed 12–6–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Office of Minority Health, Office of the Secretary, U.S. Department of Health and Human Services.

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (HHS) is hereby giving notice that the Advisory Committee on Minority Health (ACMH) will hold a meeting conducted as a webcast on January 7, 2025. This virtual meeting will be open to the public.

DATES: The virtual ACMH meeting will be held on January 7, 2025, from 2 p.m. to 3 p.m. EST. If the Committee completes its work before 3 p.m. EST, the meeting will adjourn early.

Any individual who wishes to participate in the virtual meeting should register using the Zoom registration link provided below by 5 p.m. EST on January 3, 2025.

ADDRESSES: The meeting will be held virtually and will be accessible by webcast. Instructions regarding webcast access and providing written public comments will be given after meeting registration occurs.

Registration is required for the public to attend the meeting, provide comment, and/or distribute material(s) to ACMH members. Instructions regarding participating in the call and providing written or verbal public comments will be provided after meeting registration occurs. Information about the meeting will be posted on the HHS Office of Minority Health (OMH) website: *www.minorityhealth.hhs.gov*. Information about ACMH activities can be found on the OMH website under the heading *About OMH, Committees and Working Groups*.

FOR FURTHER INFORMATION CONTACT: Violet Woo, Designated Federal Officer, Advisory Committee on Minority Health, OMH, HHS, Tower Building, 1101 Wootton Parkway, Suite 100, Rockville, Maryland 20852. Phone: 240–453–6816; email: *OMH-ACMH@hhs.gov*.

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105–392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health on the development of goals and program activities related to OMH's duties.

The topic to be discussed during the virtual meeting will be finalizing recommendations on the