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BILLING CODE 4120–01–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Ending the HIV Epidemic Initiative Triannual Report, OMB No. 0915–0051—Extension

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 October 6, 2025.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14NWH04, 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 or call Samantha Miller, 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: Ending the HIV Epidemic (EHE) Initiative Triannual Report OMB No. 0915–0051—Extension.

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support services to

low-income people with HIV. Since 1990, RWHAP has developed a comprehensive system of safety net providers who deliver high quality direct health care and support services to over half a million people with HIV—more than 50 percent of all people with diagnosed HIV in the United States. Nearly two-thirds of clients (patients) live at or below 100 percent of the Federal Poverty Level.¹

The federal Ending the HIV Epidemic in the U.S. (EHE) initiative² focuses on reducing the number of new HIV infections in the United States to fewer than 3,000 per year.³ Authorized by section 311(c) and title XXVI of the Public Health Service Act, this initiative began in fiscal year 2020 and focuses on providing awards to EHE providers in 48 counties, Washington, DC; San Juan, Puerto Rico; as well as seven states that have substantial rural burden of HIV. The EHE initiative efforts focus on the following four key strategies that together can end the HIV epidemic in the United States:

(1) Diagnose all people with HIV as early as possible.

(2) Treat people with HIV rapidly and effectively to reach sustained viral suppression.

(3) Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis and syringe services programs.

(4) Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The EHE initiative is a collaborative effort among key Department of Health and Human Services agencies, primarily HRSA, the Centers for Disease Control and Prevention, the National Institutes of Health, the Indian Health Service, and the Substance Abuse and Mental Health Services Administration. Through HRSA's RWHAP and Health Center Program, the agency has a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic in the United States. HRSA is making a minor revision to a footnote to clarify an existing instruction. No new information will be collected.

In June 2024, HRSA awarded more than \$147 million to 47 HRSA HIV/AIDS Bureau EHE recipients and two technical assistance providers to continue the efforts of the EHE initiative.⁴ This funding helps states and metropolitan areas with the highest levels of HIV transmission link people

with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to essential HIV care, treatment, and support services, as well as to provide workforce training and technical assistance.

Need and Proposed Use of the Information: HRSA created a reporting module to support federal requirements to monitor and report on funds distributed through the EHE initiative. The EHE Triannual Report is an aggregate data report submitted three times a year by EHE recipients and providers of services. EHE-funded providers will report aggregate information on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the 4-month reporting period. This module provides HRSA with frequent and timely data on EHE initiative progress by providing information on the number of clients who are reached through the EHE initiative. This will provide valuable information on the scope of outreach to new clients and clients who have had a lapse in service, which could be an indication of reengagement in care. This module will support project officer monitoring and HRSA's understanding of service provisions. Finally, the information collected in the EHE Triannual Report will complement the annual information collected through the RWHAP Services Report and other reporting mechanisms and support HRSA to monitor EHE initiative activities and assess progress toward meeting national goals for ending the HIV epidemic.

Likely Respondents: RWHAP Part A and Part B recipients and subrecipients funded by the EHE initiative.

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

¹ HRSA. Ryan White HIV/AIDS Program Data Report, 2020.

² <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

³ HRSA. Ending the HIV Epidemic in the U.S. <https://www.hrsa.gov/ending-hiv-epidemic>. Accessed July 12, 2022.

⁴ HRSA. FY24 HIV/AIDS Bureau HAB EHE Initiative Awards. <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/fy24-ending-hiv-epidemic-awards>. Accessed July 22, 2025.

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
EHE Module	942	3	2,826	2	5,652
Total	942	2,826	5,652

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.

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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: Application and Other Forms Used by the National Health Service Corps Scholarship Program, the National Health Service Corps Students To Service Loan Repayment Program, and the Native Hawaiian Health Scholarship Program—OMB No. 0915-0146—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, 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 October 6, 2025.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14NWH04, 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 or call Samantha Miller, 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: Application and Other Forms Used by the National Health Service Corps (NHSC) Scholarship Program, the NHSC Students to Service Loan Repayment Program, and the Native Hawaiian Health Scholarship Program, OMB No. 0915-0146—Revision.

Abstract: Administered by HRSA's Bureau of Health Workforce, the NHSC Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program (S2S LRP), and the Native Hawaiian Health Scholarship Program (NHHSP) provide scholarships or loan repayment to qualified students who are pursuing primary care health professions education and training. In return, students agree to provide primary health care services in underserved communities located in federally designated health professional shortage areas once they are fully trained and licensed health professionals. Awards are made to applicants who demonstrate the greatest potential for successful completion of their education and training as well as commitment to provide primary health care services to communities of greatest need. The information from program applications, forms, and supporting documentation is used to select the best qualified candidates for these competitive awards, and to monitor

program participants' enrollment in school, postgraduate training, and compliance with program requirements.

Although some program forms vary from program to program (see program-specific burden charts below), required forms generally include a program application, academic and non-academic letters of recommendation, authorization to release information, and the acceptance/verification of good academic standing report. The NHSC SP and the NHSC S2S LRP have added two forms for this information collection request, which include a Proof of Citizenship document and an Essay. Additionally, the process used to monitor program participants while in school via the Enrollment Verification Form has been modernized and renamed as In-School Verification, which will allow program participants to verify their enrollment status electronically, bringing efficiency to the process. The NHHSP is not seeking to change or add any forms or documentation.

Need and Proposed Use of the Information: The NHSC SP, S2S LRP, and NHHSP applications, forms, and supporting documentation are used to collect necessary information from applicants and schools that enable HRSA to make selection determinations for the competitive awards and monitor compliance (via training programs and sites) with program requirements.

Likely Respondents: Qualified students who are pursuing education and training in primary care health professions and are interested in working in health professional shortage areas, schools at which such students are enrolled, and post graduate training programs/sites which such students will attend.

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