

the White House Office of Science and Technology Policy on Scientific Integrity at <https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/scientific-integrity-memo-12172010.pdf>, all Federal agencies must establish a scientific integrity policy. The requirements of this policy are derived from the 2022 National Science and Technology Council (NSTC) Report of the Scientific Integrity Fast Track Action Committee, Protecting the Integrity of Government Science, at https://www.whitehouse.gov/wp-content/uploads/2022/01/01-22-Protecting_the_Integrity_of_Government_Science.pdf, and align with the principles set forth in the NSTC guidance document, A Framework for Federal Scientific Integrity Policy and Practice, at <https://www.whitehouse.gov/wp-content/uploads/2023/01/01-2023-Framework-for-Federal-Scientific-Integrity-Policy-and-Practice.pdf>.

This policy is established in accordance with:

1. Public Law 111–358—The America COMPETES Reauthorization Act of 2010, Section 103, as amended
2. Public Law 115–435—The Foundations for Evidence-based Policymaking Act of 2018
3. Public Law 106–554—The Information Quality Act of 2000
4. 67 FR 8451—OMB Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies
5. 70 FR 2664—OMB Final Information Quality Bulletin for Peer Review
6. 65 FR 76260–76264—Federal Policy on Research Misconduct
7. Public Law 101–12—The Whistleblower Protection Act (WPA) of 1989, as amended
8. 41 U.S.C. part 4712—The National Defense Authorization Act, Enhancement of contractor protection from reprisal for disclosure of certain information
9. 5 U.S.C. part 13103 *et seq.*—The Ethics in Government Act of 1978, as amended, and 5 CFR parts 2634 and 2635, Executive Branch Financial Disclosure, Qualified Trusts, and Certificates of Divestiture and Standards of Ethical Conduct for Employees of the Executive Branch
10. 18 U.S.C. parts 201–209—Statutes regarding Bribery, Graft and Conflicts of Interest
11. 5 CFR parts 5501 and 5502—Supplemental Standards of Ethical Conduct for Employees of the Department of Health and Human Services
12. 5 U.S.C. Ch. 10—The Federal Advisory Committee Act of 1972
13. 45 CFR part 73—Standards of Conduct
14. 5 CFR part 735—Employee Responsibilities and Conduct
15. 45 CFR part 46—HHS Protection of Human Subjects Regulation
16. PPD 19—Protecting Whistleblowers with Access to Classified Information, 2012
17. M–20–12—OMB Phase 4 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Program Evaluation Standards and Practices
18. 42 CFR part 93—Public Health Service Policies on Research Misconduct
19. 10 U.S.C. part 1034, made applicable to the Public Health Service Commissioned Corps through 42 U.S.C. 213a(a)(18) and implemented by Commissioned Corps Directive (CCD) 121.06
20. Public Law No 117–328—Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022, Division FF, Title II, Section 2321
21. Public Law No 117–167—CHIPS and Science Act of 2022, Title VI, Subtitle D, Section 10631

Dated: October 15, 2024.

Lawrence A. Tabak,

Principal Deputy Director, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer at (240) 276–0166.

Project: State Opioid Response (SOR)/ Tribal Opioid Response (TOR) Program Instrument (OMB No. 0930–0384)—Revision

SAMHSA is requesting approval to modify its existing SOR/TOR Program Instrument by (1) broadening language

from ‘naloxone’ to ‘naloxone and other opioid overdose reversal medications’ due to the availability of new FDA-approved non-naloxone overdose reversal medications; (2) broadening language from ‘fentanyl test strips’ to ‘drug checking technologies as directed by SAMHSA due to the availability of new drug checking technology, including test strips for other emerging substances; (3) adding five questions to collect treatment and recovery support data that were previously reported biannually in the performance progress reports; (4) adding one question to collect data on clients who received contingency management for the treatment of stimulant use disorder; (5) adding a sub-recipient entity inventory table to collect expenditure data for each grant sub-recipient in response to the Consolidated Appropriations Act, 2023 (42 U.S.C. 300x–52(a)); (6) combining four questions with similar themes into two questions for clarity; (7) removing question 12 because it is comprised of more than one question with several different ideas, making it unsuited for this instrument; and (8) adding one question at the request of the Office of National Drug Control Policy (ONDCP) to collect information on Congressionally mandated and programmatic activities, and to comply with reporting requirements. The program-level information is collected quarterly for questions 1 to 13b, and annually for the sub-recipient entity inventory table, and entered and stored in SAMHSA’s Performance Accountability and Reporting System (SPARS), which is a real-time, performance management system that captures information on the SAMHSA-funded substance use and substance use disorder prevention, harm reduction, treatment, and recovery support services, and mental health services delivered in the United States. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 reporting requirements that quantify the effects and accomplishments of its discretionary grant programs.

The SOR/TOR programs are authorized under the Further Consolidated Appropriations Act, 2024, Division D, Title II, and section 1003 of the 21st Century Cures Act [Public Law 114–255] (42 U.S.C. 290ee–3a), as amended. SAMHSA anticipates 189 recipients (states, territories, and tribal entities) will participate in these grant programs. Grantee-level data will include information related to: reported

overdose reversals; the purchase and distribution of naloxone and other opioid overdose reversal medications; types of entities that distribute naloxone and other opioid overdose reversal medications; training on recognizing an opioid overdose and appropriate use of naloxone and other opioid overdose reversal medications; implementation of prevention and education activities; the purchase and distribution of drug checking technologies as directed by SAMHSA; treatment services for opioid use disorder (OUD) and stimulant use disorder; types of recovery support

services; and the expenditure amounts for each SOR and TOR grant sub-recipient. This grantee-level information will be collected quarterly for questions 1 to 13b, and annually for the sub-recipient entity inventory table.

The revisions to the tool will continue to enable SAMHSA to better assess grantee accountability and performance on the required prevention, education, harm reduction, treatment, and recovery support activities for the SOR/TOR programs. The revisions will continue to assist SAMHSA in providing comprehensive data on the full range of

required activities to inform Congressionally mandated reports for the SOR program.

The Center for Substance Abuse Treatment (CSAT) anticipates that the time required to collect and report the program-level information is approximately 33 minutes per response. Since the submission of the previous OMB package, there has been an increase in the number of respondents. The estimated burden associated with the program-level instrument includes an adjustment to reflect the current number of grantees.

TABLE 1—ESTIMATE OF ANNUALIZED HOUR BURDEN FOR SOR/TOR GRANTEES

SAMHSA data collection	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours	Hourly wage ¹	Total wage cost
Grantee-Level Instrument	189	4	756	.30	226.80	\$28.89	\$6,552.25
Grantee-Level Instrument	189	1	189	.25	47.25	28.89	1,365.05
Total	378	5	945	.55	274.05	28.89	7,917.30

¹ The hourly wage estimate is \$28.89 based on the Occupational Employment and Wages, Mean Hourly Wage Rate for 21–1018 Substance Abuse, Behavioral Disorder, and Mental Health Counselors= \$28.89/hr. as of May 2023 (<https://www.bls.gov/oes/current/oes211018.htm> Accessed on September 23, 2024.)

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 30-day Review—Open for Public Comments” or by using the search function.

Krishna Palipudi,

Social Science Analyst.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA–2024–0002]

Final Flood Hazard Determinations

AGENCY: Federal Emergency Management Agency, Department of Homeland Security.

ACTION: Notice.

SUMMARY: Flood hazard determinations, which may include additions or modifications of Base Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, or regulatory floodways on the Flood Insurance Rate Maps (FIRMs) and where applicable, in the supporting Flood Insurance Study (FIS) reports

have been made final for the communities listed in the table below. The FIRM and FIS report are the basis of the floodplain management measures that a community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the Federal Emergency Management Agency’s (FEMA’s) National Flood Insurance Program (NFIP).

DATES: The date of February 14, 2025 has been established for the FIRM and, where applicable, the supporting FIS report showing the new or modified flood hazard information for each community.

ADDRESSES: The FIRM, and if applicable, the FIS report containing the final flood hazard information for each community is available for inspection at the respective Community Map Repository address listed in the tables below and will be available online through the FEMA Map Service Center at <https://msc.fema.gov> by the date indicated above.

FOR FURTHER INFORMATION CONTACT: Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) patrick.sacbibit@fema.dhs.gov; or visit the FEMA Mapping and Insurance eXchange (FMIX) online at https://www.floodmaps.fema.gov/fhm/fmx_main.html.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) makes the final determinations listed below for the new or modified flood hazard information for each community listed. Notification of these changes has been published in newspapers of local circulation and 90 days have elapsed since that publication. The Deputy Associate Administrator for Insurance and Mitigation has resolved any appeals resulting from this notification.

This final notice is issued in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR part 67. FEMA has developed criteria for floodplain management in floodprone areas in accordance with 44 CFR part 60.

Interested lessees and owners of real property are encouraged to review the new or revised FIRM and FIS report available at the address cited below for each community or online through the FEMA Map Service Center at <https://msc.fema.gov>.

The flood hazard determinations are made final in the watersheds and/or communities listed in the table below.

(Catalog of Federal Domestic Assistance No. 97.022, “Flood Insurance.”)

Nicholas A. Shufro,

Assistant Administrator (Acting) for Risk Management, Federal Emergency Management Agency, Department of Homeland Security.