instruments, email *paperwork@hrsa.gov* or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

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

Information Collection Request Title: The Stem Cell Therapeutic Outcomes Database OMB No. 0915–0310, Revision.

Abstract: The Stem Cell Therapeutic and Research Act of 2005, Public Law (Pub. L.) 109–129, as amended by the Stem Cell Therapeutic and Research Reauthorization Act of 2015, Public Law 114–104 (the Act), provides for the collection and maintenance of human blood stem cells for the treatment of patients and research. The Act requires the Secretary to contract for the establishment and maintenance of information related to patients who have received stem cell therapeutic products and to do so using a standardized, electronic format. HRSA's Healthcare Systems Bureau has established the Stem Cell Therapeutic Outcomes Database, which necessitates certain electronic record keeping and reporting requirements to perform the functions related to hematopoietic stem cell transplantation under contract to HHS. Data is collected from transplant centers by the Center for International Blood and Marrow Transplant Research and is used for ongoing analysis of transplant outcomes. Over time, there is an expected increase in the number of recipients for whom data are reported as the increasing number of transplants are performed annually and survivorship after transplantation improves.

Need and Proposed Use of the Information: Per statutory responsibilities, information collected on the forms outlined in the ''Total Estimated Annualized Burden Hours'' section below is needed to monitor the clinical status of transplantation and provide the Secretary with an annual report of transplant center-specific survival data. The proposed revisions of these data collection forms fall into several categories: Consolidating questions and removing duplicate questions across the forms, implementing ''check all that apply'' formatting to reduce data entry time, and removing items no longer clinically significant (*e.g.,* drugs). These proposed revisions are not anticipated to affect total burden hours.

Likely Respondents: Transplant Centers.

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 hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents [1]	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Baseline Pre-Transplant Essential Data (TED)	200	44	8,800	1.00	8,800
Disease Classification	200	44	8,800	0.15	1,320
Product Form (includes Infusion, HLA, and Infectious Disease Marker inserts)	200	33	6,600	1.00	6,600
100-Day Post-TED	200	44	8,800	1.25	11,000
6-Month Post-TED	200	36	7,200	1.15	8,280
12-Month Post-TED	200	32	6,400	1.15	7,360
Annual Post-TED	200	110	22,000	1.15	25,300
Total	200	....	68,600	....	68,660

[1] The total of 200 is the number of centers completing the form; the same group will complete all of the forms.

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.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2019–04117 Filed 3–6–19; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the National Advisory Council on Nurse Education and Practice

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces that the National Advisory Council on Nurse Education and Practice (NACNEP) has scheduled public meetings for the 2019 calendar year (CY). Information about NACNEP, agendas, and materials for these meetings can be found on the NACNEP website at *https://www.hrsa.gov/advisory-committees/nursing/index.html.*

DATES: All CY 2019 NACNEP meetings will be held by teleconference and webinar:

- April 1, 2019, 8:30 a.m.–2:30 p.m. Eastern Time (ET)
- May 21, 2019, 8:30 a.m.–5:00 p.m. ET; and
- September 24, 2019, 8:30 a.m.–5:00 p.m. ET.

ADDRESSES: Meetings will be held by teleconference and/or Adobe Connect webinar. Instructions for joining the meetings remotely will be posted on the

NACNEP website 30 business days before the date of the meeting. For meeting information updates, go to the NACNEP website meeting page at *https://www.hrsa.gov/advisory-committees/nursing/meetings.html.*

FOR FURTHER INFORMATION CONTACT: Tracy L. Gray MBA, MS, RN, Chief, Advanced Nursing Education Branch; Designated Federal Official; Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857; 301–945–3113 or *BHWNACNEP@hrsa.gov.*

SUPPLEMENTARY INFORMATION: NACNEP provides advice and recommendations to the Secretary of HHS and Congress on policy issues related to the activities carried out under Title VIII of the Public Health Service (PHS) Act, including the range of issues relating to the nurse workforce, education, and practice improvement. NACNEP also prepares and submits an annual report to the Secretary of HHS and Congress describing its activities, including NACNEP's findings and recommendations concerning activities under Title VIII, as required by the PHS Act.

For CY 2019 meetings, agenda items may include, but are not limited to, updates from experts on nursing workforce, nursing education, and nursing practice improvement. Agenda items are subject to change as priorities dictate. Refer to the NACNEP website listed above for all current and updated information concerning the CY 2019 NACNEP meetings, including topics, draft agendas, and meeting materials that will be posted at least 10 business days before 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(s). 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 NACNEP should be sent to the contact information above at least five business days before the meeting date(s). Individuals who need special assistance or another reasonable accommodation should notify Tracy Gray at the address and phone number listed above at least 10 business days before the meeting(s) they wish to remotely attend. Since all in-person meetings will occur in a federal government building, attendees must go through a security check to enter the building. Non-U.S. Citizen attendees must notify HRSA of their planned attendance at least 20 business days prior to the meeting in order to facilitate their entry into the building. All attendees are required to present government-issued identification prior to entry.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2019–04074 Filed 3–6–19; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Public Comment Request; Information Collection Request Title; Black Lung Clinics Program Performance Measures; OMB No. 0915–0292, 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 must be received no later than May 6, 2019.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

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

Information Collection Request Title: Black Lung Clinics Program Performance Measures, OMB No. 0915–0292—Extension.

Abstract: HRSA's Federal Office of Rural Health Policy conducts an annual data collection of user information for the Black Lung Clinics Program, which has been ongoing with OMB approval since 2004. The purpose of the Black Lung Clinics Program is to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease through the screening, diagnosis, and treatment of active, inactive, retired, and/or disabled coal miners. Collecting this data provides HRSA with information on how well each grantee is meeting the needs of these miners in their communities.

Need and Proposed Use of the Information: Data from the annual report provides quantitative information about the clinics, specifically: (a) The characteristics of the patients they serve (gender, age, disability level, and occupation type); (b) the characteristics of services provided (medical encounters, non-medical encounters, benefits counseling, and outreach); and (c) the number of patients served. This assessment enables HRSA to provide data required by Congress under the Government Performance and Results Act of 1993. It also ensures that funds are effectively used to provide services that meet the target population needs. HRSA does not plan to make any changes to the performance measures at this time.

Likely Respondents: Black Lung Clinics Program Grantees.

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 hours estimated for this ICR are summarized in the table below.