

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN <sup>1</sup>

Activity	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
Pretest Screener .....	42	1	42	0.05 (3 minutes) .....	2
Pretest Informed Consent .....	25	1	25	0.05 (3 minutes) .....	1
Pretest Survey Completes .....	25	1	25	0.28 (17 minutes) .....	7
Main Survey Screener .....	1,927	1	1,927	0.05 (3 minutes) .....	96
Main Survey Informed Consent .....	1,156	1	1,156	0.05 (3 minutes) .....	58
Main Survey Completes .....	1,156	1	1,156	0.28 (17 minutes) .....	324
<b>Total</b> .....			<b>4,331</b>		<b>488</b>

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

**References**

The following references are on display with the Dockets Management Staff (see **ADDRESSES**) and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; they are not available electronically at <https://www.regulations.gov> as these references are copyright protected. FDA has verified the website addresses, as of the date this document publishes in the **Federal Register**, but websites are subject to change over time.

1. Dusetzina, S.B., et al., “Impact of FDA Drug Risk Communications on Health Care Utilization and Health Behaviors: A Systematic Review.” *Medical Care*, 50(6):466–478, 2012.
2. Briesacher, B.A., et al., “A Critical Review of Methods to Evaluate the Impact of FDA Regulatory Actions.” *Pharmacoepidemiology Drug and Safety*. 22(9):986–994, 2013.
3. Morgan, M.G. et al., *Risk Communication: A Mental Models Approach*. Cambridge University Press, 2002.

Dated: August 1, 2019.

**Lowell J. Schiller,**

*Principal Associate Commissioner for Policy.*

[FR Doc. 2019–16935 Filed 8–7–19; 8:45 am]

**BILLING CODE 4164–01–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: Scholarships for Disadvantaged Students Program OMB No. 0915–0149—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 October 7, 2019.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto: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](mailto: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 ICR title for reference.

**Information Collection Request Title: Scholarships for Disadvantaged Students Program**

*OMB No. 0915–0149—Revision*

*Abstract:* HRSA seeks to update the Scholarships for Disadvantaged Students (SDS) program-specific form to collect 3 years of student data instead of 1 year of student data from SDS program applicants. This will assist the agency in making funding decisions for SDS program awards. The form will reflect programmatic changes to the SDS program, made after consideration of the

comments received in response to the request for public comment, published at 84 FR 23571, which will be finalized in the forthcoming SDS Policy Change **Federal Register** Notice.

*Need and Proposed Use of the Information:* The purpose of the SDS Program is to make grant awards to eligible schools to provide scholarships to full-time, financially needy students from disadvantaged backgrounds enrolled in health professions programs. To qualify for participation in the SDS program, a school must be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups (section 737(d)(1)(B) of the Public Health Service (PHS) Act). To meet this requirement, a school must show that at least 20 percent of the school’s full-time enrolled students and graduates are from a disadvantaged background. HRSA previously required schools to demonstrate this percentage by submitting 1 year of data; a school must now provide this data for the most recent 3-year period. The proposed revisions to the SDS program-specific form will require applicants to provide the percentage of full-time enrolled students and graduates from a disadvantaged background over a 3-year period, consistent with this policy change.

An additional change to the SDS program is that a 3-year average, instead of a 1-year average, will be used to calculate priority points, which are provided to eligible schools based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities (section 737(c) of the PHS Act). The proposed revisions to the SDS program-specific form will require applicants to

provide a 3-year average for these percentages, consistent with this policy change, as opposed to the 1 year of data previously required.

*Likely Respondents:* The respondents are institutions that apply for SDS program awards.

*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	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total hour burden
Application .....	323	1	323	31	10,013
Total .....	323	.....	323	.....	10,013

From the last submission, the number of respondents has been updated with more recent application figures. There were 400 applications received for the 2012 application cycle and 323 applications from the 2016 cycle.

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, Division of the Executive Secretariat.  
 [FR Doc. 2019-16984 Filed 8-7-19; 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, 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. This meeting will be open to the public. Preregistration is required for both public participation and comment. Any individual who wishes to attend the meeting should email [OMH-ACMH@hhs.gov](mailto:OMH-ACMH@hhs.gov) by August 16, 2019. Information about the meeting is

available from the designated contact person and will be posted on the website for the Office of Minority Health (OMH), [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov). Information about ACMH activities can be found on the OMH website under the heading *About OMH*.

**DATES:** The meeting will be held on Thursday, August 22, 2019, 9 a.m. to 5 p.m. ET, and Friday, August 23, 2019, 9 a.m. to 3 p.m. ET.

**ADDRESSES:** The meeting will be held at the 5600 Fishers Lane Building, Room 05E29, 5600 Fishers Lane, Rockville, Maryland 20187.

**FOR FURTHER INFORMATION CONTACT:** Violet Woo, Designated Federal Officer, Advisory Committee on Minority Health, Office of Minority Health, Department of Health and Human Services, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. Phone: 240-453-2882; fax: 240-453-2883; email [OMH-ACMH@hhs.gov](mailto: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 improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of the OMH.

The topics to be discussed during this meeting will include strategies to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities with an emphasis on infectious disease, particularly HIV and Hepatitis B. The recommendations will be given to the Deputy Assistant Secretary for Minority Health.

Public attendance at this meeting is limited to space available. Individuals who plan to attend and need special

assistance, such as sign language interpretation or other reasonable accommodations, should contact BLH Technologies, Inc. at (240) 399-8735 and reference this meeting. Requests for special accommodations should be made at least ten (10) business days prior to the meeting.

Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to two minutes per speaker during the time allotted. Individuals who would like to submit written statements should email, mail, or fax their comments to the designated contact at least seven (7) business days prior to the meeting.

Any members of the public who wish to have electronic or printed material distributed to ACMH members should email [OMH-ACMH@hhs.gov](mailto:OMH-ACMH@hhs.gov) or mail their materials to the Designated Federal Officer, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business on Friday, August 16, 2019.

Dated: July 25, 2019.

**Violet Woo,**  
 Designated Federal Officer, Advisory Committee on Minority Health.

[FR Doc. 2019-16969 Filed 8-7-19; 8:45 am]  
**BILLING CODE 4150-29-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.