

type of audience. These proposed new measures are being added to obtain a more accurate depiction of the breadth of SORH work and are based on recommendations from the grantees. Submission of the Technical Assistance Report is submitted via the HRSA Electronic Handbook no later than 30 days after the end of each 12 month budget period.

Likely Respondents: Fifty State Offices of Rural Health.
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	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Technical Assistance Report	50	1	50	13.5	675
Total	50	50	675

Maria G. Button,
 Director, Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Tick-Borne Disease Working Group

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As required by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the Tick-Borne Disease Working Group (TBDWG) will hold a meeting. The meeting will be open to the public. For this meeting, the TBDWG will (1) hear presentations from eight subcommittees on findings and potential actions from reports prepared for the TBDWG to consider and (2) further discuss plans for developing the next report to the HHS Secretary and Congress on federal tick-borne activities and research, taking into consideration the 2018 report. The 2020 report will address ongoing tick-borne disease research, including research related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, duration of illness, and intervention for individuals with tick-borne diseases; advances made pursuant to such research; federal activities related to tick-borne diseases; and gaps in tick-borne disease research.

DATES: The meeting will be held on January 28–29, 2020, from 9:00 a.m. to 4:30 p.m. ET (times are tentative and subject to change). The confirmed times and agenda items for the meeting will be posted on the website for the TBDWG at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2020-1-28/index.html> when this information becomes available.

ADDRESSES: The meeting will be held at Hyatt Place Washington DC/US Capitol, 33 New York Avenue NE, Washington, DC 20002. Members of the public may also attend the meeting via webcast. Instructions for attending via webcast will be posted one week prior to the meeting at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2020-1-28/index.html>.

FOR FURTHER INFORMATION CONTACT: James Berger, Designated Federal Officer for the TBDWG; Office of Infectious Disease and HIV/AIDS Policy, Office of the Assistant Secretary for Health, Department of Health and Human Services, Mary E Switzer Building, 330 C Street SW, Suite L600, Washington, DC 20024. Email: tickbornedisease@hhs.gov; Phone: 202-795-7608.

SUPPLEMENTARY INFORMATION: In-person attendance at the meeting is limited to space available; therefore, preregistration for public members is advisable and can be accomplished by registering at <https://www.eventbrite.com/e/tick-borne-disease-working-group-meeting-january-28-29-2020-meeting-11-tickets-81603750013>. On the day of the meeting, seating will be provided first to persons who have preregistered. People who have not preregistered will be accommodated on a first come, first served basis if additional seats are still

available 10 minutes before the meeting starts. Non-U.S. citizens who plan to attend in person are required to provide additional information and must notify the Working Group support staff via email at tickbornedisease@hhs.gov before December 28, 2019.

The public will have an opportunity to present their views orally to the TBDWG during the meeting’s public comment session or by submitting a written public comment. Comments should be pertinent to the meeting discussion. Persons who wish to provide verbal or written public comment should review instructions at <https://www.hhs.gov/ash/advisory-committees/tickbornedisease/meetings/2020-1-28/index.html> and respond by midnight Tuesday, January 17, 2020, ET. Verbal comments will be limited to three minutes each to accommodate as many speakers as possible during the two 30 minute sessions. Written public comments will be accessible to the TBDWG members and made public on the TBDWG web page prior to the meeting.

Background and Authority: The Tick-Borne Disease Working Group was established on August 10, 2017, in accordance with Section 2062 of the 21st Century Cures Act, and the Federal Advisory Committee Act, 5 U.S.C. App., as amended, to provide expertise and review federal efforts related to all tick-borne diseases, to help ensure interagency coordination and minimize overlap, and to examine research priorities. The TBDWG is required to submit a report to the HHS Secretary and Congress on their findings and any recommendations for the federal response to tick-borne disease every two years.

Dated: December 3, 2019.

James Berger,

Designated Federal Officer, Tick-Borne Disease Working Group, Office of Infectious Disease and HIV/AIDS Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice to Announce the National Eye Institute (NEI) Draft Strategic Plan, 2020 Vision for the Future; Request for Information

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This Request for Information (RFI) is intended to gather broad public input to assist the National Eye Institute (NEI), National Institutes of Health (NIH) in developing its next strategic plan titled, *2020 Vision for the Future*. NEI invites input from vision researchers in academia and industry, health care professionals, patient advocates and advocacy organizations, scientific or professional organizations, federal agencies, and other interested members of the public. Organizations are strongly encouraged to submit a single response that reflects the views of their organization and their membership as a whole.

DATES: This Request for Information is open for public comment for a period of 55 days. Comments must be received by January 8, 2020 to ensure consideration.

ADDRESSES: Comments must be submitted at electronically using the web-based form available at www.nei.nih.gov/form/rfi.

FOR FURTHER INFORMATION CONTACT: Please direct all inquiries to NEIplan@mail.NIH.gov and to Nora Wong, 301-496-4308, nora.wong@NIH.gov. To learn about strategic planning activities at NEI, please visit www.nei.nih.gov/about/strategic-planning.

SUPPLEMENTARY INFORMATION: Last year, NEI celebrated the 50th anniversary since being established by Congress established in 1968. NEI highlighted the multitude of scientific and medical advances made by NEI-supported researchers and the impacts on vision care. Charged to protect and preserve the vision of the American people, NEI continues to support basic and clinical research that unravels the mysteries of how vision works at a fundamental level

and provides patients with new therapies and standards of care that maintain and improve quality of life.

The NEI 50th Anniversary also provoked the scientific, medical, and patient communities to reflect upon gaps and opportunities in vision research. The NEI Strategic Plan seeks to distill those reflections into a cohesive document that will guide efforts to address those gaps and opportunities over the next five years. Ultimately, NEI stakeholders provide the catalyst for identifying and implementing the goals. To that end, NEI welcomes feedback from stakeholders in the drafting of the strategic plan.

In accordance with the 21st Century Cures Act, NIH institutes are required to regularly update their strategic plans.

In 2012, NEI released its strategic plan, “Vision Research: Needs, Gaps, and Opportunities” (<https://www.nei.nih.gov/strategic-plan>), organized around its six core anatomically focused program areas (Retinal Diseases; Corneal Diseases; Lens and Cataract; Glaucoma and Optic Neuropathies; Strabismus, Amblyopia, and Visual Processing; Low Vision and Blindness Rehabilitation). In developing that plan, NEI created panels of scientists and patient representatives for each program. The plan also sparked the Audacious Goals Initiative (AGI), which sought broad-based community input to identify ideas to transform vision research and care. NEI wants to build on some of the ideas generated through AGI and has proposed cross-cutting Areas of Emphasis to organize thinking for the next NEI strategic plan.

NEI is seeking input on the following questions:

- What are the most significant scientific discoveries in vision research since 2012?
- What new opportunities have been enabled by scientific discoveries or technology development?
- What needs and gaps in research, health, and quality-of-life should be addressed by the NEI?

To organize the planning process, NEI has proposed the following seven cross-cutting *Areas of Emphasis* to foster dialogues across traditional vision research disciplines and to best capitalize on recent scientific opportunities. NEI is particularly interested in input relating to these areas of emphasis. However, NEI has always been—and will continue to be—committed to high quality investigator-initiated research and will fund the best science across the broad spectrum of vision research.

Visual System in Health and Disease

- From Genes to Disease Mechanisms

- Biology and Neuroscience of Vision
- Immune System & Eye Health

Capitalizing on Emerging Fields

- Regenerative Medicine
- Data Science

Preventing Vision Loss and Enhancing Well-Being

- Individual Quality of Life
- Public Health & Disparities Research

To ensure consideration, responses must be submitted electronically using the web-based form available at www.nei.nih.gov/form/rfi. Responses to this RFI are voluntary and may be submitted anonymously. Providing contact information is optional. Therefore, the web form may not provide confirmation of response submission. Please do not include any personally identifiable or other information that you do not wish to make public. Proprietary, classified, confidential, or sensitive information should not be included in responses. Comments submitted will be compiled for discussion and incorporated into the strategic plan as appropriate. Any personal identifiers (personal names, email addresses, etc.) will be removed when responses are compiled.

This RFI is for informational and planning purposes only and is not a solicitation for applications or an obligation on the part of the United States (U.S.) Government to provide support for any ideas identified in response to it. Please note that the U.S. Government will not pay for the preparation of any information submitted or for use of that information.

The responses will be reviewed by NIH staff, and individual feedback will not be provided to any responder. The Government will use the information submitted in response to this RFI at its discretion. The Government reserves the right to use any submitted information on public NIH websites, in reports, in summaries of the state of the science, in any possible resultant solicitation(s), grant(s), or cooperative agreement(s), or in the development of future funding opportunity announcements.

Dated: December 3, 2019.

Shefa Gordon,

Associate Director for Science Policy and Legislation, National Eye Institute, National Institutes of Health.

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