

**FOR FURTHER INFORMATION CONTACT:**

Patricia Brown, Director, Office of Laboratory Animal Welfare, Office of Extramural Research, National Institutes of Health, 6700B Rockledge Drive, Suite 2500, Bethesda, MD 20892–6910, phone: 301–496–7163, email: [olaw@od.nih.gov](mailto:olaw@od.nih.gov).

**SUPPLEMENTARY INFORMATION:****I. Background**

The NIH Office of Laboratory Animal Welfare (OLAW) oversees PHS-funded animal activities by the authority of the Health Research Extension Act of 1985 and the PHS Policy on Humane Care and Use of Laboratory Animals (Policy). The PHS Policy, IV.C.1.g., requires that Institutional Animal Care and Use Committees (IACUCs) reviewing PHS-conducted or supported research projects, determine if methods of euthanasia used in projects will be consistent with the recommendations of the AVMA Panel on Euthanasia, unless a deviation is justified for scientific reasons in writing by the investigator.

PHS-Assured institutions are encouraged to begin using the 2020 Guidelines as soon as possible when reviewing research projects, and full implementation is expected after October 1, 2020. Previously approved projects undergoing continuing review according to PHS Policy, IV.C.5., which requires a complete review at least once every 3 years, must be reviewed using the 2020 Guidelines after October 1, 2020.

**II. Electronic Access**

The AVMA has posted the AVMA Guidelines for the Euthanasia of Animals: 2020 Edition at <https://www.avma.org/KB/Policies/Documents/euthanasia.pdf> (PDF).

Dated: February 18, 2020.

**Francis S. Collins,**

*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: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**Proposed Project: Program Evaluation for Prevention Contract (PEPC)—Strategic Prevention Framework for Prescription Drugs (SPF–Rx) Evaluation (OMB No. 0930–0377)—Revision**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) aims to complete a cross-site evaluation of SAMHSA's Strategic Prevention Framework for Prescription Drugs (SPF–Rx). SPF–Rx is designed to address nonmedical use of prescription drugs as well as opioid overdoses by raising awareness about the dangers of sharing medications and by working with pharmaceutical and medical communities on the risks of overprescribing. The SPF–Rx program aims to promote collaboration between states/tribes and pharmaceutical and medical communities to understand the risks of overprescribing to youth ages

12–17 and adults 18 years of age and older. The program also aims to enhance capacity for, and access to, Prescription Drug Monitoring Program (PDMP) data for prevention purposes. This request for data collection includes a revision from previously approved OMB instruments.

The SPF–Rx program's indicators of success are reductions in opioid overdoses, reduction in prescription drug misuse and improved use of PDMP data. Data collected through the tools described in this statement will be used for the national cross-site evaluation of SAMHSA's SPF–Rx program. This package covers continued data collection through 2023. The PEPC team will systematically collect and maintain an Annual Implementation Instrument (AII) and Grantee and Community Level Outcomes data modules submitted by SPF–Rx grantees through the online Data Management System (DMS).

SAMHSA is requesting approval for data collection for the SPF–Rx cross-site evaluation with the following instruments:

*Annual Implementation Instrument (AII)*—The AII is a survey instrument collected yearly to monitor state, tribal entity, and community-level performance, and to evaluate the effectiveness of the SPF–Rx program. This tool is completed by grantees and sub-recipient community project directors, and provides process data related to funding use and effectiveness, organizational capacity, collaboration with community partners, data infrastructure, planned intervention targets, intervention implementation, evaluation, contextual factors, training and technical assistance (T/TA) needs, and sustainability.

*Grantee- and Community-Level Outcomes Modules*—These modules collect data on key SPF–Rx program outcomes, including opioid prescribing patterns and provider use of PDMP. Grantees will provide outcomes data at the grantee level for their state, tribal area, or jurisdiction, as well as at the community level for each of their sub-recipient communities.

*Grantee-Level Interview*—This qualitative interview will be administered at the end of the evaluation to obtain information from the grantee project directors on their programs, staffing, populations of focus, infrastructure, capacity, lessons learned, and collaboration.

ANNUALIZED DATA COLLECTION BURDEN BY YEAR

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Annual Implementation Instrument .....	148	1	148	4	592
Grantee-Level Outcomes Module .....	25	1	25	2.5	62.5
Community-Level Outcomes Module .....	25	4.92	123	1.25	153.75
Grantee-Level Interview .....	25	1	25	1.5	37.5
<b>FY2021 .....</b>	<b>223</b>	<b>.....</b>	<b>321</b>	<b>.....</b>	<b>845.75</b>
Annual Implementation Instrument .....	148	1	148	4	592
Grantee-Level Outcomes Module .....	25	1	25	2.5	62.5
Community-Level Outcomes Module .....	25	4.92	123	1.25	154.75
<b>FY2022 .....</b>	<b>198</b>	<b>.....</b>	<b>296</b>	<b>.....</b>	<b>808.25</b>
Annual Implementation Instrument .....	39	1	39	4	156
Grantee-Level Outcomes Module .....	7	1	7	2.5	17.5
Community-Level Outcomes Module .....	7	4.57	32	1.25	40
<b>FY2023 .....</b>	<b>53</b>	<b>.....</b>	<b>78</b>	<b>.....</b>	<b>213.5</b>

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–A, Rockville, Maryland 20857, OR email a copy to [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@samhsa.hhs.gov). Written comments should be received by April 24, 2020.

**Carlos Graham,**  
Social Science Analyst.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

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proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**Proposed Project: Projects for Assistance in Transition From Homelessness (PATH) Program Annual Report (OMB No. 0930–0205)—Revision**

SAMHSA awards grants each fiscal year to each state, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (hereafter referred to as states), from allotments authorized under the PATH program established by Public Law 101–645, 42 U.S.C. 290cc–21 *et seq.*, the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 [Section 521 *et seq.* of the Public Health Service Act and the 21st Century Cures Act (Public Law 114–255), hereafter referred to as “the Act”]. Section 522 of the Act, specifies that states must expend their payments solely for making grants to political subdivisions of the state, and to non-profit private entities (including community-based veterans’ organizations and other community organizations) for the purpose of providing services specified in the Act. Available funding is allotted in accordance with the formula provision of Section 524 of the PHS Act.

This submission is for the revision to the approved PATH Annual Report Manual. Section 528 of the Act

specifies, not later than January 31 of each fiscal year, a funded entity will “prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines to be necessary for: (1) Securing a record and a description of the purposes for which amounts received under Section 521 were expended during the preceding fiscal year and of the recipients of such amounts; and (2) determining whether such amounts were expended in accordance with the provisions of this part.”

The proposed revision to the PATH 2020 Annual Report Manual are as follows:

*Homelessness Management Information System (HMIS) Data Standards Updates*

When needed, field response options and questions have been updated or added to align with the most recent version of the Department of Housing and Urban Developments (HUD) HMIS Data Standards.

The HUD HMIS Data Standards have been updated and are effective October 1, 2019. The changes in the HUD HMIS Data Standards are reflected in the PATH Annual Report Manual, and include:

- Updates to response categories for Housing Outcomes
- Addition of an “Unable to Locate Client!” response option to PATH Status
- Addition of a demographic question on history with domestic violence

The estimated annual burden for these reporting requirements is summarized in the table below.