(HAMP) Workgroup, NIOSH Miner Health Program strategic plan, NIOSH Mining respirable crystalline silica research, Understanding elongate mineral particle exposure in mining, Research roadmap for haul truck health and safety issues, and Future of the coal industry presentation. The meeting will also include an update from the NIOSH Associate Director for Mining. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020–09306 Filed 4–30–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Breast Cancer in Young Women (ACBCYW); Cancellation of Meeting

Notice is hereby given of a change in the meeting of the Advisory Committee on Breast Cancer in Young Women (ACBCYW); May 13, 2020, 8:00 a.m. to 1:00 p.m., EDT.

The teleconference and web conference, which was published in the **Federal Register** on March 16, 2020, Volume 85, Number 51, page 14945, is being canceled in its entirety.

FOR FURTHER INFORMATION CONTACT: Jeremy McCallister, Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Hwy. NE, Mailstop S107–4, Atlanta, Georgia 30341, Telephone (404) 639–7989, Fax (770) 488–4760; Email: *acbcyw@cdc.gov*.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020–09305 Filed 4–30–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2019–0069]

Proposed Update of the CDC's 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings; Re-opening of the Comment Period

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the re-opening of this docket to obtain additional public comment on the proposed update of the 2006 Revised Recommendations for HIV Testing. CDC is re-opening this docket at the request of the public.

DATES: Electronic or written comments must be received by June 30, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2019–0069, by any of the following methods below. CDC does not accept public comment by email.

- *Federal eRulemaking Portal: http://www.regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* DHAP Guideline Team, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS US8–4, Atlanta, Georgia 30329.

FOR FURTHER INFORMATION CONTACT: Priya Jakhmola, Health Scientist, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS US8–4, Atlanta, Georgia 30329. Telephone: 404–639–2495, Email: *dhapguideline@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data related to HIV screening approaches. In addition, CDC invites comments specifically on opt-out routine HIV testing, including, but not limited to:

- Suggestions for revisions, edits, and new additions
- Contemporary issues and new evidence
- Implementation barriers, challenges, and lessons learned
- Examples of innovative models, partnerships, and collaborations

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on *https://www.regulations.gov*. Therefore, do not include any information in your comments or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information, inappropriate language, or examples of a mass-mail campaign. CDC will carefully consider all comments submitted in preparation of the final document and may revise the final document as appropriate.

Background

On August 30, 2019, CDC published a notice (84 FR 45495) announcing the availability of a Proposed Update of the CDC's 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. The comment period ended October 28, 2019. CDC received a request from the public to re-open the comment period.

The CDC guideline ''Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings'' was published on September 22, 2006 in CDC's *Morbidity and Mortality Weekly Report* (MMWR). Since then, there have been changes in evidence related to HIV testing technologies and interventions, disease epidemiology, outcomes, implementation resources, and related guidelines. This evidence will be identified, assessed, and analyzed to inform the update of the guideline.

CDC will update the 2006 guideline based on input from subject matter experts, public health agencies, the public, and other stakeholders. The guideline development process will draw on up-to-date nationally and internationally accepted guideline

development criteria, tools, and resources, including CDC guideline development standards. The process will include a rigorous systematic review of key questions formulated through the PICO (Patient-Intervention-Comparator-Outcome) method. PICO is the foundation of an evidence-based process and facilitates the search for relevant evidence by identifying key concepts and formulating a search strategy. Graded recommendations will be developed using quality and strength of underlying evidence.

Throughout the process of updating the guideline, there will be multiple opportunities for the public to comment on the drafts. We welcome input from a diverse range of perspectives, which will inform the development of the guideline, improve its credibility, and increase the transparency of the process.

Dated: April 28, 2020.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2020–09348 Filed 4–30–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: Bureau of Health Workforce Substance Use Disorder Evaluation, OMB No. 0906–xxxx–NEW

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30 day comment period for this Notice has closed.

DATES: Comments on this ICR should be received no later than June 1, 2020.

ADDRESSES: 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.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Bureau of Health Workforce Substance Use Disorder (SUD) Evaluation, OMB No. 0906–xxxx–New.

Abstract: In September 2017, HRSA's Bureau of Health Workforce launched a multi-part effort to increase the workforce capacity of the U.S. health care system to prevent and treat the opioid crisis. As a part of this effort, HRSA developed or expanded activities under five programs to help combat the crisis: (1) The National Health Service Corps (NHSC) Loan Repayment Program offers loan repayment to providers focused on Substance Use Disorder treatment (NHSC SUD Workforce Loan Repayment Program (LRP)); (2) the National Health Service Corps Rural Communities Loan Repayment Program (NHSC Rural Communities LRP); (3) the Opioid Workforce Expansion Program (OWEP); (4) the Behavioral Health Workforce Education and Training Program (BHWET); and (5) the Graduate Psychology Education (GPE) Program. These programs provide either loan repayment to providers (NHSC SUD Workforce LRP, NHSC Rural Communities LRP), or funding for training programs for behavioral health professionals and paraprofessionals to increase integrated behavioral health into primary care treatment and interprofessional team-based care to high-need areas (OWEP, BHWET, GPE).

The purpose of the planned evaluation is to assess these programs with respect to their stated goals of increasing access to the number of clinicians delivering evidence-based SUD treatment, enhancing education and training in substance use prevention and treatment for current and future health care professionals and paraprofessionals in rural and underserved communities, and integrating behavioral health into primary care to improve the capacity of the health care delivery system to provide SUD prevention and treatment services.

The evaluation will include data collection through web-based surveys to trainees, recipients of loan repayments, grantee organizations, and training sites participating in HRSA's SUD prevention and treatment programs. At the trainee/participant level, questions will focus on educational and professional background; motivation and incentives to join or leave the program; training experiences; perceived readiness to deliver SUD treatment services (where applicable); capacity to engage in prevention strategies; and post-graduation employment (where applicable). At the recipient grantee organization level *(note: This level is not relevant to the NHSC programs),* questions will focus on recruitment and retention of students, how their SUD prevention and treatment training program curriculum was developed, as applicable, collaboration with SUD prevention and treatment training sites, plans for sustainability of SUD prevention and treatment activities, as well as any other benefits that resulted from the program. At the site level, questions will focus on SUD prevention and treatment training such as addressing motivation for the site to participate, whether and what type of integrated care delivery is available, and other organizational factors of the site. At all three levels, and for all programs, we will collect survey SUD prevention and treatment training data on satisfaction with the program and recommendations for improving it.

In total, six survey instruments will be used in this evaluation: (1) NHSC SUD Workforce Loan Repayment Program/NHSC Rural Communities Loan Repayment Program/NHSC Loan Repayment Program—Participant Survey; (2) NHSC Loan Repayment Program— Site Survey; (3) Grantee Training and Educational Programs—Trainee Survey; (4) Grantee Training and Educational Programs—Alumni Survey; (5) Grantee Training and Educational Programs—Site Survey; and (6) Grantee Training and Educational Programs—Grantee Organization Survey. As part of a comprehensive questionnaire design process, questions will be limited and refined to collect information not available through secondary sources. Any data collected will not be duplicative of that collected under progress reports or other HRSA grant monitoring. NHSC site and participant survey questions will be drawn from prior NHSC Satisfaction Surveys, which were fielded in 2017 and 2018 but were discontinued. Skip patterns will allow respondents to answer only relevant questions for each of their programs. Participation in all surveys is voluntary, and all surveys