ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 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: Enhancing Linkage of Sexually Transmitted Infection and Human Immunodeficiency Virus Surveillance Data in the Ryan White HIV/AIDS Program Evaluation, OMB No. 0906–xxxx—New.

Abstract: HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective Human Immunodeficiency Virus (HIV) care, treatment, and support to low-income people with HIV. Nearly two-thirds of clients (patients) live at or below 100 percent of the Federal poverty level and approximately three-quarters of RWHAP clients are racial and ethnic minorities. Since 1990, the RWHAP has developed a comprehensive system of HIV service providers who deliver high quality direct health care and support services to over half a million people with HIV—more than 50 percent of all people with diagnosed HIV in the United States.

HRSA is conducting a multi-year evaluation of the *Enhancing Linkage of Sexually Transmitted Infection (STI) and HIV Surveillance Data in the Ryan White HIV/AIDS Program* (*Enhancing STI Linkage*) demonstration project. The *Enhancing STI Linkage* demonstration project is a capacity building cooperative agreement that seeks to improve linkage, re-engagement in care, and health outcomes for people with HIV in the RWHAP. Through this demonstration project, a Technical Assistance Provider is collaborating with four RWHAP Part B jurisdictions to provide them with tailored training and technical assistance (TA) to facilitate data sharing across STI and HIV surveillance systems. A persistent barrier to addressing HIV and STI infections simultaneously and jointly is the lack of data systems linking HIV and STI surveillance data. Aside from helping to address problems around coinfection, there are substantial opportunities—particularly for the RWHAP—associated with linking HIV and STI surveillance data, including, but not limited to, identifying people with HIV currently out of care and identifying people with STIs who could be tested for HIV and promptly linked to care. This clearance request is for approval of data collection activities associated with the *Enhancing STI Linkage* evaluation which will occur simultaneously with the demonstration project, over a three-year project period.

Need and Proposed Use of the Information: This mixed methods evaluation will assess the achievement and effectiveness of the *Enhancing STI Linkage* demonstration project. HRSA will collect quantitative and qualitative data to inform the HRSA on how to enhance jurisdictions' use of STI and HIV surveillance data to improve service delivery and HIV-related health outcomes. Information gleaned from the *Enhancing STI Linkage* evaluation may be used to enhance and coordinate health departments' responses to HIV and STI epidemics and affect change in HIV care continuum outcomes.

Likely Respondents: Multiple respondents from four HRSA RWHAP Part B recipients, including data end-users identified by the Part B recipients within their jurisdiction.

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:

ANNUALIZED DATA COLLECTION BURDEN—YEARS 2 AND 3

Type of respondent	Form name	Number of respondents	Number responses per respondent*	Total responses	Average burden per response (in hours)	Total burden hours
Jurisdiction TA Recipient.	Jurisdiction TA Recipient Semi-Structured Interview Guide.	12	2	24	1	24
Policy Stakeholder	Policy Stakeholder Semi-Structured Interview Guide.	12	2	24	.5	12
Data End-User	Data End-User Survey	105	2	210	.17	36
Total		129		258		72

* **Note:** Burden hours represent responses for both years 2 and 3; and there are 2 responses per respondent, indicating one in each year (one in year 2 and another in year 3).

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, Executive Secretariat.

[FR Doc. 2020–18273 Filed 8–19–20; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Hearing of the Subcommittee on Privacy, Confidentiality, and Security.

Dates and Times: Monday, September 14, 2020: 9:30 a.m.–5:30 p.m.

Place: U.S. Department of Health and Human Services Virtual.

Status: Open.

Purpose: At the September 14, 2020, hearing, the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Privacy, Confidentiality, and Security, will explore the privacy, confidentiality, and security considerations for data collection and use during a public health emergency, in light of the nationwide COVID–19 pandemic.

The Subcommittee will hear from invited experts and review written testimony received in advance from interested individuals, organizations, and stakeholders.

At the hearing, NCVHS will receive input from public health practitioners, academics, advocates, representatives of industry, and other experts about data stewardship principles designed to guide the privacy and security of individually identifiable health information when new technologies are deployed for public health surveillance during an emergency. These are expected to touch on new uses of medical, geolocation, proximity, or adjacency data; social media; contact tracing applications; privacy and security guardrails essential to responsible use of data when creating and employing new tools; and future use and lifecycle management of individually identifiable health data. The Committee will also consider concerns raised by privacy, civil rights, and public interest advocates about the potential for discrimination and harm when information intended to protect the public is repurposed for other uses, such as law enforcement, immigration, or unrelated research or commercial enterprise.

The Committee will use this input to inform development and dissemination of best practices for safeguarding individually identifiable health data collected, used, and shared during a pandemic or long-term nationwide public health emergency.

The Committee requests comments from the public to inform its deliberations in advance and will consider them together with the input of subject matter experts at the hearing. The Committee has developed specific questions to ensure comments address key issues under consideration, available at: *https://ncvhs.hhs.gov/Sept-2020-PCS-Subcommittee-Hearing-Public-Comment-Questions.* Please submit comments using the questions provided at this link to *NCVHSmail@cdc.gov* by close of business Wednesday, September 9, 2020.

There will be a public comment period at the meeting. The meeting times and topics are subject to change. Please refer to the NCVHS website for information and agenda updates.

Contact Person for More Information: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458–4715. Summaries of meetings and a roster of Committee members are available on the home page of the NCVHS website: *https://ncvhs.hhs.gov/.* Further information, including an agenda and instructions to access the broadcast of the meeting, will be posted on the NCVHS website.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488–3210 as soon as possible.

Sharon Arnold,

Associate Deputy Assistant Secretary for Planning and Evaluation, Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 2020–18248 Filed 8–19–20; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Proposed Project: National Substance Use and Mental Health Services Survey (N–SUMHSS) (OMB No. 0930–)

Historically SAMHSA collected information on substance use and mental health treatment facilities through two (2) separate data collections: The National Survey of Substance Abuse Treatment Services (N–SSATS; OMB No. 0930–0106) and the National Mental Health Services Survey (N–MHSS; OMB No. 0930–0119). SAMHSA also maintain as part of the N–SSATS data collection approval, an inventory of treatment facility, named the Inventory of Behavioral Health Services (I–BHS) (N–SSATS; OMB No. 0930–0106).

Some of the content and questions in the N–SSATS and N–MHSS data collection surveys are similar and represented an additional burden to approximately 14 percent of facilities that received both surveys. SAMHSA recognizes the need to have data collections that are less burdensome to these facilities that provide these services. To help reduce respondent burden, increase efficiency, and better manage resources, SAMHSA goal is to combine these two surveys into the National Substance Use and Mental Health Services Survey (N–SUMHSS).

The N–SUMHSS, will include the facility characteristics and services questions currently asked in the N–SSATS and the N–MHSS. The survey will also collect, on an annual basis, client counts on those individuals receiving services at these facilities. Historically, client count information was collected every other year; however there is an increasing need to collect and maintain data on current and accurate numbers of clients in treatment at the local level for community to assess capacity and estimate resource requirements. This information on substance use and mental health services has assisted with communities to better respond to life changing events, (*i.e.* hurricane) and plan for service demands in the event of a natural disaster, (*i.e.* earthquakes).

SAMHSA requests is for approval of the N–SUMHSS data collection and the extension of the I–BHS data collection. The N–SUMHSS survey will provide data on the numbers and types of patients treated and the characteristics of facilities providing substance use and mental health treatment services. The extension of the duration of the I–BHS survey, which is current authorized as part of N–SSATS (OMB No. 0930–0106), aligns it to the same period as the N–SUMHSS. These surveys are conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa–4) to meet the specific mandates for annual information about public and private substance use/mental health treatment providers and the clients they serve.

This request includes: