

Eastern Time. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before January 24, 2023. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by January 25, 2023.

For press inquiries, please contact the Office of Media Affairs at fdaoma@fda.hhs.gov or 301-796-4540.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with disabilities. If you require accommodations due to a disability, please contact Moon Choi (see **FOR FURTHER INFORMATION CONTACT**) at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our website at <https://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: December 29, 2022.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2023-00110 Filed 1-6-23; 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; Evidence Based Telehealth Network Program Measures

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 February 8, 2023.

ADDRESSES: Submit your comments to paperwork@hhsa.gov or by mail to 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@hhsa.gov or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at 301-594-4394.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information collection request title for reference.

Information Collection Request Title: Evidence Based Telehealth Network Program Measures OMB No. 0906-0043—Extension.

Abstract: This ICR is for an extension of currently approved measures for the Office for the Advancement of Telehealth (OAT)'s Evidence Based Telehealth Network Program, under which OAT administers cooperative agreements in accordance with section 330I of the Public Health Service Act (42 U.S.C. 254c-14), as amended. The purpose of this program is to demonstrate how telehealth programs and networks can improve access to quality health care services. This program will work to help HRSA assess the effectiveness of evidence-based practices with the use of telehealth for patients, providers, and payers.

Need and Proposed Use of the Information: The measures will enable HRSA and OAT to capture awardee-level and aggregate data that illustrate the impact and scope of federal funding along with assessing these efforts. The measures cover the principal topic areas of interest to OAT, including: (a) population demographics; (b) access to health care; (c) cost savings and cost-effectiveness; and (d) clinical outcomes.

Likely Respondents: The respondents would be award recipients of the Evidence Based Telehealth Network Program.

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
Evidence-Based Telehealth Network Program Report	14	12	12	11	1,848
Telehealth Performance Measurement Report	14	1	1	5	70
Total	* 14				1,918

* HRSA estimates 14 unique respondents, each completing the two forms.

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. 2023–00096 Filed 1–6–23; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Establishment of the Center for Forecasting and Outbreak Analytics

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) has modified its structure. This notice announces the establishment of the Center for Forecasting and Outbreak Analytics.

DATES: This reorganization was approved by the Secretary of Health and Human Services on December 19, 2022, and became effective on January 4, 2023.

SUPPLEMENTARY INFORMATION: Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 87 FR 51670–51675, dated August 23, 2022) is amended to reflect the reorganization of the Office of the Director, Centers for Disease Control and Prevention.

Background: Establishing the Center for Forecasting and Outbreak Analytics is the result of the National Security Memorandum #1 (Section 5B) indicating the need to establish an interagency national Center and modernize global early warning and trigger systems to prevent, detect, respond to, and recover from emerging biological threats, as well as Section 2404 of the *American Rescue Plan Act of 2021*, Public Law 117–2, which provides funding in support of public health data surveillance and analytic infrastructure modernization initiatives at the Centers for Disease Control and Prevention. Specifically, the changes are as follows:

Under Part C, Section C–B, Organization and Functions, make the following change:

Center for Forecasting and Outbreak Analytics (CD)

The mission of the Center for Forecasting and Outbreak Analytics (CFA) is to advance U.S. forecasting, outbreak analytics, and surveillance capacities related to disease outbreaks, epidemics, and pandemics to support public health response and preparedness. To carry out its mission, CFA will: (1) forecast, model, and characterize the risks associated with outbreaks; (2) inform public health decision-makers and the public; (3) innovate public health solutions and capabilities related to forecasting, surveillance, and analytics; (4) accelerate access to and use of data for public health decision-makers to mitigate the effects of disease threats; and (5) serves as a hub for research and development for public health analytics and modeling.

Office of the Director (CD1)

(1) Provides strategic direction regarding forecasting, surveillance, and data analytics; (2) coordinates strategic activities in areas of outbreak, epidemic and pandemic forecasting, surveillance, and data analytics within CDC and across the United States Government (USG); (3) guides the facilitation and coordination across federal, state, tribal, local, or territorial (STLT), and healthcare entities and engagement with relevant federal advisory committees with respect to disease modeling, forecasting, outbreak analytics, and critical data collections to support those efforts; (4) manages, directs, coordinates, and evaluates the activities of the Center; (5) defines goals and objectives for policy formation, scientific oversight, and guidance in program planning and development related to forecasting, surveillance, and analytics; (6) provides oversight for the evaluation of programmatic performance of forecasting, surveillance, and analytics; (7) manages inter-governmental and external affairs and cultivates strategic partnerships related to CFA activities; (8) ensures scientific quality, integrity, and clearance across the Center; (9) provides guidance and strategic oversight to the processes within the Center that access, collect, manage, analyze, and visualize data, including assistance for involvement with relevant federal advisory committees and other stakeholder groups; (10) collaborates and consults with other Centers, working groups, state and local health departments, other federal agencies, international partners, and other partners on CFA activities; (11) represents CFA and CDC

at professional and scientific meetings on topics consistent with CFA's mission; and (12) establishes and oversees the two offices within the Office of the Director.

Office of Policy and Communications (CD12)

(1) Provides leadership on issues management, budget formulation, and performance integration; (2) reviews, coordinates, and prepares legislation, briefing documents, Congressional testimony, and other legislative matters; (3) coordinates the development, review, and approval of federal regulations, **Federal Register** notices and announcements, Freedom of Information Act requests, General Accounting Office and Inspector General reports, and related activities for the Center; and (4) establishes and implements a communication strategy in support of CFA overarching goals and priorities.

Office of Management Services (CD13)

(1) Provides overall budgetary, employee relations, human capital management, logistics, and administrative support; (2) provides direction, strategy, analysis, and operational support in all aspects of human capital management, including workforce and career development and human resources operations; (3) manages operational budget processes, including planning, execution, and monitoring; (4) manages acquisition and grants management processes; (5) serves as point of contact on all matters concerning facilities management, property management, records management, equipment, travel, and space utilization and improvements; and (6) serves as coordinator of continuity of operations activities.

Inform Division (CDB)

(1) Communicates with expert disease modelers and emergency responders to provide public health policy decision support; (2) shares timely, actionable information with the federal government, STLT leaders, international partners, and the public; (3) works with and through public health partners to provide decision support and technical assistance; (4) develops, maintains, enhances data visualization capabilities to support CFA mission; (5) coordinates real-time monitoring efforts between CDC subject matter experts and USG interagency; and (6) maintains liaison with related Center staff, other officials of CDC, USG, and private sector partners.