

areas, population groups, and facilities that were designated HPSAs as of April 28, 2023. This notice incorporates the most recent annual reviews of designated HPSAs (including those that have been proposed for withdrawal but have not yet been withdrawn) which can be located on HRSA's data.hrsa.gov website and supersedes the HPSA lists published in the **Federal Register** on July 7, 2022, (87 FR 40540–40451).

In addition, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603, are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHCs) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this listing. Since they are automatically designated by statute, absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. A county that has a whole county geographic or population group HPSA is indicated by the phrase "County" following the county name.

Development of the Designation and Withdrawal Lists

Requests for designation or withdrawal of a particular geographic area, population group, or facility as a HPSA are received continuously by BHW. Under a Cooperative Agreement between HRSA and the 54 state and territorial Primary Care Offices (PCOs), PCOs conduct needs assessments and submit applications to HRSA to designate HPSAs. BHW also receives other requests for designation from other sources and refers them to PCOs

for review. As part of the HPSA designation process, interested parties, including Governors, state Primary Care Associations, and state professional associations, are notified of requests so that they may submit their comments and recommendations.

BHW reviews each recommendation for possible addition, continuation, revision, or withdrawal. Following review, BHW notifies the appropriate agency, individuals, and interested organizations of each designation of a HPSA, rejection of recommendation for HPSA designation, revision of a HPSA designation, and/or advance notice of pending withdrawals from the HPSA list. Designations (or revisions of designations) are effective as of the date on the notification from BHW and are updated daily on the HRSA Data Warehouse website. While this list is a snapshot of HPSAs at a point in time, HPSA designations are regularly being updated so the best source of current designation status is the HRSA Data Warehouse website at (<https://data.hrsa.gov/tools/shortage-area>).

State and territorial PCOs will have additional time to update their HPSA designations. HPSA designations that are currently proposed for withdrawal will remain in this status until they are re-evaluated in mid-November in preparation for the publication of the January 2, 2024, HPSA **Federal Register** notice. If these HPSAs do not meet the requirements for designation as of November 15, 2023, they will be withdrawn with the publication of a second **Federal Register** notice planned for January 2, 2024.

Carole Johnson,
Administrator.

[FR Doc. 2023-14092 Filed 6-30-23; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day Information Collection: Indian Health Service Forms To Implement the Privacy Rule

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) invites the general public to comment on the

information collection titled, "IHS Forms to Implement the Privacy Rule" Office of Management and Budget (OMB) Control Number 0917-0030. This previously approved information collection project was last published in the **Federal Register** (84 FR 42935) on August 19, 2019, and allowed 30 days for public comment. No public comment was received in response to the notice. This notice announces the IHS's intent to submit the collection, which expires August 31, 2023, to OMB for approval of an extension with modifications, and to solicit comments on specific aspects of the information collection.

DATES: September 1, 2023. Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

ADDRESSES: Send your written comments, requests for more information on the collection, or requests to obtain a copy of the data collection instrument and instructions to Heather McClane, Privacy Officer, by email at: Heather.McClane@ihs.gov or telephone at (240) 479-8521.

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact Evonne Bennett, Information Collection Clearance Officer by email at: Evonne.Bennett@ihs.gov or telephone at (240) 472-1996.

SUPPLEMENTARY INFORMATION: The purpose of this notice is to allow 60 days for public comment to be submitted to the IHS. A copy of the supporting statement is available at www.regulations.gov (see Docket ID IHS FRDOC 0001).

Title of Collection: 0917-0030, IHS Forms to Implement the Privacy Rule (45 CFR parts 160 and 164). *Type of Information Collection Request:* Extension of the currently approved information collection, with modifications 0917-0030, IHS Forms to Implement the Privacy Rule (45 CFR parts 160 and 164). *Form(s):* IHS-810, IHS-912-1, IHS-912-2, IHS-913, IHS-917, IHS-XXX, and IHS-963. *Need and Use of Information Collection:* This collection of information is made necessary by the Department of Health and Human Services Rule entitled "Standards for Privacy of Individually Identifiable Health Information" (Privacy Rule) (45 CFR parts 160 and 164). The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, creates national standards to protect an individual's personal health

information, and gives patients increased access to their medical records. 45 CFR 164.508, 164.520, 164.522, 164.526, and 164.528 of the Rule require the collection of information to implement these protection standards and access requirements. The IHS will use the following data collection instruments to meet the information collection requirements contained in the Rule.

(a) 45 CFR 164.508—Authorization for Use or Disclosure of Protected Health Information (IHS-810)

45 CFR 164.508 requires covered entities to obtain or receive a valid authorization for its use or disclosure of protected health information for purposes that are not otherwise authorized or required by HIPAA (e.g., treatment, payment and healthcare operations). Under this provision, individuals may initiate a written authorization permitting covered entities to release their protected health information to entities of their choosing. The form IHS-810 “Authorization for Use or Disclosure of Protected Health Information” is used by patients at IHS facilities to document and authorize the use, disclosure or release of their protected health information from their medical record to anyone they specify.

(b) 45 CFR 164.520—Acknowledgement of Receipt of the IHS Notice of Privacy Practices (IHS-XXX)

This provision requires covered entities to provide a Notice of Privacy Practices to patients and to document compliance with the notice requirements by retaining copies of written acknowledgments of the receipt of the notice or documentation of good faith efforts to obtain written acknowledgment. The IHS developed the form (IHS-XXX) “Acknowledgement of Receipt of IHS Notice of Privacy Practices” to obtain the written acknowledgment of the receipt of the IHS Notice of Privacy Practices.

(c) 45 CFR 164.522(a)(1)—Request For Restriction(s) (IHS-912-1)

Under the Privacy Rule, an individual can request to restrict the use of their information with some exceptions. Section 164.522(a)(1) requires a covered entity to permit individuals to request that the covered entity restrict certain uses and disclosures of their protected health information. The covered entity may or may not agree to the restriction, and it is only required to agree in certain limited situations. The form IHS-912-1 “Request for Restrictions(s)” is used to document an individual’s request for restriction of their protected health information and whether the IHS agreed or disagreed with the requested restriction.

(d) 45 CFR 164.522(b)(1)—Request for Confidential Communication by Alternative Means or Alternate Location (IHS-963)

This provision requires covered entities to permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations. The form IHS-963 “Request for Confidential Communication By Alternative Means or Alternate Location” is used to permit individuals to request communications by alternative means or locations.

(e) 45 CFR 164.522(a)(2)—Request For Revocation of Restriction(s) (IHS-912-2)

Section 164.522(a)(2) permits a covered entity to terminate its agreement to a restriction when the individual agrees to or requests the termination in writing. The form IHS-912-2 “Request for Revocation of Restriction(s)” is used to document the agency or individual request to terminate a formerly agreed to restriction regarding the use and disclosure of protected health information. A previous request to restrict information may be revoked by the individual or IHS, subject to the limitations set forth in § 164.522(a)(2).

(f) 45 CFR 164.528 and HHS Privacy Act Regulations, 45 CFR 5b.9(c)—Request for an Accounting of Disclosures (IHS-913)

These provisions require the IHS, as a covered entity and an agency within HHS, to permit individuals to request that the IHS provide an accounting of disclosures of the individual’s protected health information and/or record. The form IHS-913 “Request for an Accounting of Disclosures” is used for the collection of information for the purpose of processing an accounting of disclosures requested by the patient and/or personal representative, and to document that request.

(g) 45 CFR 164.526—Request for Correction/Amendment of Protected Health Information (IHS-917)

This provision requires covered entities to permit an individual to request that the covered entity amend protected health information. If the covered entity accepts the requested amendment, in whole or in part, the covered entity must inform the individual that the request for an amendment is accepted. If the covered entity denies the requested amendment, in whole or in part, the covered entity must provide the individual with a written denial. The form IHS-917 “Request Correction/Amendment of Protected Health Information” is used for individuals to submit their request and to document the IHS’s acceptance or denial of a patient’s request to correct or amend their protected health information.

Completed forms used in this collection of information are filed in the IHS “Medical, Health and Billing Records,” a Privacy Act System of Records. *Affected Public:* Individuals and households. *Type of Respondents:* Individuals. *Burden Hours:* The table below provides the following details for this information collection: types of data collection instruments, estimated number of respondents, number of responses per respondent, average burden hour per response.

TABLE—ESTIMATED ANNUAL BURDEN HOURS

Data collection instruments	Estimated number of respondents	Responses per respondent	Average burden hour per response*	Total annual burden hours
“Authorization for Use or Disclosure of Protected Health Information” (OMB No. 0917-0030, IHS-810)	210,954	1	10/60	35,159
“Request for Restriction(s)” (OMB No. 0917-0030, IHS-912-1)	214	1	10/60	36
“Request for Revocation of Restriction(s)” (OMB No. 0917-0030, IHS-912-2)	3	1	10/60	.5
“Request for Accounting of Disclosures” (OMB No. 0917-0030, IHS-913) ..	39	1	10/60	6.5

TABLE—ESTIMATED ANNUAL BURDEN HOURS—Continued

Data collection instruments	Estimated number of respondents	Responses per respondent	Average burden hour per response *	Total annual burden hours
“Request for Correction/Amendment of Protected Health Information” (OMB No. 0917–0030, IHS–917)	54	1	10/60	9
Acknowledgement of Receipt of the Notice of Privacy Practices Protected Health Information (IHS–XXX)	39	1	10/60	6.5
“Request for Confidential Communication by Alternative Means or Alternate Location” No. 0917–0030 (IHS–963)	214	1	10/60	36
Total Annual Burden	211,303	35,253.5

* For ease of understanding, burden hours are provided in actual minutes.

The total estimated burden for this collection of information is 35,253.5 hours.

There are no capital costs, operating costs and/or maintenance costs to respondents to report.

Requests for Comments: Your written comments and/or suggestions are invited on one or more of the following points:

(a) Whether the information collection activity is necessary to carry out an agency function;

(b) Whether the agency processes the information collected in a useful and timely fashion;

(c) The accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);

(d) Whether the methodology and assumptions used to determine the estimates are logical;

(e) Ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

P. Benjamin Smith,

Deputy Director, Indian Health Service.

[FR Doc. 2023–14017 Filed 6–30–23; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory General Medical Sciences Council.

The meeting will be held as a virtual meeting and open to the public. as indicated below. Individuals who plan

to view the virtual meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should submit a request using the following link: <https://www.nigms.nih.gov/Pages/ContactUs.aspx> at least 5 days prior to the event. The open session will also be videocast, closed captioned, and can be accessed from the NIH Videocasting and Podcasting website (<http://videocast.nih.gov>).

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory General Medical Sciences Council.

Date: September 7, 2023.

Open: 9:30 a.m. to 12:30 p.m.

Agenda: For the discussion of program policies and issues; opening remarks; report of the Director, NIGMS; and other business of the Council.

Place: National Institutes of Health, Natcher Building, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

Closed: 1:30 p.m. to 4:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Natcher Building, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Erica L. Brown, Ph.D., Director, Division of Extramural Activities, National Institute of General Medical Sciences, National Institutes of Health, Natcher Building, Room 2AN24C, Bethesda, MD 20892, 301–594–4499, erica.brown@nih.gov.

Members of the public are welcome to provide written comments by emailing NIGMS_DEA_Mailbox@nigms.nih.gov at least 3 days in advance of the meeting. The statement should include the name, address, telephone number and when applicable, the

business or professional affiliation of the interested person.

Information is also available on the Institute’s/Center’s home page: <http://www.nigms.nih.gov/About/Council>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program No. 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: June 27, 2023.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–13994 Filed 6–30–23; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Topics in Cancer Immunology.

Date: July 19, 2023.

Time: 10:00 a.m. to 8:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Hybrid Meeting).