

hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Burden hours per form	Total burden hours
Adults—Puerto Rico	Screener	5,205	1	5,205	0.03	156.15	1,093.65
	Core	1,250	1	1,250	0.75	937.50	
Adults—U.S. Virgin Islands	Screener	1,457	1	1,457	0.03	43.71	288.71
	Core	350	1	350	0.70	245	
Adults—Guam	Screener	1,334	1	1,334	0.03	40.02	337.02
	Core	450	1	450	0.66	297	
Adults—American Samoa	Screener	564	1	564	0.03	16.92	345.42
	Core	450	1	450	0.73	328.50	
Adults—Federated States of Micronesia.	Screener	625	1	625	0.03	18.75	324.75
	Core	450	1	450	0.68	306.00	
Adults—Republic of the Marshall Islands.	Screener	360	1	360	0.03	10.80	205.80
	Core	300	1	300	0.65	195.00	
Adults—Commonwealth of the Northern Mariana Islands.	Screener	670	1	670	0.03	20.10	395.10
	Core	500	1	500	0.75	375	
Adults—Republic of Palau	Screener	285	1	285	0.03	8.55	183.55
	Core	250	1	250	0.70	175	
Total	Screener	10,500	1	10,500	0.03	315.00	2,315.55
	Core	4,000	1	4,000	0.71	2,840.00	

The table above shows a total annual burden of 3,155 hours, a decrease from the previously estimated 3,480.52 hours in ICR 202404–0906–002. Although the total number of interviews has increased, the burden hours have declined due to two factors: (1) survey timings have been adjusted to reflect actual survey times from the three completed rounds of data collection, rather than prior estimates and (2) eligibility assumptions and response rates have been updated based on actual results from the same three rounds of data collection experience.

Maria G. Button,
Director, Executive Secretariat.

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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; Environmental Information and Documentation (EID), OMB No. 0915–0324, Extension

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 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 February 18, 2025.

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 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 Joella Roland, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: HRSA Environmental Information and Documentation, OMB No. 0915–0324—Extension.

Abstract: HRSA proposes an extension of the Paperwork Reduction Act approval for the Environmental Information and Documentation (EID)

² For the purposes of this table, we have rounded to the nearest hundredth decimal place, which may result in slight discrepancies in the total burden hours.

checklist, which consists of information that the agency is required to obtain to comply with the National Environmental Policy Act (NEPA) of 1969 as amended by the Fiscal Responsibility Act of 2023. NEPA establishes the federal government's national policy for protection of the environment. The EID checklist must be completed and submitted by applicants for HRSA funds that plan to engage in construction or other projects that will potentially impact the environment. HRSA uses the checklist to ensure that decision-making processes are consistent with NEPA and other related environmental and historic preservation laws. The extension will support HRSA's implementation of programs with capital improvements that have the potential to significantly affect the human environment, such as construction/expansion and alteration/renovation activities, as defined in the associated HRSA program guidance, or installation of fixed equipment.

A 60-day notice published in the **Federal Register** on October 24, 2024, 89 FR 84898, No. 2024–24732; pp. 84898 and 84899. There were no public comments.

Need and Proposed Use of the Information: Applicants for HRSA funds must provide information and assurance of compliance with NEPA on the EID checklist. This information is reviewed during the Pre-Award stage (and/or prior to the implementation of the project). The information is reviewed in the Post Award stage for project changes and the information is reviewed before the implementation of the project changes.

Likely Respondents: HRSA applicants applying for federal loan guarantees, federal construction grants, and cooperative agreements.

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
NEPA EID Checklist	1,500	1	1,500	1	1,500
Total	1,500	1,500	1,500

Maria G. Button,
Director, Executive Secretariat.

[FR Doc. 2025-01114 Filed 1-16-25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the Advisory Committee on Heritable Disorders in Newborns and Children

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces that the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC or Committee) has scheduled a public meeting. Information about ACHDNC and the agenda for this meeting can be found on the ACHDNC website at <https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html>.

DATES: Thursday, February 13, 2025, from 10 a.m. to 4 p.m. eastern time (ET) and Friday, February 14, 2025, from 10 a.m. to 4 p.m. ET.

ADDRESSES: This meeting will be held via webinar. While this meeting is open to the public, advance registration is required. Please visit the ACHDNC website for information on registration, <https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html>, not later than 12 p.m. ET on February 12, 2025. Instructions on how to access the meeting via webcast will be provided upon registration.

FOR FURTHER INFORMATION CONTACT: CDR Leticia Manning, Maternal and Child

Health Bureau, HRSA, 5600 Fishers Lane, Room, Rockville, Maryland 20857; 301-443-8335; or ACHDNC@hrsa.gov.

SUPPLEMENTARY INFORMATION: ACHDNC provides advice and recommendations to the Secretary of Health and Human Services (Secretary) on the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. The ACHDNC reviews and reports regularly on newborn and childhood screening practices, recommends improvements in the national newborn and childhood screening programs, and fulfills requirements stated in the authorizing legislation. In addition, ACHDNC's recommendations regarding inclusion of additional conditions for screening on the Recommended Uniform Screening Panel, following adoption by the Secretary, are evidence-informed preventive health services provided for in the comprehensive guidelines supported by HRSA pursuant to section 2713 of the Public Health Service Act (42 U.S.C. 300gg-13). Under this provision, non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance are required to provide insurance coverage without cost-sharing (a co-payment, co-insurance, or deductible) for preventive services for plan years (i.e., policy years) beginning on or after the date that is 1 year from the Secretary's adoption of the condition for screening.

During the February 13–14, 2025, meeting, ACHDNC will hear from experts in the fields of public health, medicine, heritable disorders, rare disorders, and newborn screening. Possible agenda items may include the following topics:

- (1) An interim update on the evidence review of metachromatic leukodystrophy,
- (2) A presentation on the Newborn Screening Contingency Plan framework,
- (3) A panel discussion on genomic sequencing in newborns,
- (4) A presentation on the National Institutes of Health Newborn Screening by Whole Genome Sequencing Collaboratory, and
- (5) An update from the ACHDNC Naming and Counting Condition ad hoc topic group and potential Committee vote on a list of conditions that should be considered for evidence review.

Although the agenda includes updates relating to evidence review of conditions that may lead to future votes, the meeting will not include any Committee votes to add conditions to the Recommended Uniform Screening Panel. Agenda items are subject to change as priorities dictate. Information about ACHDNC, including a roster of members and past meeting summaries, is also available on the ACHDNC website.

Members of the public will have the opportunity to provide comments on any or all of the above agenda items. Public participants may request to provide general oral comments and may submit written statements in advance of the scheduled meeting. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to provide a written statement or make oral comments to ACHDNC must be submitted via the registration website by 12 p.m. ET on Thursday, January 30, 2025. Written comments will be shared with the Committee prior to the meeting so that they have an opportunity to consider them in advance of the meeting.

Individuals who need special assistance or another reasonable accommodation should notify CDR Leticia Manning at the address and