

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Eye Institute; 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 Eye Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The open session will be videocast and can be accessed from the NIH Videocasting and Podcasting website (<https://videocast.nih.gov/watch=56978>).

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/or contract proposals 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 and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory Eye Council.

Date: December 9, 2025.

Open: 10:00 a.m. to 12:30 p.m.

Agenda: Presentation of the NEI Director's report, discussion of NEI programs, and concept clearances.

Address: National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20892, Virtual Meeting.

Closed: 12:30 p.m. to 2:00 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Address: National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20892, Virtual Meeting.

Contact Person: Hyo-Jung Anna Han, Ph.D., Acting Director, Division of Extramural Activities, National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20892, anna.han@nih.gov.

Registration is not required to attend this meeting.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice before the meeting or within 15 days after 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: <https://www.nei.nih.gov/about/advisory-committees/national-advisory-eye-council-naec>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program No. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: November 17, 2025.

Rosalind Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2025-20365 Filed 11-19-25; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration****Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-0361.

Comments are invited on: (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Program Evaluation for Prevention Contract (PEPC) Evaluation (OMB No. 0930-0377)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse

Prevention (CSAP) aims to complete a cross-site evaluation of SAMHSA's SPF Rx grant program. SPF Rx is designed to address nonmedical use of prescription drugs as well as opioid overdoses by raising awareness about the dangers of sharing medications and by working with pharmaceutical and medical communities on the risks of overprescribing. The SPF Rx program grantees also raise community awareness and bring activities related to prescription drug misuse prevention and education to schools, communities, parents, prescribers, and their patients. The SPF Rx program aims to promote collaboration between states, tribes, U.S. territories, and pharmaceutical and medical communities to understand the risks of overprescribing to youth ages 12–17 and adults 18 years of age and older. The program also aims to enhance capacity for, and access to, Prescription Drug Monitoring Program (PDMP) data for prevention purposes.

This request for data collection includes a revision to previously approved Office of Management and Budget (OMB) instruments to allow for data collection through the end of the grant period with the FY 2021 and FY 2022 grantees. The FY 2021 cohort of grants focuses on the dangers of sharing medications; the risks of overprescribing, especially to young adults; community awareness and education; and incorporation of PDMP data into grantees' needs assessments and strategic plans. The FY 2022 cohort of grants focused on raising awareness about the risks of sharing medications, taking fake or counterfeit pills, and overprescribing.

The SPF Rx program's indicators of success are reductions in opioid overdoses, reduction in prescription drug misuse and improved use of PDMP data. Data collected through the tools described in this statement will be used for the national cross-site evaluation of SAMHSA's SPF Rx program. The Program Evaluation for Prevention Control (PEPC) team will systematically collect and maintain an Annual Reporting Tool (ART) and Grantee and Community Level Outcomes data modules submitted by SPF Rx grantees through the online Data Management System (DMS), and conduct telephone interviews with SPF Rx grantees.

SAMHSA is requesting approval for data collection for the SPF Rx cross-site evaluation with the following instruments:

Annual Reporting Tool (ART)—The ART is a survey instrument collected yearly to monitor state, territory, tribal entity, and community-level performance, and to evaluate the

effectiveness of the SPF Rx program. This tool is completed by grantees and sub-recipient community project directors and provides process data related to funding use and effectiveness, organizational capacity, collaboration with community partners, data infrastructure, planned intervention targets, evaluation, contextual factors, and sustainability.

Grantee-and Community-Level Outcomes Modules—These modules collect data on key SPF Rx program outcomes, including opioid prescribing patterns and provider use of PDMP. Grantees will provide outcomes data at the grantee level for their state, tribal area, or jurisdiction, as well as at the community level for each of their sub-recipient communities.

Grantee-Level Interview—This qualitative interview will be administered annually to obtain information from the grantee project directors on their programs, staffing, populations of focus, infrastructure, capacity, lessons learned, and collaboration.

AVERAGE ANNUALIZED DATA COLLECTION BURDEN FOR THE PEPC DATA COLLECTION^a

Instrument	Average number of respondents	Average number of responses per respondent	Average number of responses	Hours per response	Average burden hours	Hourly wage ^{c,d}	Annualized data collection burden
ART	^b 107 ^c 21	1 1	107 21	1.5 1.5	161 31	\$30.56 50.85	\$4,920.16 1,576.35
Total Burden for ART	128	128	128 .....	.....	192 .....	.....	6,496.51
Grantee-Level PDMP Outcomes Module	^c 21	1	21	2.5	52	50.85	2,627.25
Community-Level PDMP Outcomes Module	^c 21	5.2	107	1.25	134.17	50.85	6,822.38
Grantee-Level Interview	^c 21	1	21	1.5	31	50.85	1,576.35
Total Annualized Burden	191 .....	.....	277 .....	.....	409.17 .....	.....	17,522.49

^a *Annualized Data Collection Burden* captures the average number of respondents and responses, burden hours, and respondent cost over the 3 years (FY 2026–FY 2028).

^b Community subrecipient respondent.

^c Grantee respondent.

^d *Grantee Project Director or Evaluator hourly wage* is based on the mean hourly wage for state government managers, as reported in the 2023 Occupational Employment (OES) by the Bureau of Labor Statistics (BLS) found at https://www.bls.gov/oes/current/naics4_999200.htm#11-00000.

^e *Subrecipient Staff hourly wage* is based on the mean hourly wage for local government counselors, social workers, and other community and social service specialists, as reported in the 2023 OES by the BLS found at https://www.bls.gov/oes/current/naics4_999300.htm.

Send comments to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland 20857, OR email a copy to samhsapra@samhsa.hhs.gov. Written comments should be received by January 20, 2026.

Alicia Broadus,
Public Health Advisor.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

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to obtain a copy of the information collection plans, email the SAMHSA Reports Clearance Officer at samhsapra@samhsa.hhs.gov.

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Proposed Project: SAMHSA Unified Performance Reporting Tool (SUPRT)—Project (P)—(OMB No. 0930-NEW)

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA is seeking approval for the new SAMHSA Unified Performance Reporting Tool (SUPRT)—Project (P). This tool will replace the Center for

Mental Health Services' (CMHS) Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators (included in #0930-0285) and will serve as a single tool to collect grant-level aggregate data on target goals, actual performance, and client demographic characteristics from CMHS, Center for Substance Abuse Treatment (CSAT), and Behavioral Health Coordinating Office (988) grantees. This notice informs the public of SAMHSA's intent to develop and implement the new streamlined performance tool that will allow SAMHSA to continue to meet reporting requirements mandated by the Government Performance Results Act Modernization Act (GPRMA) of 2010, reduce grantee reporting burden, and is projected to enhance the accuracy of the collected performance data from CMHS, CSAT, and 988 grantees.

SAMHSA will use the data collected through the SUPRT-P for annual reporting required by GPRMA, grantee monitoring, and continuous improvement of its discretionary grant programs. The SUPRT-P will also align with and strengthen SAMHSA's complementary evaluation activities of its discretionary grant programs