

## TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total .....	300	.....	600	.....	40.02

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting of the Advisory Commission on Childhood Vaccines

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

**ACTION:** Notice.

**SUMMARY:** The Advisory Commission on Childhood Vaccines (ACCV) has scheduled public meetings for the 2019 calendar year (CY). Information about ACCV, agendas, and materials for these meetings can be found on the ACCV website at: <http://www.hrsa.gov/advisorycommittees/childhoodvaccines/index.html>.

**DATES:** ACCV meetings will begin at 10:00 a.m. ET on March 7–8, 2019; June 6–7, 2019; September 5–6, 2019; and December 5–6, 2019.

**ADDRESSES:** Meetings may be held in-person, by teleconference, and/or Adobe Connect webinar. In-person ACCV meetings will be held at 5600 Fishers Lane, Rockville, Maryland 20857. Instructions for joining the meetings either in person or remotely will be posted on the ACCV website 30 business days before the date of the meeting. For meeting information updates, go to the ACCV website meeting page: <https://www.hrsa.gov/advisory-committees/vaccines/meetings.html>.

**FOR FURTHER INFORMATION CONTACT:**

Annie Herzog, Program Analyst, Division of Injury Compensation Programs (DICP), HRSA, 5600 Fishers Lane, 08N146B, Rockville, Maryland 20857; 301-443-6593; or [aherzog@hrsa.gov](mailto:aherzog@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** The ACCV was established by section 2119 of the Public Health Service Act (42 U.S.C. 300aa-19), as enacted by Public Law

(Pub. L.) 99-660, and as subsequently amended, and advises the Secretary of HHS (Secretary) on issues related to implementation of the National Vaccine Injury Compensation Program (VICP). For CY 2019 meetings, agenda items may include, but are not limited to, updates from DICP, the Department of Justice, the National Vaccine Program Office, the Immunization Safety Office, National Institute of Allergy and Infectious Diseases, and the Center for Biologics Evaluation and Research. Since priorities dictate meeting times, be advised that locations and agenda items are subject to change. Refer to the ACCV website listed above for all current and updated information concerning the CY 2019 ACCV meetings, including draft agendas and meeting materials that will be posted before the meeting.

Members of the public will have the opportunity to provide comments. Public participants may submit written statements in advance of the scheduled meeting(s). Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to the ACCV should be sent to Annie Herzog using the contact information above at least five business days before the meeting date(s).

Individuals who need special assistance or another reasonable accommodation should notify Annie Herzog at the address and phone number listed above at least 10 business days before the meeting(s) they wish to attend. Since all in person meetings will occur in a federal government building, attendees must go through a security check to enter the building. Non-U.S. Citizen attendees must notify HRSA of their planned attendance at least 10 business days prior to the meeting in order to facilitate their entry into the building. All attendees are required to present government-issued identification prior to entry.

Amy P. McNulty,

Acting Director, Division of the 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; Bureau of Health Workforce Performance Data Collection, OMB No. 0915-0061—Revision

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

**ACTION:** Notice.

**SUMMARY:** In compliance with of the Paperwork Reduction Act of 1995, HRSA has 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.

**DATES:** Comments on this ICR should be received no later than March 4, 2019.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202-395-5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Bureau of Health Workforce Performance Data Collection, OMB No. 0915-0061—Revision.

*Abstract:* Over 40 Bureau of Health Workforce (BHW) programs award grants to health professions schools and training programs across the United States to develop, expand, and enhance training, and to strengthen the distribution of the health workforce. These programs are governed by the Public Health Service Act (42 U.S.C. 201 et seq.), specifically Titles III, VII, and VIII. Performance information about

these health professions programs is collected in the HRSA Performance Report for Grants and Cooperative Agreements. Specific performance measurement requirements for each program may be found on the HRSA website at <https://bhw.hrsa.gov/grants/reportonyourgrant>. Data collection activities consist of two reports—an annual progress report and annual performance report—that are submitted by awardees to comply with statutory and programmatic requirements for performance measurement and evaluation (including specific Title III, VII and VIII requirements), as well as the Government Performance and Results Act of 1993 (GPRA) and the GPRA Modernization Act of 2010 requirements. The performance measures were last revised in 2016 to ensure they addressed programmatic changes, met evolving program management needs, and responded to emerging workforce concerns. As these changes successfully enabled BHW to demonstrate accurate outputs and outcomes associated with the health professions programs, BHW will

continue with its current performance management strategy and make only minor changes that reflect new HHS and HRSA priorities with the addition of a question asking awardees how many trainees received training in telehealth, substance use treatment, and/or medication-assisted treatment.

**Need and Proposed Use of the Information:** The purpose of the proposed data collection is to continue analysis and reporting of awardee training activities and educational programs, identify intended practice locations and report outcomes of funded initiatives. Data collected from these grant programs will also provide a description of the program activities of approximately 1,500 reporting grantees to inform policymakers on the barriers, opportunities, and outcomes involved in health care workforce development. The proposed measures focus on five key outcomes: (1) Increasing the workforce supply of well-educated practitioners in needed professions; (2) increasing the number of practitioners that practice in underserved and rural areas; (3) enhancing the quality of education; (4) increasing the

recruitment, training, and placement of under-represented groups in the health workforce; and (5) supporting educational infrastructure to increase the capacity to train more health professionals in high demand areas.

**Likely Respondents:** Respondents are awardees of BHW health professions grant programs.

**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 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
Direct Financial Support Program .....	500	1	500	3.1	1,550
Infrastructure Program .....	100	1	100	4.5	450
Multipurpose or Hybrid Program .....	900	1	900	4.3	3,870
<b>Total .....</b>	<b>1,500</b>	<b>.....</b>	<b>1,500</b>	<b>.....</b>	<b>5,870</b>

Amy P. McNulty,  
Acting Director, Division of the Executive Secretariat.  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Ebola Virus Disease Therapeutics—Amendment**

**ACTION:** Notice of Amendment to the February 27, 2015, Declaration under the Public Readiness and Emergency Preparedness Act for Ebola Virus Disease Therapeutics, as amended.

**SUMMARY:** The Secretary is amending the February 27, 2015, Declaration issued pursuant to the Public Health Service Act, amended December 9, 2015 and December 2, 2016, to update the term

“Ebola Virus Disease” to “Ebola disease” (EBOD) throughout the declaration and to clarify the definition of EBOD. The amendment also expands the Covered Countermeasures beyond the single therapeutic listed in prior declarations but limit coverage to Covered Countermeasures that are directly supported by the United States (U.S.) Federal Government, consistent with the terms of the Declaration, and is republishing the Declaration in its entirety as amended.

**DATES:** The Amended Declaration is applicable beginning December 1, 2018.

**FOR FURTHER INFORMATION CONTACT:** Robert P. Kadlec, MD, MTM&H, MS, Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; Telephone 202-205-2882.

**SUPPLEMENTARY INFORMATION:** The Secretary is amending the February 27, 2015, Declaration issued pursuant to the Public Health Service Act, amended December 9, 2015 (80 FR 76536) and December 2, 2016, (81 FR 89476) to extend the effective time period through December 31, 2023; to update the term “Ebola Virus Disease” to “Ebola disease” (EBOD) throughout the declaration and to clarify the definition of EBOD; and to expand the Covered Countermeasures beyond the single therapeutic listed in prior declarations but limit coverage to Covered Countermeasures that are directly supported by the United States (U.S.) Federal Government, consistent with the terms of the Declaration, and is republishing the Declaration in its entirety as amended.

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services to issue a Declaration to