

Coordinator for Health Information Technology (National Coordinator). The HITAC will hold public meetings throughout 2020. See list of public meetings below.

**FOR FURTHER INFORMATION CONTACT:**

Lauren Richie, Designated Federal Officer, at [Lauren.Richie@hhs.gov](mailto:Lauren.Richie@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Section 4003(e) of the 21st Century Cures Act (P.L. 114–255) establishes the Health Information Technology Advisory Committee (referred to as the “HITAC”). The HITAC will be governed by the provisions of the Federal Advisory Committee Act (FACA) (P.L. 92–463), as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

**Composition**

The HITAC is comprised of at least 25 members, of which:

- No fewer than 2 members are advocates for patients or consumers of health information technology;
- 3 members are appointed by the HHS Secretary
  - 1 of whom shall be appointed to represent the Department of Health and Human Services and
  - 1 of whom shall be a public health official;
- 2 members are appointed by the majority leader of the Senate;
- 2 members are appointed by the minority leader of the Senate;
- 2 members are appointed by the Speaker of the House of Representatives;
- 2 members are appointed by the minority leader of the House of Representatives; and
- Other members are appointed by the Comptroller General of the United States.

Members will serve for one-, two-, or three-year terms. All members may be reappointed for a subsequent three-year term. Each member is limited to two three-year terms, not to exceed six years of service. After establishment, members shall be appointed for a three-year term. Members serve without pay, but will be provided per-diem and travel costs for committee services.

**Recommendations**

The HITAC recommendations to the National Coordinator are publicly available at <https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it>.

**Public Meetings**

The schedule of meetings to be held in 2020 is as follows:

- January 15, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time at

the Washington Plaza Hotel, 10 Thomas Circle NW, Washington, DC 20005

- February 19, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- March 18, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- April 15, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time at the Washington Plaza Hotel, 10 Thomas Circle NW, Washington, DC 20005
- May 20, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- June 17, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time at the Key Bridge Marriott Hotel, 1401 Lee Highway, Arlington, Virginia, 22209
- September date TBD
- October 21, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)
- November 10, 2020 from approximately 9:30 a.m. to 2:30 p.m./Eastern Time (virtual meeting)

All meetings are open to the public. Additional meetings may be scheduled as needed. For web conference instructions and the most up-to-date information, please visit the HITAC calendar on the ONC website, <https://www.healthit.gov/topic/federal-advisory-committees/hitac-calendar>.

**Contact Person for Meetings:** Lauren Richie, [lauren.richie@hhs.gov](mailto:lauren.richie@hhs.gov). A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Please email Lauren Richie for the most current information about meetings.

**Agenda:** As outlined in the 21st Century Cures Act, the HITAC will develop and submit recommendations to the National Coordinator on the topics of interoperability, privacy and security, and patient access. In addition, the committee will also address any administrative matters and hear periodic reports from ONC. ONC intends to make background material available to the public no later than 24 hours prior to the meeting start time. If ONC is unable to post the background material on its website prior to the meeting, the material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on ONC’s website after the meeting, at <http://www.healthit.gov/hitac>.

**Procedure:** Interested persons may present data, information, or views,

orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person prior to the meeting date. An oral public comment period will be scheduled at each meeting. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting.

Persons attending ONC’s HITAC meetings are advised that the agency is not responsible for providing wireless access or access to electrical outlets.

ONC welcomes the attendance of the public at its HITAC meetings. Seating is limited at the location, and ONC will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Lauren Richie at least seven (7) days in advance of the meeting.

Notice of these meetings are given under the Federal Advisory Committee Act (Pub. L. No. 92- 463, 5 U.S.C., App. 2).

Dated: November 13, 2019.

**Lauren Richie,**

*Office of Policy, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 2019–26085 Filed 12–2–19; 8:45 am]

**BILLING CODE 4150–45–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed collection; 60-Day Comment Request; Evaluation of the Enhancing Diversity of the NIH-funded Workforce Program (National Institute of General Medical Sciences)**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Institute of General Medical Sciences (NIGMS) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received

within 60 days of the date of this publication.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Dr. Alison Gammie, Director, Division of Training, Workforce Development, and Diversity, NIGMS, 45 Center Drive, Room 2AS43J, Bethesda, MD 20892, or call non-toll-free number (301) 594-2662, or Email your request, including your address to: [alison.gammie@nih.gov](mailto:alison.gammie@nih.gov). Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Proposed Collection Title:* Evaluation of the Enhancing the Diversity of the NIH-funded Workforce Program Consortium (DPC), 0925-0747, 11/30/2022 National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH).

*Need and Use of Information Collection:* The goal of the DPC is to address a unique and compelling need identified by NIH, namely to enhance the diversity of well-trained biomedical research scientists who can successfully compete for NIH research funding and/or otherwise contribute to the NIH-funded scientific workforce. The DPC is a national collaborative through which awardee institutions, in partnership with NIH, aim to enhance diversity in the biomedical research workforce through the development,

implementation, assessment and dissemination of innovative and effective approaches to: (a) Student outreach, engagement, training, and mentoring, (b) faculty development, and (c) institutional research training infrastructure. The Coordination and Evaluation Center (CEC) will evaluate the efficacy of the training and mentoring approaches implemented across a variety of contexts and populations and will disseminate information to the broader research community. The planned consortium-wide data collection and evaluation will provide comprehensive information about the multi-dimensional factors (individual, institutional, and faculty/mentor) that influence student and faculty success, professional development, and persistence within biomedical research career paths across a variety of contexts. The planned data collection, and the resulting findings, is projected to have a sustained, transformative effect on biomedical research training and mentoring nationwide.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 55,132.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hours
2019 CIRP HERI Freshman Survey- (Attachment 12).	BUILD and Non- BUILD Student .....	15,000	1	45/60	11,250
Student Annual Follow-up survey (Attachment 13).	Non- BUILD Student .....	15,000	1	45/60	11,250
2019 College Senior Survey (Attachment 14).	BUILD and Non- BUILD Student .....	15,000	1	45/60	11,250
Student Annual Follow-up Survey (Attachment 13).	2020 BUILD Student Cohort .....	5,000	3	25/60	6,250
Student Annual Follow-up Survey (Attachment 13).	2021 BUILD Student Cohort .....	5,000	2	25/60	4,167
Student Annual Follow-up Survey (Attachment 13).	2022 BUILD Student Cohort .....	5,000	1	25/60	2,083
2019-20 HERI Faculty Survey Core National Instrument (Attachment 15).	BUILD and Non- BUILD Faculty Survey.	500	1	25/60	208
Faculty Annual Follow-up survey (Attachment 16).	BUILD Faculty Annual Follow-up survey.	500	2	25/60	417
BUILD Institutional Research & Program Data Requests (Attachment 19).	Personnel and Administrators at BUILD Institutions.	10	3	16	480
BUILD Site Visits (Attachment 18) ...	BUILD Students, Faculty, and Institution.	120	1	24	2,880
BUILD Case Studies Preparation (Attachment 18).	BUILD Students, Faculty, and Institutions.	24	1	40	960
BUILD Case Study Interviews (Attachment 18).	Undergraduate BUILD Students .....	170	1	90/60	255
BUILD Case Study Interviews (Attachment 18).	Graduate/post-doctoral BUILD students.	70	1	90/60	105
BUILD Case Study Interviews (Attachment 18).	BUILD PI's, Program Managers/Directors, & Faculty.	162	1	90/60	243

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hours
NRMN Annual Follow-up Surveys (Attachment 17).	NRMN 2020 mentee cohort .....	500	3	25/60	625
NRMN Annual Follow-up Surveys (Attachment 17).	NRMN 2021 mentee cohort .....	500	3	25/60	625
NRMN Annual Follow-up Surveys (Attachment 17).	NRMN 2022 mentee cohort .....	500	2	25/60	417
NRMN Annual Follow-up Surveys (Attachment 17).	NRMN 2020 mentor cohort .....	500	3	25/60	625
NRMN Annual Follow-up Surveys (Attachment 17).	NRMN 2021 mentor cohort .....	500	3	25/60	625
NRMN Annual Follow-up Surveys (Attachment 17).	NRMN 2022 mentor cohort .....	500	2	25/60	417
Total .....	.....	.....	85,076	.....	55,132

Dated: November 21, 2019.

**Richard A. Aragon,**

*Project Clearance Liaison, National Institute of General Medical Sciences, National Institutes of Health.*

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**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; 60-Day Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (National Cancer Institute)**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Institutes of Health, National Cancer Institute (NCI) will publish periodic summaries of propose projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Diane Kreinbrink, Office of Management Policy and Compliance, National Cancer Institute, 9609 Medical Center Drive, Bethesda, MD 20892-9760 or call non-toll-free number (240) 276-5582 or Email your request, including your address to: *diane.kreinbrink@nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other

technological collection techniques or other forms of information technology.

**Proposed Collection Title:** Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NCI), 0925-0642, Expiration Date 05/31/2020, EXTENSION, National Cancer Institute (NCI), National Institutes of Health (NIH).

**Need and Use of Information Collection:** This information collection activity is collecting qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. This generic provides information about the National Cancer Institute's customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. It also allows feedback to contribute directly to the improvement of program management. Feedback collected under this generic clearance provides useful information, but it will not yield data that can be generalized to the overall population.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 9,337, hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Surveys .....	Individuals .....	27,100	1	12/60	5,420