

for conduct relating to the importation of any drug or controlled substance into the United States because Mr. Gagne was involved in a scheme to illegally import and introduce misbranded prescription drugs into the United States. In proposing a debarment period, FDA weighed the considerations set forth in section 306(c)(3) of the FD&C Act that it considered applicable to Mr. Gagne's offense and concluded that the offense warranted the imposition of a 5-year period of debarment.

The proposal informed Mr. Gagne of the proposed debarment and offered him an opportunity to request a hearing, providing him 30 days from the date of receipt of the letter in which to file the request, and advised him that failure to request a hearing constituted a waiver of the opportunity for a hearing and of any contentions concerning this action. Mr. Gagne received the proposal and notice of opportunity for a hearing on December 6, 2023. Mr. Gagne failed to request a hearing within the timeframe prescribed by regulation and has, therefore, waived his opportunity for a hearing and waived any contentions concerning his debarment (21 CFR part 12).

II. Findings and Order

Therefore, the Assistant Commissioner, Office of Human and Animal Food Operations, under section 306(b)(3)(C) of the FD&C Act, under authority delegated to the Assistant Commissioner, finds that Mr. Brendon Gagne has been convicted of a felony under Federal law for conduct relating to the importation into the United States of any drug or controlled substance. FDA finds that the offense should be accorded a debarment period of 5 years as provided by section 306(c)(2)(A)(iii) of the FD&C Act.

As a result of the foregoing finding, Mr. Gagne is debarred for a period of 5 years from importing or offering for import any drug into the United States, effective (see **DATES**). Pursuant to section 301(cc) of the FD&C Act (21 U.S.C. 331(cc)), the importing or offering for import into the United States of any drug by, with the assistance of, or at the direction of Mr. Gagne is a prohibited act.

Dated: February 6, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

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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; HRSA Grantee Satisfaction Survey

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 March 11, 2024.

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 Grantee Satisfaction Survey: OMB No. 0906-0006—Revision.

Abstract: HRSA plans to survey HRSA grant recipients to better understand their opinions about HRSA's grants processes and to improve the way HRSA conducts business with them. This survey will focus on grantee customer satisfaction areas related to the grant life cycle, grantee relationships with HRSA staff (e.g., Project Officers, Grants Management Officers), technical assistance received from HRSA Bureaus and Offices, availability of grant resources, and grantee access to guidance and instructional documents,

etc. The seven grants management areas, which are directly related to the grants life cycle, are: Customer Service/Cooperation; Policies and Procedures; Pre-Award Phase; Award Phase; Reporting/Post-Award Administration; Technical Assistance; and Priorities for Improvement. Receiving this information from external customers will provide HRSA with a repository of information that will be incorporated into strategic efforts to improve grants management services and customer service.

HRSA revised the planned survey to reflect a change in the sampling methodology. In past survey administration cycles, HRSA sent a single survey to each organization and asked them to complete the survey for the award they had received from HRSA for the longest time period. This past approach did not allow for a range of program-specific feedback from HRSA grantees. In this survey administration cycle, HRSA will send the survey to each individual grant project director and ask them to complete the survey for a specific award. This new approach will enable HRSA to obtain more granular and actionable information regarding the full range of grant awards received by HRSA awardees.

Compared to the 60-day **Federal Register** notice, HRSA anticipates the number of potential survey respondents will increase from 3,690 to 7,813 due to the change in the sampling methodology. HRSA also anticipates an increase in the burden hours compared to the 60-day **Federal Register** notice, based on a reassessment of the time completion of the survey conducted during a pre-test. The adjusted average of completing the survey is 0.34 hours per response.

A 60-day notice for this information collection was published in the **Federal Register** on March 10, 2023, Vol. 88, No. 47; pp. 15053. There were no public comments.

Need and Proposed Use of the Information: The HRSA Grantee Satisfaction Survey will provide meaningful and relevant results to agency decision-makers about various customer satisfaction domains (e.g., efficiency, timeliness, usefulness, responsiveness, quality of and overall satisfaction with HRSA project officers, products and services). The information collected will assist HRSA in its efforts to gauge, understand and respond to the needs and concerns of its customers, especially as they relate to the aforementioned areas. The survey results will provide HRSA with concrete indicators regarding the best areas in which to dedicate resources to improve

customer service. HRSA will use this information to support agency-wide continuous quality improvement efforts. HRSA will use survey results to improve the efficiency, quality, and timeliness of its grants business processes, as well as to strengthen its partnership with external customers.

Likely Respondents: Individuals who are identified as the project director for a current HRSA grant award.

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
HRSA Grantee Satisfaction Survey	7,813	0.32	2,500	0.34	850
Total	7,813	2,500	850

*HRSA will send the survey to 7,813 potential respondents. Based on HRSA Grantee Satisfaction Surveys administered in previous years, HRSA estimates a 32 percent response rate.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders Meeting and Solicitation for Oral and Written Comments

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Intergovernmental and External Affairs, White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders.

ACTION: Notice of meeting and solicitation for written and oral comments.

SUMMARY: The U.S. Department of Health and Human Services (HHS) announces the next meeting of the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders (Commission) and the solicitation of written and oral comment regarding the advancement of equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities. The meeting is open to the public and will be held in Clark County, Nevada. Virtual attendance will be available through livestream on February 27 and in-person attendance will be available on February 28, 2024. The Commission is working to accomplish its mission to provide

independent advice and recommendations to the President on ways to advance equity, justice, and opportunity for AA and NHPI communities.

DATES: The Commission will meet on February 27, 2024, from 11:45 a.m. Eastern Time (ET) to 8:30 p.m. ET and February 28, 2024, from 12:00 p.m. ET to 4:00 p.m. ET. The final location and agenda will be posted on the website for the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders: <https://www.hhs.gov/about/whiaanhpi/commission/index.html> when this information becomes available.

ADDRESSES: Members of the public may attend the meeting virtually or in person, depending on the portion of the meeting. Registration is required through the following links:

February 27 meeting (virtual attendance only): <https://www.eventbrite.com/e/public-meeting-of-the-presidents-commission-on-aa-and-nhpis-tickets-814521895917?aff=oddtcreator>.

February 28 public listening session (in-person attendance only): <https://www.eventbrite.com/e/white-house-initiative-aa-and-nhpi-community-engagement-event-nevada-tickets-814515466687?aff=oddtcreator>.

FOR FURTHER INFORMATION CONTACT: Judith Teruya, Designated Federal Officer, President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders, U.S. Department of Health and Human Services, Office of the Secretary, Office of Intergovernmental and External Affairs, U.S. Department of Health and

Human Services, Hubert Humphrey Building, 620E, 200 Independence Ave. SW, Washington, DC 20201; email: AANHPICommission@hhs.gov; telephone: (202) 951-0235.

SUPPLEMENTARY INFORMATION:

Background: The meeting is the eighth in a series of federal advisory committee meetings regarding the development of recommendations to advance equity, justice, and opportunity for AA and NHPI communities. The meeting is open to the public and will be live streamed. The Commission, co-chaired by U.S. Health and Human Services Secretary Xavier Becerra and the U.S. Trade Representative Ambassador Katherine Tai, advises the President on: the development, monitoring, and coordination of executive branch efforts to advance equity, justice, and opportunity for AA and NHPI communities in the United States, including efforts to close gaps in health, socioeconomic, employment, and educational outcomes; policies to address and end anti-Asian bias, xenophobia, racism, and nativism, and opportunities for the executive branch to advance inclusion, belonging, and public awareness of the diversity and accomplishments of AA and NHPI people, cultures, and histories; policies, programs, and initiatives to prevent, report, respond to, and track anti-Asian hate crimes and hate incidents; ways in which the Federal Government can build on the capacity and contributions of AA and NHPI communities through equitable Federal funding, grantmaking, and employment opportunities; policies and practices to improve research and equitable data disaggregation regarding AA and NHPI communities; policies