FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Health Network Development Program Performance Improvement Measurement System, OMB No. 0906–0010—Revision.

Abstract: The Rural Health Network Development (RHND) program is authorized under section 330A(f) of the Public Health Service Act (42 U.S.C. 254c(f)). The purpose of this program is to support integrated health care networks that collaborate to achieve efficiencies; expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and strengthen the rural health care system as a whole. The program supports networks as they address gaps in service, enhance systems of care, and expand capacity of the local health care system.

RHND-funded programs promote population health management and the transition towards value-based care through diverse network participants that includes traditional and non-traditional network partners. Evidence of program impact demonstrated by outcome data and program sustainability are integral components of the program. This is a 4-year competitive program for networks composed of at least three participants that are existing health care providers. At least 66 percent of network participants must be located in a HRSA-designated rural area.

HRSA currently collects information about RHND awards using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed revisions are being implemented to better gather award recipient data in response to previously accumulated award recipient feedback, peer-reviewed research, and information gathered from the previously approved RHND measures.

Need and Proposed Use of the Information: This program needs measures that will enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal topic areas of interest to HRSA, including (a) access to care, (b) population demographics, (c) staffing, (d) consortium/network, (e) sustainability, and (f) project specific domains. All measures will evaluate HRSA's progress toward achieving its goals.

The proposed changes include additional components under questions surrounding the network's benefits and funding strategies, as well as the types of participant organizations. Questions surrounding Health Information Technology and Telehealth have been modified to reflect an updated telehealth definition based on renewed knowledge on the use of both Health Information Technology and Telehealth, and to improve understanding of how these important technologies are affecting HRSA award recipients. The Demographics and Services section now includes a question requesting grantees to identify which counties they have served during the project. Finally, revised National Quality Forum and Centers for Medicare & Medicaid Services measures were included to allow uniform collection efforts throughout the HRSA Federal Office of Rural Health Policy. The total number of responses has remained at 44 since the previous ICR. The new RHND grant cycle maintained the same number of award recipients and number of respondents.

Likely Respondents: Respondents will be award recipients of the Rural Health Network Development Program.

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
Performance Improvement and Measurement System Database	44	1	44	6	264
Total	44	1	44	6	264

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2023–15400 Filed 7–19–23; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advisory Council on Alzheimer's Research, Care, and Services; Meeting

AGENCY: Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the public meeting of the Advisory Council on Alzheimer's Research, Care, and

Services (Advisory Council). The Advisory Council provides advice on how to prevent or reduce the burden of Alzheimer's disease and related dementias (ADRD) on people with the disease and their caregivers. During the meeting on July 31, 2023, the Advisory Council subcommittees will present their recommendations for adoption by the full Advisory Council. The meeting will also include a presentation on the Alzheimer's disease bypass budget from the National Institutes of Health (NIH), a National Healthy Brain Initiative Road Map Series update by the Centers for Disease Control and Prevention (CDC), and federal updates.

DATES: The meeting will be held virtually on July 31, 2023 from 9:30 a.m. to 4:30 a.m. EST.

ADDRESSES: The meeting will be a hybrid of in-person and virtual. The meeting will be held in Room 800 of the Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. It will also stream live at *www.hhs.gov/live.*

Comments: Time is allocated on the agenda to hear public comments from 4:00 p.m. to 4:30 p.m. The time for oral comments will be limited to two (2) minutes per individual. In order to provide a public comment, please register by emailing your name to *napa@hhs.gov* by Thursday, July 27. Registered commenters will receive both a dial-in number and a link to join the meeting virtually; individuals will have the choice to either join virtually via the link, or to call in only by using the dial-in number. Note: There may be a 30–45 second delay in the livestream video presentation of the conference. For this reason, if you have pre-registered to submit a public comment, it is important to connect to the meeting by 3:45 p.m. to ensure that you do not miss your name and allotted time when called. If you miss your name and allotted time to speak, you may not be able to make your public comment. Public commenters will not be admitted to the virtual meeting before 3:30 p.m. but are encouraged to watch the meeting at *www.hhs.gov/live.* Should you have questions during the session, please email *napa@hhs.gov* and someone will respond to your message as quickly as possible.

In order to ensure accuracy, please submit a written copy of oral comments for the record by emailing *napa@hhs.gov* by Tuesday, August 1, 2023. These comments will be shared on the website and reflected in the meeting minutes.

In lieu of oral comments, formal written comments may be submitted for the record by Tuesday, August 1, 2023 to Helen Lamont, Ph.D., OASPE, 200 Independence Avenue SW, Room 424E, Washington, DC 20201. Comments may also be sent to *napa@hhs.gov.* Those submitting written comments should identify themselves and any relevant organizational affiliations.

FOR FURTHER INFORMATION CONTACT: Helen Lamont, 202–260–6075, *helen.lamont@hhs.gov.* Note: The meeting will be available to the public live at *www.hhs.gov/live.*

SUPPLEMENTARY INFORMATION: Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. app. 2, section 10(a)(1) and (a)(2)). Topics of the Meeting: subcommittee recommendations, NIA bypass budget, FDA drug coverage decisions, and CDC Health Brain Initiative.

Procedure and Agenda: The meeting will be webcast at *www.hhs.gov/live* and video recordings will be added to the National Alzheimer's Project Act website when available after the meeting. This meeting is open to the public. Please allow 30 minutes to go through security and walk to the meeting room. Participants joining in person should note that seating may be limited. Those wishing to attend the meeting in person must send an email to *napa@hhs.gov* and put ''July 31 Meeting Attendance'' in the subject line by Thursday, July 27 so that their names may be put on a list of expected attendees and forwarded to the security officers at the Department of Health and Human Services. Any interested member of the public who is a non-U.S. citizen should include this information at the time of registration to ensure that the appropriate security procedure to gain entry to the building is carried out. Although the meeting is open to the public, procedures governing security and the entrance to Federal buildings may change without notice. If you wish to make a public comment, you must note that within your email.

Authority: 42 U.S.C. 11225; section 2(e)(3) of the National Alzheimer's Project Act. The panel is governed by provisions of Public Law 92–463, as amended (5 U.S.C. appendix 2), which sets forth standards for the formation and use of advisory committees.

Miranda Lynch-Smith,

Senior Official Performing the Duties of the Assistant Secretary for Planning and Evaluation Deputy Assistant Secretary for Human Services Policy.

[FR Doc. 2023–15406 Filed 7–19–23; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Comments on the Draft HHS Scientific Integrity Policy

AGENCY: Office of the Secretary, Office of the Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice request for comment (RFC).

SUMMARY: The Department of Health and Human Services (HHS) is seeking public comment on its draft Scientific Integrity Policy through the Department of Health and Human Services website at *https://www.hhs.gov/programs/research/scientificintegrity.*

DATES: Submit comments on or before September 1, 2023.

ADDRESSES: Written comments can be provided by email, Fax, or U.S. mail.

Email: scientificintegrity@hhs.gov.

Fax: (202) 690–5882.

Mail: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Science and Data Policy, Attn: Scientific Integrity Comments, 200 Independence Avenue SW, Room 429E, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Casey Sullivan, (202) 205–8189.

SUPPLEMENTARY INFORMATION: The draft Department of Health and Human Services Scientific Integrity Policy is provided as part of implementation of the Presidential Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-based Policymaking,[1] to ensure that Agency stakeholders are given an opportunity to comment on this policy.

HHS developed the draft Scientific Integrity Policy (the draft policy) based on the National Science and Technology Council Framework for Federal Scientific Integrity Policy and Practice.[2] The draft policy includes specific provisions prohibiting political interference, ensuring independent review of scientific activities, facilitating the free flow of scientific information, prohibiting suppression or delay of scientific findings for non-scientific reasons, forbidding censorship or alteration of scientific findings, and protecting against retaliation. The draft policy also establishes clear procedures for reporting and handling allegations of

[1] *https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policymaking/.*

[2] *https://www.whitehouse.gov/wp-content/uploads/2023/01/01-2023-Framework-for-Federal-Scientific-Integrity-Policy-and-Practice.pdf.*