

at least once for hepatitis C virus infection.

The American Academy of Pediatrics, which has been the HRSA cooperative agreement recipient for this program since 2007, maintains the Periodicity Schedule. Under HRSA's cooperative agreement with the American Academy of Pediatrics, the Bright Futures Program is required to administer a process for developing and regularly recommending, as needed, updates to the Bright Futures Periodicity Schedule. As described in the Notice of Funding Opportunity for the Bright Futures Program (HRSA-18-078), the consideration of potential updates is expected to be "a comprehensive, objective, and transparent review of available evidence that incorporates opportunity for public comment."

**Thomas J. Engels,**  
*Administrator.*

[FR Doc. 2020-20380 Filed 9-15-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting of the National Advisory Council on Migrant Health

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

**ACTION:** Notice.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, this notice announces that the Secretary's National Advisory Council on Migrant Health (NACMH or Council) has scheduled a public meeting. Information about NACMH and the agenda for this meeting can be found on the NACMH website at: <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/nacmh>.

**DATES:** October 20-23, 2020; 1:00 p.m. to 5:00 p.m. Eastern Time (ET).

**ADDRESSES:** This meeting will be held by webinar. Instructions for joining the meetings will be posted on the NACMH website 30 calendar days before the date of the meeting. For meeting information updates, go to the NACMH website at: <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/nacmh>.

**FOR FURTHER INFORMATION CONTACT:** Esther Paul, NACMH Designated Federal Officer (DFO), Strategic Initiatives and Planning Division, Office of Policy and Program Development,

Bureau of Primary Health Care, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857; 301-594-4300; or [epaul@hrsa.gov](mailto:epaul@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** NACMH advises, consults with, and makes recommendations to the Secretary of HHS on policy, program development, and other matters of significance concerning the activities under section 217 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 218). Specifically, NACMH provides recommendations concerning policy related to the organization, operation, selection, and funding of migrant health centers, and other entities under grants and contracts under section 330 of the PHS Act (42 U.S.C. 254b). NACMH meets twice each calendar year, or at the discretion of the DFO in consultation with the NACMH Chair.

Since priorities dictate meeting times, be advised that times and agenda items are subject to change. The agenda items for the meeting may include, but are not limited to, topics and issues related to migratory and seasonal agricultural worker health.

Refer to the NACMH website listed above for all current and updated information concerning the October 2020 NACMH meeting, including draft agenda and meeting materials that will be posted 30 calendar days 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. 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 NACMH meeting should be sent to Esther Paul using the contact information above at least 5 business days before the meeting.

Individuals who need special assistance or another reasonable accommodation should notify Esther Paul using the contact information listed above at least 10 business days before the meeting. All attendees are required to register to attend the meeting prior to entry. Instructions for how to register and join will be posted on the NACMH website 30 calendar days before the meeting.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2020-20420 Filed 9-15-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; 30-Day Comment Request; Bench to Bedside: Integrating Sex and Gender To Improve Human Health & Sex as a Biological Variable: A Primer (Office of the Director)

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

**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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Chyren Hunter, Associate Director, Basic and Translational Research, Office of Research on Women's Health, 6707 Democracy Blvd., Room 437, Bethesda, Maryland 20817 or call non-toll-free number (301) 496-7849 or email your request to [ORWHCourses@od.nih.gov](mailto:ORWHCourses@od.nih.gov).

**SUPPLEMENTARY INFORMATION:** This proposed information collection was previously published in the **Federal Register** on April 30, 2020, pages 23978-23980 and allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment.

The Office of Research on Women's Health, National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

*Proposed Collection:* Bench to Bedside: Integrating Sex and Gender to Improve Human Health and Sex as a Biological Variable: A Primer—0925—New—expiration date, Office of Research on Women’s Health (ORWH), Office of the Director (OD), National Institutes of Health (NIH).

*Need and Use of Information Collection:* Bench to Bedside: Integrating Sex and Gender to Improve Human Health” is an online course

developed by ORWH, the FDA Office of Women’s Health, and other non-federal subject matter experts. “Sex as a Biological Variable: A Primer” is an online course developed by ORWH, the National Institute of General Medical Sciences, and other non-federal subject matter experts. Together, these two courses will provide learners a rationale for the study of biological differences between the sexes, the impact of sex and gender difference on illness, guidance on incorporating the NIH policy on sex as a biological variable (SABV) into studies, and an exploration of sex- and gender-related differences in key disease areas. The Bench to Bedside course will also offer free continuing medical education credits.

In conjunction with these two courses, ORWH will collect information through registration information and surveys (knowledge checks, attitude assessments, and course evaluations). The information collected will be used in the following ways: 1. To assess uptake and learning of concepts in each lesson; 2. To identify demographic trends across learners in order to inform targeted outreach; 3. To assess effectiveness of course materials; and 4. To identify areas of focus for future course improvement, modifications, and expansion.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 4,060.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
<b>Bench to Bedside: Immunology Module</b>					
Attitude survey pre- and post-test ....	Private sector .....	105	2	5/60	18
	Federal government .....	180	2	5/60	30
	Individual .....	15	2	5/60	3
Module completion .....	Private sector .....	105	1	1	105
	Federal government .....	180	1	1	180
	Individual .....	15	1	1	15
Knowledge check .....	Private sector .....	105	1	10/60	18
	Federal government .....	180	1	10/60	30
	Individual .....	15	1	10/60	3
Module evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
Outcomes evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
<b>Bench to Bedside: Cardiovascular Module</b>					
Attitude survey pre- and post-test ....	Private sector .....	105	2	5/60	18
	Federal government .....	180	2	5/60	30
	Individual .....	15	2	5/60	3
Module completion .....	Private sector .....	105	1	1	105
	Federal government .....	180	1	1	180
	Individual .....	15	1	1	15
Knowledge check .....	Private sector .....	105	1	10/60	18
	Federal government .....	180	1	10/60	30
	Individual .....	15	1	10/60	3
Module evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
Outcomes evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
<b>Bench to Bedside: Pulmonary Disease Module</b>					
Attitude survey pre- and post-test ....	Private sector .....	105	2	5/60	18
	Federal government .....	180	2	5/60	30
	Individual .....	15	2	5/60	3
Module completion .....	Private sector .....	105	1	1	105
	Federal government .....	180	1	1	180
	Individual .....	15	1	1	15
Knowledge check .....	Private sector .....	105	1	10/60	18
	Federal government .....	180	1	10/60	30
	Individual .....	15	1	10/60	3

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Module evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
Outcomes evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
<b>Bench to Bedside: Neurology Module</b>					
Attitude survey pre- and post-test ....	Private sector .....	105	2	5/60	18
	Federal government .....	180	2	5/60	30
	Individual .....	15	2	5/60	3
Module completion .....	Private sector .....	105	1	1	105
	Federal government .....	180	1	1	180
	Individual .....	15	1	1	15
Knowledge check .....	Private sector .....	105	1	10/60	18
	Federal government .....	180	1	10/60	30
	Individual .....	15	1	10/60	3
Module evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
Outcomes evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
<b>Bench to Bedside: Endocrinology Module</b>					
Attitude survey pre- and post-test ....	Private sector .....	105	2	5/60	18
	Federal government .....	180	2	5/60	30
	Individual .....	15	2	5/60	3
Module completion .....	Private sector .....	105	1	1	105
	Federal government .....	180	1	1	180
	Individual .....	15	1	1	15
Knowledge check .....	Private sector .....	105	1	10/60	18
	Federal government .....	180	1	10/60	30
	Individual .....	15	1	10/60	3
Module evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
Outcomes evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
<b>Bench to Bedside: Mental Health Module</b>					
Attitude survey pre- and post- test ...	Private sector .....	105	2	5/60	18
	Federal government .....	180	2	5/60	30
	Individual .....	15	2	5/60	3
Module completion .....	Private sector .....	105	1	1	105
	Federal government .....	180	1	1	180
	Individual .....	15	1	1	15
Knowledge check .....	Private sector .....	105	1	10/60	18
	Federal government .....	180	1	10/60	30
	Individual .....	15	1	10/60	3
Module evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
Outcomes evaluation .....	Private sector .....	17	1	5/60	1
	Federal government .....	30	1	5/60	3
	Individual .....	3	1	5/60	0
<b>SABV Primer</b>					
Attitude survey pre- and post-test ....	Private sector .....	105	8	5/60	70
	Federal government .....	180	8	5/60	120
	Individual .....	15	8	5/60	10
Course completion .....	Private sector .....	105	4	1	420
	Federal government .....	180	4	1	720
	Individual .....	15	4	1	60
Knowledge check .....	Private sector .....	105	4	10/60	70

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
	Federal government .....	180	4	10/60	120
	Individual .....	15	4	10/60	10
Total .....	.....	600	12,570	.....	4,060

Dated: September 6, 2020.  
**Lawrence A. Tabak,**  
*Principal Deputy Director, National Institutes of Health.*  
 [FR Doc. 2020–20232 Filed 9–15–20; 8:45 am]  
**BILLING CODE 4140–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Standards of Care for Chimpanzees Held in the Federally Supported Sanctuary System; Correction**

**AGENCY:** National Institutes of Health, Health and Human Services (HHS).  
**ACTION:** Notice; correction.

**SUMMARY:** The Department of Health and Human Services, National Institutes of Health published a Final rule; technical amendments document in the **Federal Register** on September 1, 2020. That document requires a correction in the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:** Daniel Hernandez, Acting NIH Regulations Officer, Office of Management Assessment, Division of Management Support, 6011 Executive Boulevard, Suite 601, Rockville, Maryland 20852–7669, telephone 301–435–3343, email [dhernandez@od.nih.gov](mailto:dhernandez@od.nih.gov).

**SUPPLEMENTARY INFORMATION: Correction:**

In the **Federal Register** of September 1, 2020, in FR Doc. 2020–17090, on page 54273, in the first column, in section 42 CFR 9.3 [Amended], 9.3b, it currently reads “In paragraph (a)(8)” and should read “In paragraph (a)(2)(xiii)(F)(8)”.

Dated: September 8, 2020.  
**Wilma Robinson,**  
*Deputy Executive Secretary, Department of Health and Human Services.*  
 [FR Doc. 2020–20416 Filed 9–15–20; 8:45 am]  
**BILLING CODE 4140–01–P**

**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

**[Docket No. USCG–2020–0491]**

**Termination of the U.S. Coast Guard Federal Advisory Committee**

**AGENCY:** U.S. Coast Guard, Department of Homeland Security.  
**ACTION:** Termination of Federal Advisory Committee.

**SUMMARY:** Under the provisions of the Federal Advisory Committee Act and the Government in the Sunshine Act of 1976, effective September 30, 2020, the U.S. Coast Guard gives notice that is terminating the Lower Mississippi River Waterway Safety Advisory Committee.  
**FOR FURTHER INFORMATION CONTACT:** Ms. Melanee G. Libby, Group Federal Officer for the U.S. Coast Guard, telephone (202) 372–4572, or email [melanee.g.libby@uscg.mil](mailto:melanee.g.libby@uscg.mil).

Dated: September 8, 2020.  
**Wayne R. Arguin Jr.,**  
*Captain, U.S. Coast Guard, Director of Inspections and Compliance.*  
 [FR Doc. 2020–20375 Filed 9–15–20; 8:45 am]  
**BILLING CODE 9110–04–P**

**DEPARTMENT OF HOMELAND SECURITY**

**Federal Emergency Management Agency**

**[Docket ID FEMA–2020–0002; Internal Agency Docket No. FEMA–B–2051]**

**Proposed Flood Hazard Determinations**

**AGENCY:** Federal Emergency Management Agency, DHS.  
**ACTION:** Notice.

**SUMMARY:** Comments are requested on proposed flood hazard determinations, which may include additions or modifications of any Base Flood Elevation (BFE), base flood depth, Special Flood Hazard Area (SFHA) boundary or zone designation, or regulatory floodway on the Flood

Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the preliminary FIRM, and where applicable, the FIS report that the Federal Emergency Management Agency (FEMA) has provided to the affected communities. The FIRM and FIS report are the basis of the floodplain management measures that the community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). In addition, the FIRM and FIS report, once effective, will be used by insurance agents and others to calculate appropriate flood insurance premium rates for new buildings and the contents of those buildings.

**DATES:** Comments are to be submitted on or before December 15, 2020.  
**ADDRESSES:** The Preliminary FIRM, and where applicable, the FIS report for each community are available for inspection at both the online location <https://www.fema.gov/preliminaryfloodhazarddata> and the respective Community Map Repository address listed in the tables below. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at <https://msc.fema.gov> for comparison.

You may submit comments, identified by Docket No. FEMA–B–2051, to Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) [patrick.sacbibit@fema.dhs.gov](mailto:patrick.sacbibit@fema.dhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) [patrick.sacbibit@fema.dhs.gov](mailto:patrick.sacbibit@fema.dhs.gov); or visit the FEMA Mapping and Insurance eXchange (FMIX) online at <https://>