(3) *Chondroprotective effects:* Pain intensity in OA is positively associated with the degree of joint degradation (Ref. 5). HA has been reported to have chondroprotective effects by reducing the degradation and/or restoration of cartilage (Refs. 11 and 14). According to the scientific literature, much of the mechanisms responsible for these effects are through molecular pathways (*e.g.,* CD44-initiated pathways) that have downstream biological effects that act to alter the disease state of the joint by the synthesis of extracellular matrix (ECM) proteins (*e.g.,* collagen type II) and joint components (*e.g.,* increased proteoglycan and glycosaminoglycan) (Refs. 2, 9, 11, and 14). Collectively, these binding interactions of HA may act on molecular pathways that serve to protect and restore cartilage.

Taken together, most of the effects described above (*i.e.,* anti-inflammatory, analgesic, and chondroprotective) are achieved through various molecular pathways that depend on the direct interaction of HA with bodily components (*e.g.,* cellular receptors) and downstream activation of specific signaling pathways.

Additionally, although injection of HA provides mechanical effects (*e.g.,* shock absorption), it is believed that such effects are limited due to the short half-life of HA (Refs. 2 and 15). Exogenous-introduced HA has been reported to have a half-life of a few days or up to 30 days for cross-linked versions (Refs. 2 and 15). Nevertheless, treatment with HA has been reported to result in clinical therapeutic effect for up to 6 months following injection (Ref. 9). In other words, treatment with HA has been reported to continue reduction in pain long after it is cleared from the knee joint. This further supports that HA achieves its primary intended purpose of the treatment of pain in OA of the knee through chemical action within the body (*e.g.,* through its anti-inflammatory and chondroprotective effects that act to mitigate the underlying OA condition).

Because the current published scientific literature supports that HA achieves its primary intended purpose of the treatment of pain in OA of the knee through chemical action, and therefore, HA for this use may not meet the definition of a device, sponsors of HA products who intend to submit a PMA or a supplement to a PMA for a change in indications for use, formulation, or route of administration are encouraged to obtain an informal or formal classification and jurisdictional determination through a Pre-RFD or RFD, respectively, from FDA prior to submission. If a sponsor believes their product meets the device definition, they may provide relevant evidence in the pre-RFD or RFD.

## II. References

The following references are on display with the Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; these are not available electronically at *https://www.regulations.gov* as these references are copyright protected. Some may be available at the website address, if listed. FDA has verified the website addresses, as of the date this document publishes in the **Federal Register**, but websites are subject to change over time.


1. Vasi, A.M., M. Popa, M. Butnaru, et al., ''Chemical Functionalization of Hyaluronic Acid for Drug Delivery Applications.'' *Materials Science and Engineering,* 38: 177–185, 2014.
2. Altman, R.D., V. Dasa, and J. Takeuchi, ''Review of the Mechanism of Action for Supartz FX in Knee Osteoarthritis.'' *Cartilage,* 9: 11–20, 2018. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5724672/*
3. Greenberg, D.D., A. Stoker, S. Kane, et al., ''Biochemical Effects of Two Different Hyaluronic Acid Products in a Co-Culture Model of Osteoarthritis.'' *OsteoArthritis and Cartilage,* 14: 814–822, 2006. *https://www.sciencedirect.com/science/article/pii/S1063458406000367?via%3Dihub*
4. Jahn, S., J. Seror, and J. Klein, ''Lubrication of Articular Cartilage.'' *Annual Review of Biomedical Engineering,* 18: 235–258, 2016.
5. Trouvin, A.-P. and S. Perrot, ''Pain in Osteoarthritis. Implications for Optimal Management.'' *Joint Bone Spine,* 85: 429–434, 2018.
6. Balazs, E.A., ''The Physical Properties of Synovial Fluid and the Special Role of Hyaluronic Acid.'' In *Disorders of the Knee,* A. Helfet, pp. 63–75. Philadelphia: Lippincott Company, 1974.
7. Liao, Y.-H, S.A. Jones, B. Forbes, et al., ''Hyaluronan: Pharmaceutical Characterization and Drug Delivery.'' *Drug Delivery,* 12: 327–342, 2005. *https://www.tandfonline.com/doi/full/10.1080/10717540590952555%20*
8. Moreland, L.W. ''Intra-Articular Hyaluronan (hyaluronic acid) and Hylans for the Treatment of Osteoarthritis: Mechanisms of Action.'' *Arthritis Research and Therapy,* 5: 54–67, 2003. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC165033/*
9. Altman, R.D., A. Manjoo, A. Fierlinger, et al., ''The Mechanism of Action for Hyaluronic Acid Treatment in the Osteoarthritic Knee: A Systematic Review.'' *BMC Musculoskeletal Disorders,* 16: 321, 2015. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4621876/*
10. Richards, M., J. Maxwell, L. Weng, et al., ''Intra-Articular Treatment of Knee Osteoarthritis: From Anti-inflammatories to Products of Regenerative Medicine.'' *The Physician and Sportsmedicine,* 44: 101–108, 2016. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4932822/*
11. Nicholls, M., A. Fierlinger, F. Zaizi, et al., ''The Disease Modifying Effects of Hyaluronan in the Osteoarthritic Disease State.'' *Clinical Medicine Insights: Arthritis and Musculoskeletal Disorders,* 10: 1–10, 2017. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5555499/*
12. Migliore, A. and S. Procopio, ''Effectiveness and Utility of Hyaluronic Acid in Osteoarthritis.'' *Clinical Cases in Mineral and Bone Metabolism,* 12: 31–33, 2015. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4469223/*
13. Schaible, H.-G., F. Richter, A. Ebersberge, et al., ''Joint Pain.'' *Experimental Brain Research,* 196: 153–162, 2009.
14. Chen, L., J. Xue, Z. Zheng, et al., ''Hyaluronic Acid, an Efficient Biomacromolecule for Treatment of Inflammatory Skin and Joint Diseases: A Review of Recent Developments and Critical Appraisal of Preclinical and Clinical Investigations.'' *International Journal of Biological Macromolecules,* 116: 572–584, 2018.
15. Strauss, E., J. Hart, M. Miller, et al., ''Hyaluronic Acid Viscosupplementation and Osteoarthritis: Current Uses and Future Directions.'' *The American Journal of Sports Medicine,* 37: 1636–1644, 2009.


Dated: December 13, 2018.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2018–27351 Filed 12–17–18; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: HRSA AIDS Education and Training Centers Evaluation Activities, OMB No. 0915–0281—Revision

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the

Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than February 19, 2019.

**ADDRESSES:** Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference, pursuant to Section 3506(c)(2)(A), the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* HRSA Ryan White HIV/AIDS Program (RWHAP) AIDS Education and Training Centers (AETC) Evaluation Activities, OMB No. 0915–0281—Revision

*Abstract:* The RWHAP AETC program, authorized by Title XXVI of the Public Health Service Act, supports a network of regional and national centers that conduct targeted, multi-disciplinary education and training programs for health care providers serving people living with HIV (PLWH). The purpose of the RWHAP Regional AETC program is to increase the size and strengthen the skills of the current and novice HIV clinical workforce in the United States. Through the provision of specialized professional education and training, the RWHAP Regional AETCs aim to improve outcomes along the HIV care continuum including diagnosis, linkage, retention, and viral suppression and to reduce HIV incidence by improving the achievement and maintenance of viral load suppression of PLWH. In addition, the RWHAP AETC program includes the National Coordinating Resource Center (NCRC), which offers a virtual library of online training resources for adaptation by HIV care providers and other healthcare professionals to meet local training needs. The RWHAP AETC NCRC works closely with the HRSA HIV/AIDS Bureau (HAB) to coordinate cross-regional collaborative efforts, manage the NCRC website, plan and execute the national RWHAP Clinical Conference, and develop an online curriculum for clinical learners.

The RWHAP AETC proposes several revisions to the Event Records (ER) and the Participant Information Form (PIF). The ER will have nine new data elements; however, only five data elements will require responses from all respondents. The option to respond to the other four data elements will depend on how participants respond to previous questions. The PIF will have one new data element that asks whether respondents prescribe anti-retroviral therapy to their patients. Three data elements were also deleted. These revisions reflect changes in the National AETC program guidance on reporting sources of funding and multi-session events. With a net increase of seven data elements across both the ER and PIF instruments, respondent burden is anticipated to increase slightly. In addition, HRSA HAB has modified the data instruments not only to improve the logical flow of questions within each instrument but also to improve the overall clarity of each of the questions being asked.

*Need and Proposed Use of the Information:* As part of an ongoing effort to evaluate RWHAP AETC activities, information is needed on AETC training sessions, clinical consultations, and technical assistance activities. Each regional center collects information on RWHAP AETC training events and is required to report aggregate data on their activities to HRSA's HAB. The goal of national data collection efforts is to create a uniform set of data elements that will produce an accurate summary of the national scope of RWHAP AETC professional training, consultation, and events. The elements included in the national database have been selected for their relevance in demonstrating the RWHAP AETCs' efforts in achieving the program's stated goals: To improve care for PLWH by providing education, training, and clinical consultation; and to provide support to clinicians and other providers. HRSA HAB uses the data collected when conducting programmatic assessments and to determine future program needs. The national data elements are intended to be a meaningful core set of elements that individual RWHAP AETCs can use in program and strategic planning. HRSA HAB also uses this information to respond to requests from HHS, Congress, and others.

*Likely Respondents:* RWHAP AETC trainees are asked to complete the PIF at the start or conclusion of an event. Trainers are asked to complete an ER for each training event they conduct during the year. In addition, each regional RWHAP AETC (eight total) and the RWHAP AETC National Coordinating Resource Center will compile these data into a data set and submit to HRSA HAB once a year.

*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 Information Collection Request are summarized in the table below.

The estimated annual response burden to trainers, as well as trainees of training programs is follows:

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 |
|---|---|---|---|---|---|
| Participant Information Form (PIF) | 61,288 | 1 | 61,288 | 0.167 | 10,235 |
| Event Record (ER) | 10,522 | 1 | 10,522 | 0.200 | 2,104 |
| Total | 71,810 | | 71,810 | | 12,339 |

The estimated annual burden to RWHAP AETCs is as follows:

| | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|---|---|---|---|---|---|
| Aggregate Data Set | 9 | 2 | 18 | 32 | 576 |

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.

**Amy P. McNulty,**

*Acting Director, Division of the Executive Secretariat.*

[FR Doc. 2018–27328 Filed 12–17–18; 8:45 am]

**BILLING CODE 4165–15–P**

## 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; The Maternal, Infant, and Early Childhood Home Visiting Program Quarterly Data Collection, OMB No. 0906–0016—Revision

**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 has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. A 60-day **Federal Register** Notice was published in the **Federal Register** on February 21, 2018. There were 24 public comments. 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 January 17, 2019.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to *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* or call (301) 443–1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* The Maternal, Infant, and Early Childhood Home Visiting Program Quarterly Data Collection, OMB Number: 0906–0016—Revision.

*Abstract:* This clearance request is for continued approval of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Quarterly Data Collection. The MIECHV Program, administered by HRSA in partnership with the Administration for Children and Families (ACF), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States, certain non-profit organizations, and Tribal entities are eligible to receive funding from the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities. After taking into consideration public comments in response to the 60-day notice published in the **Federal Register** on February 21, 2018 (83 FR 7481), HRSA is proposing revisions to the data collection forms for the MIECHV Program by making the following changes:

- *Form 4, Due date:* The due date will be revised from 60 days to 30 days after the end of each reporting period.
- *Form 4, Section A:* All tables will be renumbered.
- *Form 4, Table A.2:* Columns will be revised to reflect Local Implementing Agencies (LIAs) served, LIA addresses, counties served, zip codes served, and evidence-based home visiting models implemented.
- *Form 4, Table A.4.1:* Columns will be combined to reflect number of full-time equivalents (FTEs) for home visitors, supervisors, and other staff.
- *Form 4, Table A.4.2:* Table will be deleted.
- *Form 4, Section B:* Section will be updated to reflect current benchmark constructs.
- *Form 4, Definitions of Key Terms:* Update definitions for all tables. HRSA is requesting approval of this revised information collection request through March 31, 2022.

*Need and Proposed Use of the Information:* HRSA uses quarterly performance information to demonstrate program accountability and continuously monitor and provide oversight to MIECHV Program awardees. The information is also used to provide quality improvement guidance and technical assistance to awardees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to revise place-based services and staffing indicators for home visiting programs. In addition, on a quarterly basis HRSA will collect a set of standardized performance and outcome indicators that correspond with the benchmark areas identified in statute for awardees who fail to demonstrate improvement through the required 3-year assessment of improvement.

*Likely Respondents:* MIECHV Program awardees (n=56).

*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:

[1] HRSA currently estimates approximately 10 awardees may need to report benchmark performance data on a quarterly basis based on the statutorily-required assessment of improvement.

[2] The 10 responses for Section B are a sub-set of 56 total awardees funded through the MIECHV Program.