funded health centers to support implementation of evidence-based recommendations for health centers and providers to improve adolescent access to reproductive health services. In addition, awardees have worked with approximately 30 youth-serving organizations (YSO) to provide staff training and develop systematic approaches to identifying youth who are at risk for a teen pregnancy and referring those youth to reproductive health care services. Finally, awardees have developed communication campaigns that increase awareness of the partner health centers' services for teens. Activities are expected to result in changes to health center and YSO partners' policies, to staff practices, and to youth health care seeking and teen pregnancy prevention behaviors.

The best practices to improve adolescent access to reproductive health services included in this program are supported by evidence in the literature and recommended by major medical associations. Each of the components of the current project has been implemented as part of past teen pregnancy prevention efforts. Consistent with CDC's mission of using evidence to improve public health programs, conducting an evaluation of combined best practices, in concert with community-clinical linkage of youth to services to increase their access to reproductive health care, can provide further information to inform future teen pregnancy prevention efforts.

CDC has been collecting the information needed to assess these efforts under ''Performance Monitoring of 'Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations' '' (OMB No. 0920–1156, Exp. 1/31/2020). CDC is using the information to determine the types of training and technical assistance that may be needed, to monitor whether awardees meet objectives related to health center and YSO partners' policies and staff practices, to support a data-driven quality improvement process for adolescent sexual and reproductive health care services and referrals, and to assess whether the project model was effective in increasing the utilization of services by youth.

A revision of the currently approved information collection is being requested in order to continue data collection until the end of the project. Remaining information collection activities will include awardees, health center partner organizations, and providers at the health center partners; information collection during the extension period will not include YSOs or youths being served by health centers, as significant changes are not expected to be found for YSOs in the final year and that the youth survey will not need to be conducted beyond late 2019. Participation in the organizational assessment activities is required for awardees and partner organizations. Participation in a survey of health center providers is voluntary. The total estimated burden hours for the extension period are 485 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Private Sector	Health Center Organizational Assessment	21	1	2
	Quarterly Health Center Performance Reporting Tool.	21	2	4
	Annual Health Center Performance Measure Reporting Tool.	21	1	6
	Health Center Provider Survey	84	1	20/60
	Awardee Training and Technical Assistance Tool.	3	8	2
	Awardee Performance Measure Reporting Tool.	3	1	1
State and Local Government	Health Center Organizational Assessment	4	1	2
	Quarterly Health Center Performance Measure Reporting Tool.	4	2	4
	Annual Health Center Performance Measure Reporting Tool.	4	1	6
	Health Center Provider Survey	16	1	20/60

Jeffery M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Family Level Assessment and State of Home Visiting (FLASH–V) Outreach and Recruitment Study (New Collection)

AGENCY: Office of Planning, Research, and Evaluation; Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation is requesting public comment on new data collection activities to gather information about how Maternal, Infant, and Early Childhood Home Visiting (MIECHV) local implementing agencies (LIAs) recruit families for program participation and work with their community referral partners to recruit families. The project is designed to examine challenges programs experience reaching caseload capacity and how challenges might be overcome.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *OPREinfocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ACF Office of Planning, Research, and Evaluation is proposing a new information collection to learn more about how MIECHV-funded LIAs recruit families for home visiting services. Data collection will take place in two phases: (1) Eligibility assessment and preliminary data collection and (2) primary data collection. The first phase, for MIECHV-funded LIAs, includes completion of an eligibility assessment form, providing information about community referral partners, and submitting program outreach and recruitment materials. The second phase includes participation, for LIAs and identified community referral partners, in a 75-minute semi-structured interview. For a subset of LIAs, it also includes submitting management information system (MIS) data. This descriptive work will capture how LIAs and their community referral partners identify families, refer families to home visiting services, and enroll and serve families. The activities and products from this project will help ACF and the Health Resources and Services Administration to identify actionable bottlenecks in the recruitment and enrollment process to allow for the development and testing of strategies to improve the delivery of MIECHV-funded services.

Respondents: MIECHV-funded LIA administrators, program managers, and frontline staff; LIAs participating in the Home Visiting Applied Research Collaborative's (HARC) Practice-Based Research Network; and LIA community referral partners.

ANNUAL BURDEN ESTIMATES

Instrument	Total/annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
LIA Eligibility Assessment Form	161	1	.25	40
LIA Eligibility Assessment Form for MIS Data	15	1	.25	4
Request for LIA Recommendations from HARC State Networks	25	1	.25	6
Request to LIAs for Community Referral Partner Contact Information	35	1	.25	9
Interview Protocol Local Implementing Agency	40	1	1.25	50
Interview Protocol Community Referral Partner	150	1	1.25	188
MIS Data Submission	16	1	8	128

Estimated Total Annual Burden Hours: 425 hours.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Social Security Act Title V § 511 [42 U.S.C. 711]. As extended by the Bipartisan Budget Act of 2018 (Pub. L. 115–123) through FY22.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2020–N–0008]

Request for Nominations From Industry Organizations Interested in Participating in the Selection Process for Nonvoting Industry Representatives and Request for Nominations for Nonvoting Industry Representatives on the Blood Products Advisory Committee

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is requesting that any industry organizations interested in participating in the selection of a nonvoting industry representative to serve on the Blood Products Advisory Committee (BPAC) for the Center for Biologics Evaluation and Research notify FDA in writing. FDA is also requesting nominations for a nonvoting industry representative(s) to serve on the BPAC. A nominee may either be self-nominated or nominated by an organization to serve as a nonvoting industry representative. Nominations will be accepted for future vacancies effective October 1, 2020, with this notice.

DATES: Any industry organization interested in participating in the selection of an appropriate nonvoting member to represent industry interests must send a letter stating that interest to FDA by February 24, 2020 (see sections I and II of this document for further details). Concurrently, nomination materials for prospective candidates should be sent to FDA by February 24, 2020.

ADDRESSES: All statements of interest from industry organizations interested in participating in the selection process of nonvoting industry representative nominations should be sent via email to Christina Vert (see **FOR FURTHER INFORMATION CONTACT**). All nominations for nonvoting industry representatives must be submitted electronically by accessing the FDA Advisory Committee Membership Nomination Portal at: *https://www.accessdata.fda.gov/scripts/FACTRSPortal/FACTRS/index.cfm.* Information about becoming a member of an FDA advisory committee can also