

## 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 Measurement System ..... | 45                    | 1                                  | 45              | 70                                     | 3,150              |
| Total .....                                      | 45                    | .....                              | 45              | .....                                  | 3,150              |

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. 2024–25717 Filed 11–5–24; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS–0937–0166]

**Agency Information Collection Request; 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the

following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before January 6, 2025.

**ADDRESSES:** Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 264–0041 and *PRA@HHS.GOV*.

**FOR FURTHER INFORMATION CONTACT:**

When submitting comments or requesting information, please include the document identifier 0937–0166–60D and project title for reference, to Sherrette A. Funn, email: *Sherrette.Funn@hhs.gov*, *PRA@HHS.GOV* or call (202) 264–0041 the Reports Clearance Officer.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* HHS 42 CFR subpart B; Sterilization of Persons in Federally Assisted Family Planning Projects.

*Type of Collection:* Renewal.

*OMB No.:* 0937–0166.

*Abstract:* The Department of Health and Human Service, Office of Population Affairs is requesting an extension of a currently approved collection for the disclosure and recordkeeping requirements codified at 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”). The consent form solicits information to assure voluntary and informed consent to persons undergoing sterilization in programs of health services which are supported by federal financial assistance administered by the United States Public Health Service (PHS). It provides additional procedural protection to the individual and the regulation requires that the consent form be a copy of the form that is appended to the PHS regulation. In 2003, the PHS sterilization consent form was revised to conform to OMB government-wide standards for the collection of race/ethnicity data and to incorporate the PRA burden statement as part of the consent form. We are requesting a three-year extension.

## ANNUALIZED BURDEN HOUR TABLE

| Forms (if necessary)  | Respondents (if necessary)           | Number of respondents | Number of responses per respondents | Average burden per response | Total burden hours |
|---|--------------------------------------|-----------------------|-------------------------------------|-----------------------------|--------------------|
| Information Disclosure for <i>Sterilization Consent Form</i> .. | Citizens Seeking Sterilization. .... | 100,000               | 1                                   | 1                           | 100,000            |
| Record-keeping for <i>Sterilization Consent Form</i> .          | Citizens Seeking Sterilization. .... | 100,000               | 1                                   | 15/60                       | 25,000             |
| Total .....   | .....                                | .....                 | .....                               | .....                       | 125,000            |

**Sherrette A. Funn,**

*Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.*

[FR Doc. 2024–25748 Filed 11–5–24; 8:45 am]

**BILLING CODE 4150–28–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Meeting of the Presidential Advisory Council on HIV/AIDS**

**AGENCY:** Office of the Secretary, Office of the Assistant Secretary for Health,

Department of Health and Human Services.

**ACTION:** Notice of a meeting.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service is hereby giving notice that the Presidential Advisory Council on HIV/