Dated: August 7, 2020.

Lowell J. Schiller,

Principal Associate Commissioner for Policy.

[FR Doc. 2020–17714 Filed 8–12–20; 8:45 am]

BILLING CODE 4164–01–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; Information Collection Request Title: Teaching Health Center Graduate Medical Education Program Cost Evaluation, OMB No. 0906–XXXX—NEW

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. 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. OMB may act on HRSA's ICR only after the 30 day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than September 14, 2020.

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.* 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 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:* Teaching Health Centers Graduate Medical Education Program Cost Evaluation, OMB No. 0906–XXXX—NEW.

Abstract: The Teaching Health Center Graduate Medical Education (THCGME) program, authorized by Section 340H of the Public Health Service Act, was established by Section 5508 of Public Law (Pub. L.) 111–148. The Bipartisan Budget Act of 2018 (Pub. L. 115–123) provided continued funding for the THCGME Program for fiscal years 2018 and 2019 and the Coronavirus Aid, Relief, and Economic Security Act extends funding for FY 2020 and for the first two months of FY 2021 (until November 30, 2020). The THCGME program provides funding support for new and the expansion of existing primary care residency training programs in community-based settings. The primary goals of this program are to increase the production of primary care providers who are better prepared to practice in community settings, particularly with underserved populations, and improve the geographic distribution of primary care providers.

Need and Proposed Use of the Information: Statute requires the Secretary to determine an appropriate THCGME program payment for indirect medical expenses (IME) as well as to update, as deemed appropriate, the per resident amount used to determine the Program's payment for direct medical expenses (DME). To inform these determinations and to increase understanding of this model of residency training, George Washington University (GW), under contract with HRSA, is conducting an evaluation of the costs associated with training residents in the THC model. GW has developed a standardized THCGME Costing Instrument to gather data from all THCGME programs, which they will use to gather costing information related to both DME and IME. The information gathered in the THCGME Costing Instrument includes, but is not limited to, resident and faculty full-time equivalents, salaries and benefits, residency administration costs, educational costs, residency clinical operations and administrative costs, patient visits and clinical revenue generated by medical residents, financial reports, as well as general program information to understand the characteristics of the THCGME program and sponsoring institutions that are involved in residency training.

A 60-day notice published in the **Federal Register** on April 30, 2020, vol. 85, No. 84; pp. 23975–76. One public comment was received. GW also consulted with a GME Expert Panel to provide an external informed review of the THCGME Costing Instrument. Recommendations were received from the GME Expert Panel and minor changes were made. The feedback provided by the public comment and the GME Expert Panel included recommendations to: (1) Collect information on telehealth visits in 2018–2019 as a benchmark for telehealth activity post COVID–19 pandemic; (2) change to academic year 2018–2019 for the data collection period; and (3) further solidify the IME methodology for the non-THC Federally Qualified Health Center comparison group; and (4) enhance the THCGME Costing Instrument instructions.

HRSA is collecting costing information related to both DME and IME in an effort to establish a THC's total cost of running a residency program, to assist the Secretary in determining an appropriate update to the per resident amount used to calculate the payment for DME and an appropriate IME payment. The described data collection activities will serve to inform these statutory requirements for the Secretary in a uniform and consistent manner.

Likely Respondents: The likely respondents to the THCGME Costing Instrument are the THCGME program award recipients.

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
Teaching Health Center Costing Instrument	56	1	56	10	560
Total	56		56		560

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2020–17729 Filed 8–12–20; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Delegation of Authority

Notice is hereby given that I have delegated jointly to the Administrator, Centers for Medicare & Medicaid Services (CMS), and to the Director, National Institutes of Health (NIH), the authorities vested in the Secretary under Section 1881(c)(7)(B)–(E) [42 U.S.C. 1395rr(c)(7)(B)–(E)] of the Social Security Act (the Act), as amended, to assemble and analyze data reported by network organizations, transplant centers, and other sources on all end-stage renal disease (ESRD) patients.

Limitations

This delegation of authorities under Section 1881(c)(7)(B)–(E) [42 U.S.C. 1395rr(c)(7)(B)–(E)] of the Act shall be shared between CMS and NIH as these authorities relate to their respective programs. CMS and NIH will implement proactive collaborative measures such as ongoing status checks to discuss progress and resolve any potential disputes.

This delegation supersedes any prior delegations under this section, including the delegation dated September 6, 1984 (49 FR 35247).

This delegation of authority may be re-delegated.

This delegation of authority is effective immediately.

I hereby affirm and ratify any actions taken by the Administrator, CMS, and the Director, NIH, or their subordinates, which involved the exercise of authority under Section 1881(c)(7)(B)–(E) [42 U.S.C. 1395rr(c)(7)(B)–(E)] of the Act, as amended, delegated herein prior to the effective date of this delegation of authority.

Authority: 42 U.S.C. 1395.

Alex M. Azar II,

Secretary.

[FR Doc. 2020–17748 Filed 8–12–20; 8:45 am]

BILLING CODE 4150–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Assistance Listing Number 93.933]

Awards Unsolicited Proposal for the Health Communication Initiative Program

AGENCY: Office of Clinical and Preventive Services, Indian Health Service, Department of Health and Human Services.

ACTION: Notice of award of a single-source unsolicited grant to Johns Hopkins University in Baltimore, Maryland.

Recipient: Johns Hopkins University, Baltimore, Maryland.

Purpose of the Award: Cooperative agreement to collect, develop, package and distribute information to American Indian and Alaska Native (AI/AN) communities to address the coronavirus disease 2019 (COVID–19)-specific recommendations on healthcare, in a culturally sensitive way.

Amount of Award: $127,644 in Fiscal Year (FY) 2020.

Period of Performance: April 24, 2020–August 24, 2020.

SUMMARY: The Office of Clinical and Preventive Services (OCPS) announces the award of a single-source cooperative agreement in response to an unsolicited proposal from Johns Hopkins University, Baltimore, Maryland. The proposal submitted was not solicited either formally or informally by any federal government official.

OCPS performed an objective review of the unsolicited proposal from Johns Hopkins University (JHU) to develop information on proper actions to mitigate the spread of COVID–19, in a culturally sensitive way. The Johns Hopkins Bloomberg School of Public Health (JHSPH) Center for American Indian Health (CAIH) mission is to work in partnerships with AI/AN communities to raise their health status, self-sufficiency, and health leadership to the highest possible level. This mission is accomplished through research, training and education, and service. The CAIH has more than nine facilities and approximately 100 staff in the Southwestern tribal communities to assist the Indian Health Service (IHS) in containing and mitigating COVID–19, while building a response model and set of communication materials for all IHS regions nationwide. The CAIH can draw on broad expertise from JHU for additional guidance and recommendations on best practices as the situation evolves.

The materials will be developed from the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance. Based on an internal review of the proposal and the immediate response of the IHS to address the COVID–19 public health emergency, OCPS determined that the proposal has merit.

The long history between the federal government and Native American Tribes and people has often been less than ideal. There are still barriers to the Native American community accepting instruction or direction from the federal government. There is great value in having a third party that has a good history with the community to gather, package and deliver recommendations, in a culturally sensitive way, on staying safe from this disease, when those recommendations may run contrary to cultural norms. This delivery avenue will be more acceptable to the community, and will be more readily recognized for implementation within AI/AN communities.

This award is being made noncompetitively because there is no current, pending, or planned funding opportunity announcement under which this proposal could be competed. OCPS has identified two additional key reasons to support rationale for awarding this unsolicited proposal:

1. The JHU CAIH is well known in the AI/AN communities for robust