

U.S.C. 545, was for conduct relating to the importation into the United States of any drug or controlled substance because she illegally imported unapproved new drugs containing botulinum toxin to use in treatments she conducted on individuals for money. In proposing a debarment period, FDA weighed the considerations set forth in section 306(c)(3) of the FD&C Act that it considered applicable to Ms. Novikov's offense and concluded that the offense warranted the imposition of a 5-year period of debarment.

The proposal informed Ms. Novikov of the proposed debarment, offered her an opportunity to request a hearing, providing her 30 days from the date of receipt of the letter in which to file the request, and advised her that failure to request a hearing constituted a waiver of the opportunity for a hearing and of any contentions concerning this action. Ms. Novikov received the proposal and notice of opportunity for a hearing at her residence on March 9, 2022. Ms. Novikov failed to request a hearing within the timeframe prescribed by regulation and has, therefore, waived her opportunity for a hearing and waived any contentions concerning her debarment (21 CFR part 12).

II. Findings and Order

Therefore, the Assistant Commissioner, Office of Human and Animal Food Operations, under section 306(b)(3)(C) of the FD&C Act, under authority delegated to the Assistant Commissioner, finds that Ms. Jhanna Novikov has been convicted of a felony under Federal law for conduct relating to the importation into the United States of any drug or controlled substance. FDA finds that the offense should be accorded a debarment period of 5 years as provided by section 306(c)(2)(A)(iii) of the FD&C Act.

As a result of the foregoing finding, Ms. Novikov is debarred for a period of 5 years from importing or offering for import any drug into the United States, effective (see **DATES**). Pursuant to section 301(cc) of the FD&C Act (21 U.S.C. 331(cc)), the importing or offering for import into the United States of any drug or controlled substance by, with the assistance of, or at the direction of Ms. Novikov is a prohibited act.

Any application by Ms. Novikov for termination of debarment under section 306(d)(1) of the FD&C Act should be identified with Docket No. FDA-2021-N-1358 and sent to the Dockets Management Staff (see **ADDRESSES**). The public availability of information in these submissions is governed by 21 CFR 10.20(j).

Publicly available submissions will be placed in the docket and will be viewable at <https://www.regulations.gov> or at the Dockets Management Staff (see **ADDRESSES**) between 9 a.m. and 4 p.m., Monday through Friday, 240-402-7500.

Dated: June 30, 2022.

Lauren K. Roth,

Associate Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas

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

ACTION: Notice.

SUMMARY: This notice informs the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as primary medical care, dental health, and mental health professional shortage areas (HPSAs) in a designated status as of April 29, 2022. The lists are available on the shortage area topic page on HRSA's data.hrsa.gov website. Given the COVID-19 pandemic's impact on the health workforce and health care service delivery, HRSA is providing a longer transition time for jurisdictions and facilities to prepare for potential change of HPSA designations. HPSA designations that are currently proposed for withdrawal will remain in this status until they are re-evaluated in preparation for the publication of the 2023 HPSA **Federal Register** Notice. If these HPSAs do not meet the requirements for designation at the time of the publication of the July 2023 HPSA **Federal Register** Notice next year, they will be withdrawn. This additional time will allow jurisdictions to re-evaluate their HPSAs against the designation criteria, and plan for potential changes in staffing.

ADDRESSES: Complete lists of HPSAs designated as of April 29, 2022, and updated information on HPSAs are available on the website at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>. Information on shortage designations is available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>.

FOR FURTHER INFORMATION CONTACT: For further information on the HPSA

designations listed on the website or to request additional designation, withdrawal, or reapplication for designation, please contact Janelle D. McCutchen, DHEd, MPH, CHES, Chief, Shortage Designation Branch, Division of Policy and Shortage Designation, Bureau of Health Workforce (BHW), HRSA, 5600 Fishers Lane, Room 11W14, Rockville, Maryland 20857, sdb@hrsa.gov.

SUPPLEMENTARY INFORMATION:

Background

Section 332 of the Public Health Service (PHS) Act, 42 U.S.C. 254e, provides that the Secretary shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. Section 332 further requires that the Secretary annually publish lists of the designated geographic areas, population groups, and facilities. The lists of HPSAs are to be reviewed at least annually and revised as necessary.

Final regulations (42 CFR part 5) were published in 1980 that include the criteria for designating HPSAs. Criteria were defined for seven health professional types: primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary care. The criteria for correctional facility HPSAs were revised and published on March 2, 1989 (54 FR 8735). The criteria for psychiatric HPSAs were expanded to mental health HPSAs on January 22, 1992 (57 FR 2473). Currently funded PHS Act programs use only the primary medical care, mental health, or dental HPSA designations.

HPSA designation offers access to potential federal assistance. Public or private nonprofit entities are eligible to apply for assignment of National Health Service Corps personnel to provide primary medical care, mental health, or dental health services in or to these HPSAs. National Health Service Corps health professionals enter into service agreements to serve in federally designated HPSAs. Entities with clinical training sites located in HPSAs are eligible to receive priority for certain residency training program grants administered by HRSA's Bureau of Health Workforce (BHW). Other federal programs also utilize HPSA designations. For example, under authorities administered by the Centers for Medicare and Medicaid Services, certain qualified providers in geographic area HPSAs are eligible for

increased levels of Medicare reimbursement.

Content and Format of Lists

The three lists of designated HPSAs are available on the HRSA Data Warehouse shortage area topic web page and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of April 29, 2022. This notice incorporates the most recent annual reviews of designated HPSAs and supersedes the HPSA lists published in the **Federal Register** on July 7, 2021 (**Federal Register**/Vol. 86, No. 127/Wednesday, July 7, 2021/Notices 35808). Note that HPSA designations that are currently proposed for withdrawal will remain in this status until they are re-evaluated in preparation for the publication of the 2023 HPSA **Federal Register** Notice.

In addition, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603, are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHCs) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this listing. Absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. A county that has a whole county geographic or population group HPSA is indicated by the phrase "County" following the county name.

Development of the Designation and Withdrawal Lists

Requests for designation or withdrawal of a particular geographic

area, population group, or facility as a HPSA are received continuously by BHW. Under a Cooperative Agreement between HRSA and the 54 state and territorial Primary Care Offices (PCOs), PCOs conduct needs assessments and submit applications to HRSA to designate areas as HPSAs. BHW refers requests that come from other sources to PCOs for review. In addition, interested parties, including Governors, State Primary Care Associations, and state professional associations, are notified of requests so that they may submit their comments and recommendations.

BHW reviews each recommendation for possible addition, continuation, revision, or withdrawal. Following review, BHW notifies the appropriate agency, individuals, and interested organizations of each designation of a HPSA, rejection of recommendation for HPSA designation, revision of a HPSA designation, and/or advance notice of pending withdrawals from the HPSA list via the Shortage Designation Management System. Designations (or revisions of designations) are effective as of the date on the notification from BHW and are updated daily on the HRSA Data Warehouse website. While this list is a snapshot of HPSAs at a point in time, HPSA designations are regularly being updated so the best source of current designation status is the HRSA Data Warehouse website at (<https://data.hrsa.gov/tools/shortage-area>).

Designations proposed for withdrawal will remain in that status and not be withdrawn unless they do not meet the HPSA designation criteria at the time the Fiscal Year 2023 HPSA **Federal Register** Notice is developed and published.

Carole Johnson,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Proposed Reorganization

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The *Eunice Kennedy Shriver National Institute of Child Health and Human Development* (NICHD) will host a meeting to enable public discussion of

the Institute's proposal to reorganize its Division of Extramural Research.

DATES: This virtual public meeting will take place on August 8 from 10:00–11:00 a.m. ET. Members of the public are welcome to attend and do not need to RSVP.

ADDRESSES: The meeting will take place at via webinar at <https://nih.zoomgov.com/j/1606532813>. American Sign Language interpreting services are available upon request. Individuals who need interpreting services and/or other reasonable accommodations to participate in this event, should contact Elizabeth Cushman at Elizabeth.cushman@nih.gov. Requests should be made at least five business days in advance in order to ensure interpreter availability.

FOR FURTHER INFORMATION CONTACT: Ms. Jessica Wu, Chief of the Management Analysis and Workforce Branch, *Eunice Kennedy Shriver National Institute of Child Health and Human Development*, 31 Center Drive, Bethesda, MD 20892, telephone: 301-443-3219, email: wuj5@mail.nih.gov.

SUPPLEMENTARY INFORMATION: In accordance with the NIH Reform Act of 2006 (42 U.S.C. Sec.281 (d)(4)), NICHD will have a public meeting to discuss the proposed reorganization plans. NICHD proposal would simplify the organizational structure of the NICHD, create new organizational components to reduce 'silos', increase administrative efficiencies, facilitate transdisciplinary research and idea exchange, and benefit the institute's internal and external communities. The proposal seeks to capitalize on emerging scientific opportunities, while reducing barriers to scientific and interdisciplinary collaboration.

Dated: July 1, 2022.

Alison N. Cernich,
Deputy Director, *Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; Notice of Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Regents of the National Library of Medicine.