

ANNUALIZED BURDEN HOUR TABLE—Continued

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Total	2	1,155

Sherrette A. Funn,
*Paperwork Reduction Act Reports Clearance
 Officer, Office of the Secretary.*
 [FR Doc. 2023–13909 Filed 6–29–23; 8:45 am]
BILLING CODE 4150–34–P

**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Request for Information: Draft HHS
 2023 Framework To Support and
 Accelerate Smoking Cessation**

AGENCY: Office of the Assistant
 Secretary for Health (OASH), Office of
 the Secretary, Department of Health and
 Human Services (HHS).

ACTION: Notice of request for
 information.

SUMMARY: The Department of Health and
 Human Services (HHS or Department) is
 issuing this request for information
 (RFI) to receive input from the public on
 the Draft HHS 2023 Framework to
 Support and Accelerate Smoking
 Cessation to guide the Department’s
 efforts to sustain and strengthen existing
 programs and drive further progress
 toward smoking cessation, with an
 emphasis on serving populations and
 communities disproportionately
 impacted by smoking-related morbidity
 and mortality.

DATES: To be assured consideration,
 comments must be received at the email
 address provided below, no later than
 midnight Eastern Time (ET) on July 30,
 2023. HHS will not reply individually to
 responders but will consider all
 comments submitted by the deadline.
 Please do not provide confidential
 information as comments may be
 published or otherwise used for agency
 purposes.

ADDRESSES: Please submit all comments
 via email to [HHSSmokingCessation
 Framework2023@hhs.gov](mailto:HHSSmokingCessationFramework2023@hhs.gov) as a Word
 document, Portable Document Format
 (PDF), or in the body of an email. Please
 include “Request for Information: Draft
 HHS 2023 Framework to Support and
 Accelerate Smoking Cessation” in the
 subject line of the email message.

FOR FURTHER INFORMATION CONTACT:
 Please submit questions for further
 information to Sarah Boateng, Principal
 Deputy Assistant Secretary for Health.

Email: sarah.boateng@hhs.gov at (202)
 205–0725.

SUPPLEMENTARY INFORMATION: The
 mission of HHS is to enhance the health
 and well-being of all Americans, by
 providing for effective health and
 human services and by fostering sound,
 sustained advances in the sciences
 underlying medicine, public health, and
 social services.

On February 22, 2022, President Joe
 Biden and First Lady Jill Biden reignited
 the Cancer Moonshot, setting an
 ambitious, achievable goal: to reduce
 the death rate from cancer by at least 50
 percent over the next 25 years and
 improve the experience of people and
 families living with and surviving
 cancer, ultimately ending cancer as we
 know it. Additionally, on January 20,
 2021, President Biden signed Executive
 Order 13985, *Advancing Racial Equity
 and Support for Underserved
 Communities Through the Federal
 Government*, which directed the
 Department to make achieving health
 equity part of its mission by developing
 programs, policies, and activities to
 address the disproportionately high and
 adverse health disparities in
 underserved communities. Then on
 February 16, 2023, President Biden
 signed Executive Order 14091, *Further
 Advancing Racial Equity and Support
 for Underserved Communities Through
 the Federal Government*. This second
 Executive Order reaffirmed the
 Administration’s commitment to health
 equity by extending and strengthening
 equity-advancing requirements for
 agencies.

To support the executive order
 initiatives, and to pursue the
 Administration’s priorities for
 advancing health equity and driving
 down cancer deaths, the Office of the
 Assistant Secretary for Health (OASH) is
 leading the development of a framework
 to support and accelerate smoking
 cessation. The Draft HHS 2023
 Framework to Support and Accelerate
 Smoking Cessation (the Framework)
 will provide direction to enhance
 collaboration and coordination across
 HHS, and with Federal and non-Federal
 stakeholders, drive further progress
 toward smoking cessation and
 delivering equitable outcomes for all
 persons in America. The draft
 Framework was developed with valued

input from subject matter experts across
 HHS Operating Divisions. The
 Framework aims to accelerate smoking
 cessation and reduce smoking-related
 health disparities by building on current
 activities and collaborations across the
 Department, including work guided by
 the HHS Tobacco Control Strategic
 Action Plan developed in 2010.

The scope is focused on cessation of
 the use of commercial cigarettes, cigars,
 and cigarillos, for people of all ages
 across the lifespan. The Department also
 recognizes the importance of tobacco
 use prevention and cessation of other
 tobacco products. These issues as well
 as those related to e-cigarettes are topics
 that are out of scope for this phase but
 will be addressed in a later phase of this
 effort.

The purpose of this request for
 information (RFI) is to seek public
 comment on the Draft 2023 Framework
 to Support and Accelerate Smoking
 Cessation. Please see the Draft
 Framework below, followed by an RFI
 in the form of questions to the public.

**Draft U.S. Department of Health and
 Human Services 2023 Framework To
 Support and Accelerate Smoking
 Cessation**

Background

Cigarette smoking is the leading cause
 of preventable disease, disability, and
 death in the United States, including
 about 30% of all cancer deaths.
 Enormous progress has been made over
 the last 60 years in driving down rates
 of cigarette smoking. In 2021, 11.5% of
 U.S. adults smoked cigarettes, down
 from an all-time high of 42%, and two-
 thirds (66.5%) of all adults who ever
 smoked cigarettes have quit. Despite
 this progress, cigarette smoking still
 claims approximately 480,000 American
 lives every year.

Furthermore, the gains that have been
 made over the past several decades have
 not occurred equally across the
 population, leaving behind many of
 those who have the least resources and
 who face the greatest barriers to
 quitting. Encouraging and assisting
 every person in America to quit
 smoking is critical to ensuring a
 healthier future for all people in
 America and to helping achieve the
 Cancer Moonshot goal of reducing
 cancer death rates by at least half over

the next 25 years, a central part of President Biden's Unity Agenda, issues areas where all of us can come together and make additional progress for the American people. In fact, ahead of the President's State of the Union, the Administration announced that helping Americans avoid smoking in the first place and supporting Americans who want to quit would be a major priority for the President's Cancer Moonshot this year.

Vision

The Framework vision is to ensure that every person in America has access to comprehensive, evidence-based cessation treatment and can benefit from HHS cessation supports, programs, and policies.

Framework Goals

The Framework is organized around the six goals that serve as a foundation for long-standing HHS efforts to support and promote cessation. Moving forward, these goals will guide future HHS cessation actions, building on the work that is already underway to achieve the Framework vision.

The Framework identifies six goals.

1. Eliminate smoking- and cessation-related disparities
2. Increase awareness and knowledge related to smoking and cessation
3. Strengthen and sustain cessation services and supports
4. Increase access to and coverage of comprehensive, evidence-based cessation treatment
5. Expand surveillance of smoking and cessation behaviors and strengthen performance measurement and evaluation
6. Promote ongoing and innovative research to support and accelerate smoking cessation

Cross-Cutting Principles

The Framework is underpinned by cross-cutting guiding principles that apply across all six goals. These cross-cutting principles reflect the Department's commitment to leveraging the best available smoking cessation science, programs, and policies to reach diverse populations and all communities across America.

- *Advancing Equity:* Employ culturally competent strategies that support and accelerate cessation, focusing especially on groups with high smoking prevalence and/or persistent cessation-related disparities
- *Community Engagement:* Ensure that the public, especially communities that are disproportionately affected by smoking, are engaged in the development and implementation of

cessation programs, policies, and infrastructure

- *Coordination, Collaboration, and Integration:* Promote coordination, collaboration, and integration of programs and activities across HHS to support the implementation and sustainability of effective cessation practices, programs, and policies
- *Evidence-Based Approaches:* Leverage the strongest evidence base to guide actions for cessation treatment and messaging, while identifying research gaps and needs

Broad Strategies

Each of the six goals are supported by broad strategies to drive progress toward smoking cessation at the population and individual levels. HHS will advance the Framework goals through coordinated strategies that leverage the full capacity and resources of the Department, including continued support for ongoing activities that serve these goals.

Goal 1: Eliminate Smoking- and Cessation-Related Disparities

Addressing disparities in smoking prevalence rates and cessation outcomes is essential to achieving equitable progress in reducing smoking-related morbidity and mortality. A commitment to health equity involves understanding health disparities related to smoking and the factors that cause these disparities. Through the Framework, HHS seeks to execute broad strategies that will reach all communities and address unique barriers to cessation experienced by disparately affected groups.

Examples of broad strategies that advance this goal include:

- Promoting access to cessation resources that are culturally competent and use consumers' preferred languages
- Engaging community partners in promotion and outreach to key population groups, focusing especially on groups with high smoking prevalence and/or persistent cessation-related disparities
- Building capacity for cessation services and supports in care settings serving key populations
- Regulating the manufacturing, marketing, and distribution of tobacco products to protect public health

Goal 2: Increase Awareness and Knowledge Related to Smoking and Cessation

Raising knowledge and awareness about the harmful effects of smoking and evidence-based cessation interventions drives attempts to quit and promotes treatment utilization.

Through the Framework, HHS seeks to execute broad strategies that will increase awareness and knowledge related to smoking and cessation.

Examples of broad strategies that advance this goal include:

- Expanding public education campaigns to increase knowledge about the harms of smoking and the availability of cessation services
- Coordinating with Federal and non-Federal entities to share cessation communication and education resources in order to amplify their reach
- Promoting covered cessation treatments to insurance beneficiaries and their health care providers

Goal 3: Strengthen and Sustain Cessation Services and Supports

To help people quit smoking, it is important to have strong cessation supports in place with sustainable capacity and infrastructure. Through the Framework, HHS seeks to execute broad strategies that will support implementation of services that are evidence-based, optimally effective, engaging, and sustainable.

Examples of broad strategies that advance this goal include:

- Strengthening and sustaining State and local cessation programs and activities
- Working to ensure a baseline level of service for State tobacco Quitlines
- Promoting connectivity and interoperability among HHS programs and partnerships with other Federal and non-Federal entities

Goal 4: Increase Access to and Coverage of Comprehensive High-Quality Cessation Treatment

Ensuring that high-quality, comprehensive cessation support is accessible and affordable for all people in America is essential for advancing smoking cessation. The Framework seeks to execute broad strategies that will increase access to cessation treatment, especially in settings serving population groups that experience barriers to cessation and cessation-related disparities.

Examples of broad strategies that advance this goal include:

- Working with health insurers, payers, States, health care facilities, community providers, and other stakeholders to remove coverage barriers to treatment
- Ensuring that smoking assessment and treatment delivery and referral are integrated into healthcare systems and connected to care for other health conditions

- Supporting, reimbursing, and evaluating innovative healthcare delivery methods that support cessation and provide long-term support to prevent and address relapse
- Promoting patient-centered approaches and ensuring that cessation protocols are evidence-based

Goal 5: Expand Surveillance of Smoking and Cessation Behaviors and Strengthen Performance Measurement and Evaluation

Expanding capacity for surveillance and evaluation is critical for measuring progress, understanding barriers to quitting success, and rewarding effective service delivery. Through the Framework, HHS seeks to execute strategies that will support the measurement, monitoring, and tracking of patterns, trends, and progress.

Examples of broad strategies that advance this goal include:

- Ensuring that surveillance systems can capture cessation-related disparities and diverse tobacco use patterns
- Promoting development and use of common data elements
- Supporting program evaluation to ensure that high quality smoking cessation and related services are provided

Goal 6: Promote Ongoing and Innovative Research To Support and Accelerate Smoking Cessation

A robust evidence base exists to inform smoking cessation programs, policies, and treatments. At the same time, it is essential to identify what gaps exist in our current understanding of what works to effectively address smoking cessation. Through the Framework, HHS seeks to execute broad strategies that will support research efforts to continually build the evidence base in this area.

Examples of broad strategies that advance this goal include:

- Increasing understanding of how to optimize current smoking cessation interventions to maximize reach and treatment engagement and effectiveness, particularly among populations disparately impacted by smoking
- Supporting research on new cessation interventions
- Promoting sharing of data and resources generated by federally-funded research
- Identifying research gaps

HHS is requesting information from the public regarding five questions.

1. Are the proposed goals appropriate and relevant for addressing the needs of populations disparately affected by smoking?

2. Do the broad strategies capture the key components and aspects needed to drive progress toward increasing cessation?

3. Are there additional goals or broad strategies that should be included in the Framework?

4. What targeted actions should HHS (Department-wide or within a specific HHS agency) take to advance these goals and strategies?

5. What metrics and benchmarks should be included to ensure that the Framework drives progress?

HHS invites all potentially interested parties—individuals, associations, governmental and non-governmental organizations, academic institutions, and private sector entities—to respond. HHS is interested in the questions listed above, but respondents are welcome to address as many or as few as they choose and may provide additional relevant information that is within the scope of the Framework. To facilitate review of the responses, please reference the question number in your response.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of HHS to provide support for any ideas in response to it. HHS will use the information submitted in response to this RFI at its discretion and will not provide comments to any respondent's submission. However, responses to this RFI may be reflected in future initiatives, solicitations, or policies. Respondents are advised that HHS is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted.

Sarah N. Boateng,

Principal Deputy Assistant Secretary for Health, Office of the Assistant Secretary for Health.

[FR Doc. 2023-13928 Filed 6-29-23; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Listing of Members of the Indian Health Service Senior Executive Service Performance Review Board

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is provided of the persons who will serve on the Indian Health Service Senior Executive Service Performance Review Board.

SUPPLEMENTARY INFORMATION: The Indian Health Service (IHS) announces the persons who will serve on the IHS Senior Executive Service Performance Review Board (PRB). This action is being taken in accordance with 5 U.S.C. 4314(c)(4), which requires that members of PRBs be appointed in a manner to ensure consistency, stability, and objectivity in performance appraisals; and requires that notice of the appointment of an individual to serve as a member be published in the **Federal Register**.

The following persons may be named to serve on the PRB from 2023–2025, which oversees the evaluation of performance appraisals and compensation for Senior Executive Service, Senior Level/Senior Technical, and Title 42 executive-equivalent members of the IHS.

Buchanan, Chris
Cooper, Jennifer
Cotton, Beverly
Curtis, Jillian
Driving Hawk, James
Frye, Daniel
Gaikowski, Dixie
Gyorda, Lisa
LaRoche, Darrell
Redgrave, Bryce
Smith, Phillip B. (Chair)
Watts, Travis

For further information about the PRB, contact Nathan Anderson, Office of Human Resources, Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857, or by phone at 605-681-4940.

P. Benjamin Smith,

Deputy Director, Indian Health Service.

[FR Doc. 2023-13892 Filed 6-29-23; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose