research, advocacy, and clinical practice communities, those employed by NIH or at institutions receiving NIH support, and the public, on a proposed revised mission statement. The bolded language reflects differences between the current and proposed mission statements.

- **Current mission statement:** “To seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.”
- **Proposed revised mission statement:** “To seek fundamental knowledge about the nature and behavior of living systems and to apply that knowledge to optimize health and prevent or reduce illness for all people.”

Input sought about the proposed revised mission statement includes, but is not limited to, the following:

- Suggestions for specific language that could be added to the proposed mission statement and why.
- Feedback on any specific language that could be removed from the proposed mission statement and why.

NIH encourages organizations (e.g., patient advocacy groups, professional societies) to submit a single response reflective of the views of the organization or its membership.


**Tara A. Schwetz,**
Acting Principal Deputy Director, National Institutes of Health.

[FR Doc. 2023–18989 Filed 8–31–23; 8:45 am]  
**BILLING CODE 4140–01–P**

---

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 2023 Notice of Supplemental Funding Opportunity**

**AGENCY:** Substance Abuse and Mental Health Services Administration, Department of Health and Human Services (HHS).

**ACTION:** Notice of intent to award supplemental funding.

**SUMMARY:** This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting supplemental funding in the scope of the parent award to the 36 Rural Emergency Medical Services Training Grant (REMS) recipients funded under Notice of Funding Opportunity (NOFO) TI–23–011. These recipients have a project end date of September 29, 2024. The supplemental funding is to provide the opioid antagonist medication, naloxone, that can be used to treat respiratory depression in suspected opioid overdose patients, and for the procurement of emergency equipment used to rapidly reverse the effects of opioid overdoses. Recipients may receive up to $49,000 for the purchase of naloxone and up to $49,000 for purchasing equipment, for a total of $98,000 per recipient.

**FOR FURTHER INFORMATION CONTACT:** Humberto Carvalho, Email: Humberto.Carvalho@samhsa.hhs.gov, Phone: (240) 276–2974.

**SUPPLEMENTARY INFORMATION:**

**Funding Opportunity Title:** Rural Emergency Medical Services Training TI–23–011.

**Assistance Listing Number:** 93.243.

**Authority:** The REMS Training grants are authorized under Section 330f of the Public Health Service Act, as amended (42 U.S.C. 254c15).

**Justification:** This is not a formal request for application. Assistance will only be provided to the 36 REMS recipients funded in FY 2023 funded under Rural Emergency Medical Services Training Grant Funding Opportunity TI–23–011, based on the receipt of a satisfactory application and associated budget. The purpose of the supplement is to further expand and enhance REMS grant activities; therefore, only current recipients are eligible.


**Ann Ferrero,**
Public Health Analyst.

[FR Doc. 2023–18911 Filed 8–31–23; 8:45 am]  
**BILLING CODE 4162–20–P**

---

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine and Oral Fluid Drug Testing for Federal Agencies**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine or Oral Fluid (Mandatory Guidelines).

**FOR FURTHER INFORMATION CONTACT:** Anastasia Donovan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240–276–2600 (voice); Anastasia.Donovan@samhsa.hhs.gov (email).

**SUPPLEMENTARY INFORMATION:** In accordance with section 9.19 of the Mandatory Guidelines, a notice listing all currently HHS-certified laboratories and IITFs is published in the Federal Register during the first week of each month. If any laboratory or IITF certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end and will be omitted from the monthly listing thereafter.

This notice is also available on the Internet at https://www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list. The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and of the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid. The Mandatory Guidelines using Urine were first published in the Federal Register on April 11, 1988 (53 FR 11970), and subsequently revised in the Federal Register on June 9, 1994 (59 FR 29908); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); April 30, 2010 (75 FR 22809); and on January 23, 2017 (82 FR 7920).

The Mandatory Guidelines using Oral Fluid were first published in the Federal Register on October 25, 2019 (84 FR 57554) with an effective date of January 1, 2020. The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503
of Public Law 100–71 and allowed urine drug testing only. The Mandatory Guidelines using Urine have since been revised, and new Mandatory Guidelines allowing for oral fluid drug testing have been published. The Mandatory Guidelines require strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on specimens for federal agencies. HHS does not allow IITFs to conduct oral fluid testing.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections. Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines using Urine and/or Oral Fluid. An HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that the test facility has met minimum standards. HHS does not allow IITFs to conduct oral fluid testing.

**HHS-Certified Laboratories Approved To Conduct Oral Fluid Drug Testing**

In accordance with the Mandatory Guidelines using Oral Fluid dated October 25, 2019 (84 FR 57554), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on oral fluid specimens:

- Dynacare*, 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519–679–1630 (Formerly: Gamma-Dynacare Medical Laboratories)
- ELSohy Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662–236–2609

**Laboratory Corporation of America Holdings**, 7207 N. Gessner Road, Houston, TX 77040, 713–856–8288/800–800–2387


**Laboratory Corporation of America Holdings**, 1120 Main Street, Southlake, MS 38671, 866–827–8042/800–233–6339 (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)

**LabOne, Inc.**

- d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913–888–3927/800–873–8845 (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)
- Legacy Laboratory Services Toxicology, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–5295/800–490–5295

**Phamatech, Inc.,** 15175 Innovation Drive, San Diego, CA 92128, 888–635–5840

**DrugScan, Inc.,** 200 Precision Road, Suite 200, Horsham, PA 19044, 800–235–4990

**Desert Tox, LLC,** 5425 E Bell Rd, Suite 125, Scottsdale, AZ 85254, 602–457–5411/623–748–5045

**Clinical Reference Laboratory, Inc.,** 8433 Quivira Road, Lenexa, KS 66215–2802, 800–445–6917

**US Army Forensic Toxicology Drug Testing Laboratory,** 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085, Testing for Department of Defense (DoD) Employees Only

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS’ NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.

**Anastasia Marie Donovan, Public Health Advisor, Division of Workplace Programs.**

[FR Doc. 2023–18964 Filed 8–31–23]