(5) What plan for longitudinal follow-up of newborns identified through newborn screening is available? For example, will there be a patient registry available for use by clinical providers or by individuals/families? For how many years would infants with the condition be followed?

Evidence-based Review Process: The current criteria for ACHDNC to recommend inclusion of a condition on the RUSP to the Secretary is based primarily on peer-reviewed evidence regarding the certainty that benefits of universal screening outweigh harms (''net benefit''). These criteria have been largely applied to focus on the benefits and harms to the individual child, with much less consideration of benefits and harms to the family, states, or to the public health system. Financial and opportunity costs have received less attention by ACHDNC, in part because of the lack of published evidence regarding such topics.

Below is an example of what published evidence should be considered by the Committee when conducting a condition evidence review. The Committee requests feedback regarding the example below.

When weighing certainty and net benefit of screening for a condition, the Committee should consider the full range of relevant, published, peer-reviewed evidence. Although such evidence in relation to benefits and harms to the individual child remain paramount, the Committee should also consider benefits and harms to the family and to society at large, including disproportionate impacts or disparities related to specific conditions or screening. For example, the Committee could consider evidence demonstrating benefits for the family regarding future planning (*e.g.,* finances, geographic proximity to services, home design, etc.), earlier access to early intervention programs, or opportunity costs to the public health system. Ideally, potential harms and benefits should be supported by evidence directly relevant to the condition under review. When such evidence is lacking, Committee members could consider peer-reviewed evidence from other disorders to the extent that such evidence is considered potentially relevant to the condition under consideration.

Special Note to Commenters

The information obtained through this request for information (RFI) may help inform ACHDNC processes. Per the ACHDNC Charter, the Committee has the responsibility to decide the processes for nomination, evidence review, and making recommendations regarding the RUSP. How Committee members ultimately vote on recommending a condition for inclusion on the RUSP will continue to reflect their judgment on the certainty of net benefit to the entire population of infants born in the United States.

This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, applications, proposal abstracts, or quotations. This RFI does not commit the U.S. government to contract for any supplies or services or make a grant or cooperative agreement award. Further, HRSA is not seeking proposals through this RFI and will not accept unsolicited proposals. HRSA will not respond to questions about the policy issues raised in this RFI. Responders are advised that the U.S. government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense.

Authority: ACHDNC is authorized by section 1111(g) of the Public Health Service Act, 42 U.S.C. 300b–10(g), and the Federal Advisory Committee Act, 5 U.S.C. chapter 10.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–04618 Filed 3–4–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0955–0018]

Agency Information Collection Request. 30-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 April 4, 2024.

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: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 264–0041, or *PRA@HHS.GOV.* When submitting comments or requesting information, please include the document identifier 0955–0018–30D and project title for reference.

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: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program.

Type of Collection: Reinstatement without change.

OMB No: 0955–0018.

Abstract: The Department of Health and Human Services, Office of the Secretary, Office of the National Coordinator for Health IT Office of Policy, is requesting an approval by OMB for reinstatement without change which pertains to a records and information retention requirement found at 45 CFR 170.402(b)(1). The purpose and use of this records and information retention requirement is to verify, as necessary, health IT developer compliance with the ONC Health IT Certification Program (Program) requirements, including certification criteria and Conditions and Maintenance of Certification. Specifically, a health IT developer must, for a period of 10 years beginning from the date each of a developer's health IT is first certified under the Program, retain all records and information necessary that demonstrate initial and ongoing compliance with the requirements of the Program.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Health IT Developers	435	1	104	45,240
Total	435			45,240

Sherrette A. Funn,

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

[FR Doc. 2024–04613 Filed 3–4–24; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Stakeholder Listening Session in Preparation for the 77th World Health Assembly

AGENCY: Office of Global Affairs, Department of Health and Human Services.

ACTION: Notice of public listening session; request for comments.

DATES: The listening session will be held Thursday, May 2, 2024, from 10 a.m. to 12 p.m. eastern daylight time. This session is open to the public but requires RSVP to *oga.rsvp1@hhs.gov* by Friday, April 26, 2024. See RSVP section in **SUPPLEMENTARY INFORMATION** for details.

ADDRESSES: The session will be held virtually. Online and dial-in information will be shared with registered participants.

SUPPLEMENTARY INFORMATION:

Purpose: The U.S. Department of Health and Human Services (HHS) leads the U.S. delegation to the 77th World Health Assembly and will convene an informal Stakeholder Listening Session.

The Stakeholder Listening Session is designed to seek input from stakeholders and subject matter experts to help the HHS Office of Global Affairs inform and prepare for U.S. Government engagement at the World Health Assembly.

The World Health Assembly is the decision-making body of the World Health Organization (WHO). It is attended by delegations from all 194 WHO Member States. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget. The Health Assembly is held annually in Geneva, Switzerland. Additional information about the World Health Assembly can be found at this website: *https://www.who.int/about/governance/world-health-assembly.*

Matters to be Discussed: The listening session will cover items on the provisional agenda of the 77th World Health Assembly. The provisional agenda can be found at this website: *https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_39-en.pdf.*

Participation is welcome from stakeholder communities, including:

- Public health and advocacy groups
- State, local, and Tribal groups
- Private industry
- Minority health organizations
- Academic and scientific organizations, etc.

RSVP: Persons seeking to participate in the listening session *must register by Friday, April 26, 2024.*

Registrants must include their full name, email address, and organization, if any, and indicate whether they are registering as a listen-only attendee or as a speaker participant to oga.rsvp1@hhs.gov.

Requests to participate as a speaker must include all of the following information:

1. The name and email address of the person desiring to participate
2. The organization(s) that person represents
3. The primary agenda item(s) of interest, listed in order of the speaker's priorities

Note: A separate listening session will be held on Thursday, April 11, 2024, to discuss the following World Health Assembly agenda items:

- 13.2 Implementation of the International Health Regulations (2005)
- 13.3 Working Group on Amendments to the International Health Regulations (2005)
- 13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

To provide comments on these agenda items, please see the corresponding **Federal Register** notice: *https://www.federalregister.gov/documents/2024/02/28/2024-04080/stakeholder-listening-session-on-public-health-emergencies-preparedness-and-response-negotiations.*

Other Information: Written comments are welcome and encouraged even if you are attending the listening session and should be emailed to *oga.rsvp1@hhs.gov* with the subject line ''*Written Comment Re: Stakeholder Listening Session for WHA77*'' by Friday, May 3, 2023.

We look forward to your comments on the 77th World Health Assembly.

Dated: February 28, 2024.

Susan Kim,

Principal Deputy Assistant Secretary, Office of Global Affairs.

[FR Doc. 2024–04525 Filed 3–4–24; 8:45 am]

BILLING CODE 4150–38–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Institute of Neurological Disorders and Stroke Special Emphasis Panel, March 19, 2024, 9 a.m. to March 19, 2024, 6 p.m., National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852, which was published in the **Federal Register** on February 23, 2024, FR Doc 2024–03818, 89 FR 14080.

This notice is being amended to change the date of this one-day meeting to a two-day meeting March 19, 2024, to March 20, 2024. The meeting time remains the same. The meeting is closed to the public.

Dated: February 29, 2024.

Lauren A. Fleck,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–04592 Filed 3–4–24; 8:45 am]

BILLING CODE 4140–01–P