

with RRS 5 (highly rugged) and RUCA code 2 or 3 in our definition of rural area (tracts with RUCA codes 4–10 regardless of RRS are already included). Some small area tracts within or on the edge of cities can have rugged terrain (e.g., State or local parks), but they are very small size and adjacent to major population centers.

FORHP estimates that including census tracts that are at least 20 square miles in area with RRS 5 and RUCA 2–3 in the definition of rural area would add 84 census tracts and approximately an additional 304,834 people to the 60,758,275 people currently living in FORHP-designated rural areas, an increase of 0.5 percent in the total number of people living in rural areas. The number of eligible census tracts by State is included in table 2.

Only tracts that meet all criteria—RRS 5 and RUCA 2–3 with an area over 20 square miles—would be newly eligible under this proposed update. Tracts with RRS 5 and RUCA code 1 could not be classified as rural areas as tracts with RUCA code 1 contain populations from urban areas with over 50,000 residents. Additionally, the RUCA code 1 tracts located in metro counties are part of the metropolitan area core and have primary commuting flow within the urban area.⁶ For example, San Francisco, California has 31 census tracts with RRS 5 and RUCA code 1, and these small areas with rugged terrain inside the metropolitan area core are not rural in character.

TABLE 2—NUMBER OF CENSUS TRACTS WITH RRS 5 AND RUCA CODE 2 OR 3 AND AREA OVER 20 SQ. MILES, BY STATE

State	New tracts
CA	24
OR	16
NC	12
WA	9
TN	7
CO	6
WV	6
MT	2
AK	1
MD	1
Total	84

Note: Data in this table are based on 2010 census tract geographies. For a complete list of impacted census tracts see: <https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files>.

FORHP's proposal to modify our definition of rural area for purposes of

⁶ See the description of Rural-Urban Commuting Area Codes at <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes>.

FORHP's grant programs reflects efforts to be responsive to stakeholder feedback and target programs towards the intended communities. Other rural definitions for other purposes may be set by statute or regulation or be designed to meet different program goals.

Notification of FORHP's Technical Clarification in Response to the U.S. Census Bureau's 2020 Census Terminology Changes Removing Urban Clusters and Urbanized Areas

Prior to the 2020 Census, the U.S. Census Bureau designated two categories of urban areas—Urban Clusters (with a population of 2,500 to 49,999) and Urbanized Areas (with a population of 50,000 or more). With the elimination of these sub-categories to differentiate urban areas with large and small populations, the U.S. Census Bureau now only designates urban areas (population of 5,000 and up or housing units of 2,000 or more) and does not sub-categorize urban areas by size. FORHP's rural definition excludes outlying metro counties with an *Urbanized Area*. To retain the distinction between urban areas with population over and under 50,000 in FORHP's definition of rural area, FORHP will identify and categorize urban areas based on population size. With this technical clarification, the definition, "all outlying metro counties with no urban population from an urban area of 50,000 or more people," will replace "all outlying metro counties without an urbanized area."

FORHP will use the urban area population counts published by the U.S. Census Bureau in the list of qualifying urban areas for the 2020 Census (<https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html>) to sub-categorize urban areas as less than 50,000 people (e.g., a population of 49,999 or fewer) and as 50,000 or more people in the next update to rural area data files. Consistent with our current definition, FORHP will consider outlying metro counties without population from urban areas with 50,000 or more people as rural areas, and the entire county would be considered a rural area for our grant programs.

There are 327 outlying metro counties in the Office of Management and Budget's Bulletin No. 23–01, released July 21, 2023, that have no population part of an urban area with 50,000 or more people. Outlying metro counties with any population from urban areas with 50,000 or more people would not be considered rural areas, however census tracts within those counties

would be considered rural areas if they meet the RUCA criteria or the RUCA and RRS criteria, as applicable.

Proposed FORHP Definition of Rural Area Incorporating the RRS and the Technical Clarification in Response to Census Terminology Changes

FORHP proposes to designate the following areas as rural for purposes of FORHP's grant programs:

- (1) Non-metro counties,
- (2) Outlying metro counties with no urban population from an urban area of 50,000 or more people,
- (3) Census tracts in metro counties with RUCA codes 4–10,
- (4) Census tracts in metro counties of at least 400 square miles in area with population density of 35 or less per square mile with RUCA codes 2–3, and
- (5) Census tracts in metro counties with RRS 5 and RUCA codes 2–3 that are at least 20 square miles in area.

Request for Public Comment

FORHP is proposing to modify the current definition of rural area for purposes of FORHP's grant programs. FORHP seeks comments from the public on the proposed use of the RRS to identify rural areas as described above.

This request for comments is issued solely for information and planning purposes; it does not constitute a Request for Proposal, applications, proposal abstracts, or quotations. This request does not commit the Government to contract for any supplies or services or make a grant or cooperative agreement award or take any other official action. Further, HRSA is not seeking proposals through this request for comments and will not accept unsolicited proposals.

Carole Johnson,
Administrator.

[FR Doc. 2024–08931 Filed 4–25–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.18 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to

recovery. The rate cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities" unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 12½%, as fixed by the Secretary of the Treasury, is certified for the quarter ended March 31, 2024. This rate is based on the Interest Rates for Specific Legislation, "National Health Services Corps Scholarship Program (42 U.S.C. 254o(b)(1)(A))" and "National Research Service Award Program (42 U.S.C. 288(c)(4)(B))." This interest rate will be applied to overdue debt until the Department of Health and Human Services publishes a revision.

David C. Horn,

Director, Office of Financial Policy and Reporting.

[FR Doc. 2024-08939 Filed 4-25-24; 8:45 am]

BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is available for licensing to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

FOR FURTHER INFORMATION CONTACT: Licensing information may be obtained by communicating with the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852 by contacting Dawn Taylor-Mulneix at 301-451-8021 or dawn.taylor-mulneix@nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished information related to the invention.

SUPPLEMENTARY INFORMATION: Technology description follows:

Human Monoclonal Antibodies That Target the RH5 Complex of Blood-Stage Plasmodium Falciparum

Description of Technology

249 million people were afflicted with malaria in 2022. There are five *Plasmodium* parasite species that cause malaria in humans. Of the five, *Plasmodium falciparum* causes most of the incidence of human disease. Most advanced malaria vaccine candidates can confer only partial, short-term protection in malaria-endemic areas. The pathogenesis of malaria is associated with blood-stage infection and antibodies specific to the parasite blood-stage antigens may be able to control parasitemia. To address this public health need, NIAID inventors have developed 35 human monoclonal antibodies that target the RH5 complex of blood-stage *Plasmodium falciparum* and were found to have potent activity in *in vitro* growth inhibition assays.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404, as well as for further development and evaluation under a research collaboration.

Potential Commercial Applications

- Method of prophylactic and/or therapeutic treatment by targeting blood-stage antigens of *Plasmodium*.

Competitive Advantages

- Most other commercially available antibodies targeting against *Plasmodium* target circumsporozoite protein (CSP) present in the sporozoite stage. These novel antibodies instead target a conserved and essential antigen present in the blood stage: RH5.
- These monoclonal antibodies can be used alone or in combination with existing antibodies.

Developmental Stage

- Pre-clinical.
- Inventors:** Joshua Tan, Ph.D., Lawrence Wang, Ph.D. and Andrew Cooper, Ph.D., all of NIAID.

Publications: Wang, L., Cooper, A., et al. "Natural malaria infection elicits rare but potent neutralizing antibodies to the blood-stage antigen RH5." *bioRxiv*. <https://www.biorxiv.org/content/10.1101/2023.10.04.560669v1>, October 06, 2023.

Intellectual Property: HHS Reference No. E-014-2023; Provisional Patent Application No.: 63/468,740.

Licensing Contact: To license this technology, please contact Dawn Taylor-Mulneix at 301-451-8021 or

dawn.taylor-mulneix@nih.gov, and reference E-014-2023.

Collaborative Research Opportunity: The National Institute of Allergy and Infectious Diseases is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. For collaboration opportunities, please contact Dawn Taylor-Mulneix at 301-451-8021 or dawn.taylor-mulneix@nih.gov.

Dated: April 19, 2024.

Surekha Vathyam,

Deputy Director, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.

[FR Doc. 2024-08986 Filed 4-25-24; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket Number USCG-2024-0281]

Operational Adjustments Resulting From Workforce Shortages

AGENCY: Coast Guard, DHS.

ACTION: Notice and request for comments.

SUMMARY: We are requesting your comments on planned actions that will allow the Coast Guard to prioritize lifesaving missions and protection of the Marine Transportation System in light of current personnel shortages. Like other military services, the Coast Guard is facing an unprecedented workforce shortage that is impacting Service readiness. The current and forecasted extent of the shortage is prompting significant actions to best protect the American public and maintain Service readiness. If actions are not taken to adjust operations, we can anticipate longer-term impacts to mission effectiveness and increased risk to our service members, as well as to commercial mariners and private boaters. In addition to leveraging technology and enhancing recruitment and retention efforts, operational adjustments must be executed within the existing response system while maintaining standards and an adherence to core mission execution. These adjustments fall into two categories: First, in regions where multiple units could respond if they were resourced appropriately, boats and people will be consolidated at one or more units to ensure a robust response. Secondly, in areas where the Coast Guard operates