execution, acquisitions strategy and oversight for department-wide IT investments (including category management, major investment governance, and vendor management), and other business operations for OCIO. The IO also provides policy development and review, communications and stakeholder engagement, audit liaison and enterprise risk management coordination, and support for Department-wide IT data calls, reporting, and related cross-cutting initiatives on behalf of the Chief Information Officer.

2. Office of Information Security (AO2)

The Office of Information Security (OIS), led by the Chief Information Security Officer (CISO) and Executive Director, OIS, serves as the central organization for HHS cybersecurity and information security risk management. OIS develops and implements department-wide information security policies and standards; oversees implementation of Federal information security and cybersecurity requirements; conducts security operations, continuous monitoring, and incident response; and provides security engineering, guidance, and oversight for HHS systems and networks. OIS also provides leadership for privacy and information management, including collaboration with privacy officials on safeguarding sensitive information; coordinates department-wide activities related to information collection under the Paperwork Reduction Act; and oversees records management policy and guidance for information and IT resources, in alignment with applicable law and HHS policy. In addition, OIS supports Health Sector cybersecurity coordination and information sharing activities to help protect critical health and public health sector infrastructure.

3. Office of Operations (AO3)

The Office of Operations (Ops), led by the Executive Director, Ops, is responsible for planning, delivering, and sustaining enterprise IT infrastructure and shared services that support HHS missions. Ops designs, builds, and operates enterprise networks, data centers, cloud and platform environments, identity and access management services, collaboration and mobility solutions, and end-user computing services; manages IT service management processes, performance, and resilience; and leads continuity of operations and disaster recovery planning for enterprise IT services. Ops also provides engineering, deployment, and lifecycle management of shared technology platforms; supports modernization and optimization of infrastructure and hosting; and delivers integrated operational support to HHS Operating and Staff Divisions to promote reliable, secure, and cost-effective IT service delivery.

4. Office of HR IT Modernization (AO4)

The Office of HR IT Modernization (HRITMod), led by the Executive Director, HR IT Modernization, provides leadership for modernizing enterprise human resources information technology. HRITMod collaborates with HHS human resources and IT stakeholders to plan and manage HR IT transformation efforts; supports implementation, integration, and optimization of HR IT systems and services; and promotes continuous improvement of HR technology solutions that align with Departmental IT, data, and security frameworks and support workforce management and employee services.

5. Office of the Chief Data Officer (AO5)

The Office of the Chief Data Officer (OCDO), led by the Chief Data Officer, provides Department-wide leadership for data strategy and governance. OCDO develops and oversees HHS-wide data policies, standards, and governance frameworks; promotes effective, lawful, and ethical use of data to support HHS programs, public health, research, and decision-making; and advances data interoperability and data-sharing consistent with applicable privacy and security requirements. OCDO also supports enterprise data architecture, data cataloging, and metadata practices, and coordinates cross-cutting activities related to analytical, statistical, and geospatial data in collaboration with HHS Operating and Staff Divisions and other senior officials.

6. Office of the Chief Technology Officer (AO6)

The Office of the Chief Technology Officer (OCTO), led by the Chief Technology Officer, provides strategic leadership on emerging technologies and digital innovation for HHS. OCTO advises on enterprise technology direction and standards; collaborates with HHS components to identify, explore, and support innovative technology approaches and pilot initiatives; and promotes the use of modern digital, cloud, and platform capabilities to enhance HHS programs and services, in coordination with the Chief Information Officer and other senior officials.

7. Office of the Chief Artificial Intelligence Officer (AO7)

The Office of the Chief Artificial Intelligence Officer (OCAIO), led by the Chief Artificial Intelligence Officer, provides Department-wide leadership for artificial intelligence strategy and governance. OCAIO develops and coordinates policies and guidance for responsible and trustworthy use of AI; supports planning and implementation of AI capabilities that advance HHS missions; and works with HHS components and other senior officials to integrate AI considerations into enterprise information, data, and technology management frameworks, in alignment with applicable Federal requirements and Departmental priorities.

III. Delegations of Authority

All delegations of authority to the HHS Chief Information Officer and to OCIO that were previously issued under the Office of the Assistant Secretary for Administration are unaffected by this reorganization and are deemed to be delegations to the Office of the Chief Information Officer established by this notice, unless otherwise modified or revoked.

The Secretary delegates to the Chief Information Officer the authority to carry out the functions described in this notice and as otherwise assigned under applicable law and HHS policy.

Robert F. Kennedy Jr.,

Secretary, U.S. Department of Health and Human Services.

[FR Doc. 2026–06549 Filed 4–2–26; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Drug Abuse; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors, NIDA.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Institute on Drug Abuse, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would

constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Board of Scientific Counselors, NIDA.

Date: May 12, 2026.

Time: 8:05 a.m. to 5:40 p.m.

Agenda: To review and evaluate personnel qualifications and performance, and competence of individual investigators.

Place: National Institute on Drug Abuse, NIH Biomedical Research Center, 251 Bayview Boulevard, Baltimore, MD 21224.

Meeting Format: Virtual Meeting.

Contact Person: Megan E. Bollinger, M.S., Management Analyst, Office of the Scientific Director, National Institute on Drug Abuse, 251 Bayview Boulevard, Suite 200, Baltimore, MD 21224, (443) 740–2466, *Megan.Bollinger@nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.277, Drug Abuse Scientist Development Award for Clinicians, Scientist Development Awards, and Research Scientist Awards; 93.278, Drug Abuse National Research Service Awards for Research Training; 93.279, Drug Abuse and Addiction Research Programs, National Institutes of Health, HHS)

Dated: March 31, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–06485 Filed 4–2–26; 8:45 am]

BILLING CODE 4140–01–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 National Institute of Allergy and Infectious Diseases (NIAID), an institute of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the invention listed below, which 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: Inquiries related to this licensing opportunity should be directed to: Benjamin Hurley at 240–276–5489, or *benjamin.hurley@nih.gov*. 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: tel. 301–496–2644. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished information related to the invention.

SUPPLEMENTARY INFORMATION: Technology description follows:

Human Antibodies With Anti-Lymphocyte Specificities and Lytic Activity

Description of Technology

Antibody therapies that target human B cells are a promising way to treat diseases like B-cell cancers and autoimmune conditions like lupus and multiple sclerosis. Traditionally, these antibodies are made in animals and modified to resemble human antibodies to reduce immune rejection. Researchers in the Laboratory of Immunoregulation (LIR) at the National Institute of Allergy and Infectious Diseases (NIAID) have developed a new approach of using blood plasma from a patient with the rare immune disorder idiopathic CD4 lymphocytopenia (ICL) to find naturally occurring human antibodies.

By using advanced genetic sequencing, the researchers discovered and reproduced several new antibodies that could effectively attack and kill B-cell tumors, normal B cells, and T cells, demonstrating potential for eliminating cancerous or disease-causing immune cells. One potent antibody, NIH58.9, killed B cells at low concentrations of 0.01 nanomolar. These new antibodies may be used as treatments, combined with other therapies, or engineered into special formats like bispecific antibodies or antibody-drug conjugates.

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

- Development of monoclonal antibody therapies, bispecific antibodies, and antibody-targeted drugs for use in organ transplantation, B-cell lymphomas, and autoimmune conditions.

Competitive Advantages

- First fully human IgM antibody that binds to and kills B cells at concentrations as low as 0.01Nm.
- Versatile antibody that may be used directly, engineered as IgG1 antibody, and possibly developed into bispecifics or antibody-drug conjugates.

Development Stage

- Pre-Clinical

Inventors: Dr. Ainhoa Pérez-Díez, Dr. Irini Sereti, both of NIAID.

Intellectual Property: HHS Reference No. E–025–2025. U.S. Provisional Patent Application 63/787,190, filed on April 11, 2025.

Licensing Contact: To license this technology, please contact Benjamin Hurley at 240–276–5489, or *benjamin.hurley@nih.gov,* and reference E–025–2025.

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 Benjamin Hurley at 240–276–5489, or *benjamin.hurley@nih.gov.*

Dated: March 31, 2026.

Surekha Vathyam,

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

[FR Doc. 2026–06501 Filed 4–2–26; 8:45 am]

BILLING CODE 4140–01–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 meetings.

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 confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; RFA–AG–26–014: Aging Mammalian Tissues In Vitro (R21).

Date: April 28, 2026.

Time: 9:30 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Kaitlyn N. Hardell, MPH, Ph.D., Center for Scientific Review, National