

care integration with other clinical services and public health; primary health care integration with community-based organizations to provide social services to patients; interprofessional education strategies; expanded and effective use of health information technology (IT); strategies to expand primary health care research and its impact; and measures of primary health care spending, access, quality, and impact.

2. *Barriers to implementing successful models or innovations:* Describe current barriers to implementing innovations or improvements that would strengthen primary health care, to improve the health of individuals, families and communities. Also, consider barriers to advancing primary health care research, as well as barriers to inclusive services and those targeting youth. For each barrier, you may provide evidence-based or proposed solutions.

3. *Successful strategies to engage communities:* Describe models, approaches or frameworks that HHS could use to obtain ongoing input from individuals, caregivers, and communities on HHS actions to strengthen primary health care and their implementation (*i.e.*, community engagement strategies), acknowledging the different approaches necessary to obtain perspectives from youth and adults. Populations of focus are those traditionally underserved by health care, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Additional populations of interest are people experiencing homelessness; non-US-born persons; individuals experiencing gender-based violence; individuals with chronic illness; older adults and people with disabilities; individuals with mental and substance use disorders; and people who have had interactions with the criminal justice system. Share implementation approaches for community engagement strategies and lessons learned.

4. *Proposed HHS actions:* Identify specific actions that HHS may take to advance the health of individuals, families, and communities through strengthened primary health care. Examples include, but are not limited to: steps to implement and scale new payment models and reimbursement approaches, including revising the

Physician Fee Schedule, Relative Value Units, and Current Procedural Terminology codes and advancing value-based care; increasing payer and national investment in primary health care and measuring/monitoring spending on primary care; support for service integration, including integration of primary health care and public health; and enabling care for complex needs by integrating behavioral, oral, and primary health care and integrating access to social services and primary health care through partnerships; support for primary health care workforce well-being; policy and programmatic proposals for health workforce programs to address workforce shortages, geographic maldistribution and to improve workforce diversity; support for primary health care workforce education and training; interprofessional education; new technical assistance needed; advancing the use of certified health IT and interoperability of electronic health information across the care continuum; primary health care research infrastructure and investment; and measurement and stewardship of primary health care. Specify what barrier the opportunity addresses, and the realistic timing for implementation: less than two years, two to five years, and six to 10 years.

Dated: June 15, 2022.

Judith Steinberg,

Senior Advisor, Office of the Assistant Secretary for Health, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Eye Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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: National Eye Institute Special Emphasis Panel; NEI Pathway to Independence Award Application (K99).

Date: July 26, 2022.

Time: 10:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Eye Institute, National Institutes of Health, 6000B Rockledge Drive, Suite 3400, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Jennifer C. Schiltz, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Activities, National Eye Institute, National Institutes of Health, 6000B Rockledge Drive, Suite 3400, Bethesda, MD 20892, (240) 451-2020, jennifer.schiltz@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: June 22, 2022.

Victoria E. Townsend,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022-13640 Filed 6-24-22; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Eye Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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: National Eye Institute Special Emphasis Panel; NEI Mentored Clinician Scientist Grant Applications (K08, K23) and Conference Grants (R13).

Date: July 19, 2022.

Time: 11:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Eye Institute, National Institutes of Health, 6700B Rockledge Drive, Suite 3400, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Brian Hoshaw, Ph.D., Chief, Scientific Review Branch, Division of Extramural Research, National Eye Institute, National Institutes of Health, 6700B