Advisory Committee. Any interested person may nominate one or more qualified individuals for membership on the Advisory Committee. Self-nominations are also accepted. Nominations must include, in full, the following materials to be considered for membership. Failure to submit the required information may disqualify a candidate from the review process.

- A letter of nomination that contains contact information for both the nominator and nominee (if not the same).
- A statement from the nominee that they are willing to serve on the Advisory Committee for its duration and an explanation of interest in serving on the Advisory Committee. The nominee should also indicate which category or categories they are willing to represent. (For self-nominations, this information may be included in the nomination letter.)
- A biography, including professional and academic credentials.
- A resume or curriculum vitae that indicates the nominee's educational experience, as well as relevant professional experience.
- Two letters of reference that support the nominee's qualifications for participation on the Advisory Committee. (For nominations other than self-nominations, a nomination letter that includes information supporting the nominee's qualifications may be counted as one of the letters of reference.)
- For health care providers applying for the HHS appointments, nominees should include physicians, other clinicians, and health care operations professionals experienced with air ambulance critical care transport services and/or experience in addressing the challenges associated with transport in rural areas.
- For nominees applying for the DOT appointments, please address the following:

++ Current experience with a Part 135 operator, operating helicopters and/or airplanes in air ambulance operations. Preference will be given to those with experience operating both helicopters and airplanes in air ambulance operations.

++ Whether the applicant currently holds a management or operational position with a part 135 certificate holder operating air ambulance aircraft.

++ Knowledge of the differences between air ambulance vehicle types, services, and technologies, and other flight capability standards, and the impact of such differences on patient safety.

++ Size and scope of the operations from which operational experience was obtained.

Finally, nominees should state their previous experience on a Federal advisory committee and/or aviation rulemaking committee (if any), their level of knowledge in the stakeholder groups listed above, and the size of their constituency they represent or are able to reach.

Materials submitted should total five pages or less. Should more information be needed, Department staff will contact the applicant/nominee, obtain information from the applicant's/nominee's past affiliations, or obtain information from publicly available sources.

The Secretaries will make every effort to appoint members to serve on the Advisory Committee from among those candidates determined to have the technical expertise required to meet specific statutory categories and Departmental needs, and in a manner to ensure an appropriate balance of membership. Selection of committee members will be consistent with achieving the greatest impact, scope, and credibility among diverse stakeholders. The diversity in such membership includes, but is not limited to, race, gender, disability, sexual orientation, and gender identity.

The Secretaries reserve discretion to appoint members to serve on the Advisory Committee who did not respond to this notice if necessary to meet specific statutory categories and Departmental needs in a manner to ensure an appropriate balance of membership.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Evell J. Barco Holland, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: June 2, 2023.

Evell J. Barco Holland,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2023–12180 Filed 6–2–23; 4:15 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Personal Responsibility Education Program (PREP)—Extension (OMB #0970–0497)

AGENCY: Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Request for public comments.

SUMMARY: OPRE and the Family and Youth Services Bureau (FYSB) in ACF request an extension to a currently approved information collection of performance measures data for the PREP Program (OMB No. 0970–0497; expiration date: 06/30/2023). The purpose of the request is to continue the ongoing data collection and submission of the performance measures by PREP grantees and eliminate the requirement for grantees to aggregate participant survey data to the program level for submission.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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. You can also obtain copies of the proposed collection of information by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This notice is specific to a request for an extension of data collection activities for the PREP Performance Measures Study component, which includes collection and analysis of performance measure data from State PREP (SPREP), Tribal PREP (TPREP), Competitive PREP (CPREP), and Personal Responsibility Education Innovative Strategies (PREIS) grantees. PREP grants support evidence-based programs to reduce teen

pregnancy and sexually transmitted infections. The programs are required to provide education on both abstinence and contraceptive use and to offer information on adulthood preparation subjects. Data will be used to determine if the PREP grantees are meeting their programs' mission and priorities. This request includes revisions to the program-level data collection forms (Instruments 3 and 4) to *no* longer require grantees to aggregate participant survey data to the program level for submission.

Respondents: SPREP, TPREP, CPREP, and PREIS grantees; their subrecipients; and program participants.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Instrument 1					
Participant entry survey	351,001	1	0.13333	46,799	15,600
Instrument 2					
Participant exit survey	320,203	1	0.11667	37,358	12,453
Instrument 3: Performance Reporting System Data Entry Form					
SPREP grantees	51	6	18	5,508	1,836
TPREP grantees	8	6	18	864	288
CPREP grantees	27	6	14	2,268	756
PREIS grantees	12	6	14	1,008	336
Instrument 4: Subrecipient Data Collection and Reporting Form					
SPREP subrecipients	259	6	14	21,756	7,252
TPREP subrecipients	27	6	14	2,268	756
CPREP subrecipients	54	6	12	3,888	1,296
PREIS subrecipients	20	6	12	1,440	480

Estimated Total Annual Burden Hours: 41,053.

Authority: Sec. 50503, Pub. L. 115–123.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–12160 Filed 6–6–23; 8:45 am]

BILLING CODE 4184–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2023–N–2057]

Revocation of Emergency Use of a Drug During the COVID–19 Pandemic; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the revocation of the Emergency Use Authorization (EUA) issued to B. Braun Melsungen AG (B. Braun Melsungen) for Propofol-Lipuro 1% injectable emulsion (Propofol-Lipuro 1% emulsion). The EUA was issued on March 12, 2021. B. Braun Melsungen informed FDA that the inventory of the Propofol-Lipuro 1% emulsion within the United States has been depleted and that B. Braun Melsungen does not intend to offer this product in the United States anymore. Because B. Braun Melsungen has notified FDA that it does not intend to offer the Propofol-Lipuro 1% emulsion in the United States anymore and requested FDA revoke the EUA for the Propofol-Lipuro 1% emulsion, FDA has determined that it is appropriate to protect the public health or safety to revoke this authorization. The revocation, which includes an explanation of the reasons for the revocation, is reprinted in this document.

DATES: The Authorization is revoked as of April 12, 2023.

ADDRESSES: Submit written requests for a single copy of the EUA to the Office of Executive Programs, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, 6th Floor, Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist that office in processing your request or include a Fax number to which the Authorization may be sent. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the Authorization.

FOR FURTHER INFORMATION CONTACT: Johanna McLatchy, Office of Executive Programs, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, 6th Floor, Silver Spring, MD 20993–0002, 301–796–3200 (this is not a toll free number).

SUPPLEMENTARY INFORMATION:

I. Background

Section 564 of the FD&C Act (21 U.S.C. 360bbb–3) allows FDA to strengthen the public health protections against biological, chemical, nuclear, and radiological agents. Among other things, section 564 of the FD&C Act allows FDA to authorize the use of an unapproved medical product or an unapproved use of an approved medical product in certain situations. With this EUA authority, FDA can help ensure that medical countermeasures may be used in emergencies to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by biological, chemical, nuclear, or radiological agents when there are no adequate, approved, and available alternatives. On March 12, 2021, FDA