

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)—Continued

KQ1	Inclusion	Exclusion
Outcome Timing	Post-operative period ≤3 months subdivided into 72 hours or less; >72 hours or discharge up to <30 days; 30 days up to ≤3 months.	Other timing.
Setting	Post-operative period 3–12 months. Perioperative (inpatient or outpatient) setting for intervention.	Nerve blocks performed in the outpatient clinic. Nerve blocks performed outside of the preoperative day-of-surgery to the 24-hours postoperative.
Study design	Perioperative and all follow-up settings for outcomes. Randomized controlled trials (RCTs). Minimum sample size per arm of ≥30 participants. If a particular intervention/comparator is not represented in the studies of 30/arm or greater, we will include studies of smaller size for that unique intervention/comparator.	Non-randomized, observational, non-controlled study designs, cross-sectional, prevalence, qualitative, case reports, opinions/letters, pilot studies, feasibility studies.
Publications	English-only peer-reviewed publications from 2013. (Consistent with other current ASA systematic reviews on regional anesthesia.)	Studies with a sample size <30 participants analyzed in any arm. Comments, editorials, and letters.

* **EMERGENCY**—A surgical, therapeutic, or diagnostic procedure that cannot be delayed without causing a significant risk of death or permanent impairment. *Note:* The American Society of Anesthesiologists (ASA) Physical Status should include “E”. The designation of a procedure as an emergency is determined by a surgeon and/or an anesthesiologist.

URGENT—A surgical, therapeutic, or diagnostic procedure that must be performed to prevent death or permanent impairment but that can be delayed. *Note:* The procedure may be delayed to allow for medical optimization of the patient or to permit better availability of resources (e.g., personnel or equipment).

ELECTIVE—A surgical, therapeutic, or diagnostic procedure that can be performed at any time or date with an agreement between the surgeon and the patient.

Dated: May 22, 2024.

Marquita Cullom,
Associate Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Advisory Committee to the Director, Centers for Disease Control and Prevention; Notice of Extension

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC). The ACD, CDC consists of up to 15 experts knowledgeable in areas pertinent to the CDC mission, such as public health, global health, health disparities, biomedical research, and other fields, as applicable.

DATES: The deadline for submission of nominations for membership on the ACD, CDC published May 8, 2024, at 89 FR 38900, is extended. Nominations for

membership on the ACD, CDC must be received no later than July 8, 2024. Late nominations will not be considered for membership.

ADDRESSES: All nominations (cover letters, reference letters, and curriculum vitae/resumes) should be emailed to ACDDirector@cdc.gov with the subject line: “Nomination for CDC ACD.”

FOR FURTHER INFORMATION CONTACT:

Tiffany Brown, J.D., M.P.H., Office of the Chief of Staff, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21–10, Atlanta, Georgia 30329–4027. Telephone: (404) 498–6655; Email: ACDDirector@cdc.gov.

SUPPLEMENTARY INFORMATION: The deadline for nominations for appointment to the Advisory Committee to the Director, Centers for Disease Control and Prevention has been extended from June 7, 2024, to July 8, 2024. The original solicitation of nominations notice was published in the **Federal Register** on May 8, 2024, Volume 89, Number 90, page 38900.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,
Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–11871 Filed 5–29–24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Family Violence Prevention and Services Grants to States; Native American Tribes and Alaskan Native Villages; and State Domestic Violence Coalitions (Office of Management and Budget #0970–0280)

AGENCY: Office of Family Violence Prevention and Services; Administration for Children and Families; Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Family Violence Prevention and Services Act (FVPSA) program within the Office of Family Violence Prevention and Services (OFVPS) plans revised program announcements and minor changes to the previously approved Performance Progress Report for States and Tribes (Office of Management and Budget (OMB) #0970–0280; Expiration Date: May 31, 2024). Minor changes are

proposed to the existing information collection.

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 infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:
Description: Under the FVPSA, OFVPS has a legislative requirement for grantees to report on activities carried out throughout their grant period and provide an evaluation on the effectiveness of the activities in

achieving the purposes of the grant. Grantees must collect unduplicated data and only share non-personally identifying information, in the aggregate, regarding services to their clients in order to comply with federal, state, or tribal reporting, evaluation, or data collection requirements, (42 U.S.C. 10406(c)(5)(D)). Client-level data shall not be shared with a third party, regardless of encryption, hashing, or other data security measures, without a written, time-limited release as described in 42 U.S.C. 10406(c)(5).

Respondents: FVPSA-funded grantees.

ANNUAL BURDEN ESTIMATES					
Instrument	Number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
FVPSA State Grants Notice of Funding Opportunity	52	1	10	520	173
FVPSA Tribes/Tribal Organizations Grants Notice of Funding Opportunity	143	1	10	1,430	477
FVPSA State Domestic Violence Coalitions Grants Notice of Funding Opportunity	56	1	10	560	187
State FVPSA Grant Performance Progress Report	52	3	10	1,560	520
Tribal FVPSA Grant Performance Progress Report	143	3	10	4,290	1,430
State Domestic Violence Coalition Performance Progress Report	56	3	10	1,680	560
Estimated Total Annual Burden Hours:	3,347

Authority: The Family Violence Prevention and Services Act, 42 U.S.C. 10401.

Mary C. Jones,
ACF/OPRE Certifying Officer.
[FR Doc. 2024–11830 Filed 5–29–24; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Stakeholder Listening Session for the G7 Health Track

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 on Wednesday, July 24, 2024, from 10 a.m. to 12 p.m. Eastern Daylight Time. This meeting is open to the public but requires RSVP to oga.rsvp@hhs.gov by Friday, July 19, 2024. *See* **RSVP section in SUPPLEMENTARY INFORMATION for details.**

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

SUPPLEMENTARY INFORMATION:
Purpose: The U.S. Department of Health and Human Services (HHS), with support from relevant health-related U.S. Government offices, is charged with leading U.S. engagement in the Group of 7 (G7) Health Track 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 inform and prepare for U.S. government engagement with G7 health ministries.

The Group of Seven (G7) is an informal grouping of advanced democracies that meets annually to coordinate global economic policy and address other transnational issues. The Group was established as a platform for economic and financial cooperation in response to the 1973 energy crisis. Over the years G7 has progressively expanded its focus. From an ad-hoc gathering to discuss financial challenges, it has become a more formal, prominent venue to address major global issues.

The G7 is comprised of 7 countries: Canada, France, Germany, Italy, Japan, the United Kingdom, and the U.S. The European Union also participates in the Group as a “nonenumerated” member.

Each year, a different member country holds the presidency of the group and hosts the meetings. The presidency proposes the group’s priorities for the year and hosts discussions to work towards consensus positions and actions on those priorities. This year’s G7 presidency is Italy, which will be hosting Health Working Group meetings throughout the year, culminating in a Health Ministers’ Meeting on in mid-October in Ancona, Italy.

Matters to be Discussed: The Stakeholder Listening Session will cover global health issues under the general themes of global health security and health systems strengthening, prevention and healthy aging, and addressing urgent challenges to health, which could benefit from G7 engagement.

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

RSVP: Persons seeking to attend or speak at the listening session *must register by Friday, July 19, 2024.*

Registrants must include their full name and organization, if any, and