

- Supporting, reimbursing, and evaluating innovative healthcare delivery methods that support cessation and provide long-term support to prevent and address relapse
- Promoting patient-centered approaches and ensuring that cessation protocols are evidence-based

Goal 5: Expand Surveillance of Smoking and Cessation Behaviors and Strengthen Performance Measurement and Evaluation

Expanding capacity for surveillance and evaluation is critical for measuring progress, understanding barriers to quitting success, and rewarding effective service delivery. Through the Framework, HHS seeks to execute strategies that will support the measurement, monitoring, and tracking of patterns, trends, and progress.

Examples of broad strategies that advance this goal include:

- Ensuring that surveillance systems can capture cessation-related disparities and diverse tobacco use patterns
- Promoting development and use of common data elements
- Supporting program evaluation to ensure that high quality smoking cessation and related services are provided

Goal 6: Promote Ongoing and Innovative Research To Support and Accelerate Smoking Cessation

A robust evidence base exists to inform smoking cessation programs, policies, and treatments. At the same time, it is essential to identify what gaps exist in our current understanding of what works to effectively address smoking cessation. Through the Framework, HHS seeks to execute broad strategies that will support research efforts to continually build the evidence base in this area.

Examples of broad strategies that advance this goal include:

- Increasing understanding of how to optimize current smoking cessation interventions to maximize reach and treatment engagement and effectiveness, particularly among populations disparately impacted by smoking
- Supporting research on new cessation interventions
- Promoting sharing of data and resources generated by federally-funded research
- Identifying research gaps

HHS is requesting information from the public regarding five questions.

1. Are the proposed goals appropriate and relevant for addressing the needs of populations disparately affected by smoking?

2. Do the broad strategies capture the key components and aspects needed to drive progress toward increasing cessation?

3. Are there additional goals or broad strategies that should be included in the Framework?

4. What targeted actions should HHS (Department-wide or within a specific HHS agency) take to advance these goals and strategies?

5. What metrics and benchmarks should be included to ensure that the Framework drives progress?

HHS invites all potentially interested parties—individuals, associations, governmental and non-governmental organizations, academic institutions, and private sector entities—to respond. HHS is interested in the questions listed above, but respondents are welcome to address as many or as few as they choose and may provide additional relevant information that is within the scope of the Framework. To facilitate review of the responses, please reference the question number in your response.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of HHS to provide support for any ideas in response to it. HHS will use the information submitted in response to this RFI at its discretion and will not provide comments to any respondent's submission. However, responses to this RFI may be reflected in future initiatives, solicitations, or policies. Respondents are advised that HHS is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted.

Sarah N. Boateng,

Principal Deputy Assistant Secretary for Health, Office of the Assistant Secretary for Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Listing of Members of the Indian Health Service Senior Executive Service Performance Review Board

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is provided of the persons who will serve on the Indian Health Service Senior Executive Service Performance Review Board.

SUPPLEMENTARY INFORMATION: The Indian Health Service (IHS) announces the persons who will serve on the IHS Senior Executive Service Performance Review Board (PRB). This action is being taken in accordance with 5 U.S.C. 4314(c)(4), which requires that members of PRBs be appointed in a manner to ensure consistency, stability, and objectivity in performance appraisals; and requires that notice of the appointment of an individual to serve as a member be published in the **Federal Register**.

The following persons may be named to serve on the PRB from 2023–2025, which oversees the evaluation of performance appraisals and compensation for Senior Executive Service, Senior Level/Senior Technical, and Title 42 executive-equivalent members of the IHS.

Buchanan, Chris
Cooper, Jennifer
Cotton, Beverly
Curtis, Jillian
Driving Hawk, James
Frye, Daniel
Gaikowski, Dixie
Gyorda, Lisa
LaRoche, Darrell
Redgrave, Bryce
Smith, Phillip B. (Chair)
Watts, Travis

For further information about the PRB, contact Nathan Anderson, Office of Human Resources, Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857, or by phone at 605–681–4940.

P. Benjamin Smith,

Deputy Director, Indian Health Service.

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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 meeting.

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