

- Court of Federal Claims No: 23–1326V
54. Silvia Aguayo, Lancaster, California, Court of Federal Claims No: 23–1327V
 55. Katie B. Tate, Los Angeles, California, Court of Federal Claims No: 23–1342V
 56. Savana Torres, Los Angeles, California, Court of Federal Claims No: 23–1343V
 57. Linda Orbanac, Sayre, Pennsylvania, Court of Federal Claims No: 23–1344V
 58. Angela Battles, White, Georgia, Court of Federal Claims No: 23–1345V
 59. Mark E. Hanson, Minneapolis, Minnesota, Court of Federal Claims No: 23–1346V
 60. Beata Brozek, Evanston, Illinois, Court of Federal Claims No: 23–1347V
 61. Melissa Thomas on behalf of M. T., Wilmington, North Carolina, Court of Federal Claims No: 23–1351V
 62. Danyel Nelson, Warwick, Rhode Island, Court of Federal Claims No: 23–1352V
 63. John Schouest, Thibodaux, Louisiana, Court of Federal Claims No: 23–1353V
 64. Nicole Sicuro-Leipski on behalf of G. L., Kenosha, Wisconsin, Court of Federal Claims No: 23–1356V
 65. Shalonda Goolsby, Dresher, Pennsylvania, Court of Federal Claims No: 23–1357V
 66. Alice McCarthy, Renton, Washington, Court of Federal Claims No: 23–1360V
 67. Yesid Hernandez, Naples, Florida, Court of Federal Claims No: 23–1364V
 68. Leah Keller, Washington, District of Columbia, Court of Federal Claims No: 23–1367V
 69. Bethel Stevens, Waimea, Hawaii, Court of Federal Claims No: 23–1369V
 70. Dolores Jefferson, Fairburn, Georgia, Court of Federal Claims No: 23–1370V
 71. Dawn Ferris-Murray, Mount Laurel, New Jersey, Court of Federal Claims No: 23–1380V
 72. Jeremy Allred, Minneapolis, Minnesota, Court of Federal Claims No: 23–1385V
 73. Mary Louise Spann, Nashville, Tennessee, Court of Federal Claims No: 23–1395V
 74. Vincent Russell, West Chester, Pennsylvania, Court of Federal Claims No: 23–1397V
 75. Larry Cunningham, Aurora, Colorado, Court of Federal Claims No: 23–1404V
 76. Chinyere Jumbo, Hoover, Alabama, Court of Federal Claims No: 23–1419V
 77. Chinyere Jumbo, Hoover, Alabama, Court of Federal Claims No: 23–1421V
 78. Leora Chasen, Binghamton, New York, Court of Federal Claims No: 23–1423V
 79. Steven Hofmaster, Camas, Washington, Court of Federal Claims No: 23–1430V
 80. Aislynn Hayes, Murfreesboro, Tennessee, Court of Federal Claims No: 23–1448V
 81. Bobby Rossette, Boston, Massachusetts, Court of Federal Claims No: 23–1477V
 82. Maria Bettinger, Houston, Texas, Court of Federal Claims No: 23–1478V
 83. Candy Guzman-Guizar, Alhambra, California, Court of Federal Claims No: 23–1484V
 84. Brian Andrew Vergara, Phoenix, Arizona, Court of Federal Claims No: 23–1486V
 85. Yoshua Rozen, Boston, Massachusetts, Court of Federal Claims No: 23–1487V
 86. Kristen Edwards Dempsey, Honolulu, Hawaii, Court of Federal Claims No: 23–1493V
 87. Andrea Mae Warren, Honolulu, Hawaii, Court of Federal Claims No: 23–1494V
 88. Gina Lewis, Sterling, Kansas, Court of Federal Claims No: 23–1495V
 89. Ollie Phillips, Woodridge, Illinois, Court of Federal Claims No: 23–1496V
 90. Elizabeth Herman, West Chester, Pennsylvania, Court of Federal Claims No: 23–1497V
 91. John Bovard, Boston, Massachusetts, Court of Federal Claims No: 23–1498V
 92. Kandi Shafer, Woodridge, Illinois, Court of Federal Claims No: 23–1499V
 93. John Yankey, Canby, Oregon, Court of Federal Claims No: 23–1500V
 94. Tynh Maejlauk, Chandler, Arizona, Court of Federal Claims No: 23–1501V
 95. Linda Shaw, DeLand, Florida, Court of Federal Claims No: 23–1502V
 96. Lashay Cameron on behalf of N. C., Jr., Deceased, Aventura, Florida, Court of Federal Claims No: 23–1505V
 97. Rebecca Furdell, Cape Coral, Florida, Court of Federal Claims No: 23–1506V
 98. Margaret Covino, Worcester, Massachusetts, Court of Federal Claims No: 23–1508V
 99. Bartolomeo Marano, Boston, Massachusetts, Court of Federal Claims No: 23–1509V
 100. Lynda Speer, Washington, District of Columbia, Court of Federal Claims No: 23–1511V

[FR Doc. 2023–21498 Filed 9–28–23; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Request for Public Comments on a Draft Recommendation To Update the HRSA-Supported Women's Preventive Services Guideline Relating to Screening for Urinary Incontinence

AGENCY: Health Resources and Services Administration (HRSA), U. S. Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice seeks comments on a draft recommendation to update the HRSA-supported Women's Preventive Services Guidelines ("Guidelines") relating to Screening for Urinary Incontinence. This draft recommendation has been developed through a cooperative agreement, known as the Women's Preventive Services Initiative (WPSI), with the American College of Obstetricians and Gynecologists (ACOG), through which they convene health professionals to develop draft recommendations. Under applicable law, non-grandfathered group health plans and health insurance issuers must include coverage, without

cost sharing, for certain preventive services, including those provided for in the HRSA-supported Guidelines. The Departments of Labor, Health and Human Services, and Treasury have previously issued regulations, which describe how group health plans and health insurance issuers apply the coverage requirements.

DATES: Members of the public are invited to provide written comments no later than October 30, 2023. All comments received on or before this date will be reviewed and considered by WPSI and provided for further consideration by HRSA in determining the recommended update that it will support.

ADDRESSES: Members of the public who wish to provide comments can do so by accessing the public comment web page at <https://www.womenspreventivehealth.org/>.

FOR FURTHER INFORMATION CONTACT: Kimberly Sherman, HRSA, Maternal and Child Health Bureau, telephone (301) 443–8283, email: wellwomancare@hrsa.gov.

SUPPLEMENTARY INFORMATION: Under section 1001(5) of the Patient Protection and Affordable Care Act, Public Law 111–148, which added section 2713 to the Public Health Service Act, 42 U.S.C. 300gg-13, the preventive care and screenings set forth in the Guidelines are required to be covered without cost-sharing by certain group health plans and health insurance issuers. HRSA established the Guidelines in 2011 based on expert recommendations by the Institute of Medicine, now known as the National Academy of Medicine, developed under a contract with the Department of Health and Human Services. Since 2011, there have been advancements in science and gaps identified in these guidelines, including a greater emphasis on practice-based clinical considerations. Since 2016, HRSA has funded cooperative agreements with ACOG for WPSI to convene a coalition representing clinicians, academics, and consumer-focused health professional organizations to conduct a rigorous review of current scientific evidence, solicit and consider public input, and make recommendations to HRSA regarding updates to the Guidelines to improve women's health across the lifespan. HRSA then determines whether to support, in whole or in part, the recommended updates to the Guidelines. WPSI consists of an Advisory Panel and two expert committees, the Multidisciplinary Steering Committee and the Dissemination and Implementation

Steering Committee, which are comprised of a broad coalition of organizational representatives who are experts in disease prevention and women's health issues. With oversight by the Advisory Panel, and with input from the Multidisciplinary Steering Committee, WPSI examines the evidence to develop new (and update existing) recommendations for women's preventive services. WPSI's Dissemination and Implementation Steering Committee takes HRSA-approved recommendations and disseminates them through the development of implementation tools and resources for both patients and practitioners.

WPSI bases its recommended updates to the Guidelines on review and synthesis of existing clinical guidelines and new scientific evidence, following the National Academy of Medicine standards for establishing foundations for and rating strengths of recommendations, articulation of recommendations, and external reviews. Additionally, HRSA requires that WPSI incorporate processes to assure opportunity for public comment, including participation by patients and consumers, in the development of its recommendations to the updated Guidelines.

The Existing Guideline States

“Screening for Urinary Incontinence

WPSI recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women's Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated.”

Draft Updated Clinical Recommendation for Public Comment

“Screening for Urinary Incontinence

The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. If indicated, facilitating further evaluation and treatment is recommended.”

Discussion of Draft Updated Clinical Recommendation

WPSI recommended several minor updates to the language of this Guideline. First, the word “ideally” is recommended to be removed from the second sentence for brevity, and its

removal, if accepted by HRSA, will not substantively change the existing guideline. Second, the final sentence of the clinical recommendation recommends changing the word “referring” to “facilitating” to reflect that clinicians in practice, after screening for urinary incontinence, may decide to treat or manage urinary incontinence as part of standard primary care services or refer to specialists if specialist care is needed. Lastly, WPSI recommended minor edits to the language of the Guideline for the purposes of clarity. These minor edits have no substantive effect on the requirement for coverage without cost-sharing.

Members of the public can view the complete updated draft recommendation, which includes the implementation considerations and research recommendations, by accessing the initiative's web page at <https://www.womenspreventivehealth.org/>.

Carole Johnson,
Administrator.

[FR Doc. 2023–21514 Filed 9–28–23; 8:45 am]

BILLING CODE 4165–15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Eye Institute; 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: National Eye Institute Special Emphasis Panel; Mentored Clinical Scientist Research Career Development Award (K08/K23) and Conference Grant (R13) Applications.

Date: October 26, 2023.

Time: 12:00 p.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Eye Institute, 6700 Rockledge Drive, Bethesda, MD 20817 (Virtual Meeting).

Contact Person: Brian Hoshaw, Ph.D., Designated Federal Official, Division of

Extramural Research, National Eye Institute, National Institutes of Health, 6700 B Rockledge Dr., Rockville, MD 20892, 301–451–2020, hoshawb@mail.nih.gov.

Name of Committee: National Eye Institute Special Emphasis Panel; Pathways to Independence (K99) Applications.

Date: November 6, 2023.

Time: 11:00 a.m. to 4:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20817 (Virtual Meeting).

Contact Person: Ashley Fortress, Ph.D., Designated Federal Official, Division of Extramural Activities, National Eye Institute, National Institutes of Health, 6700 B Rockledge Dr., Bethesda, MD 20817, (301) 451–2020, ashley.fortress@nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: September 25, 2023.

Victoria E. Townsend,
Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–21490 Filed 9–28–23; 8:45 am]

BILLING CODE 4140–01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Nursing Research; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Nursing Research.

This will be a hybrid meeting held in-person and virtually and will be open to the public as indicated below.

Individuals who plan to attend in-person or view the virtual meeting and need special assistance or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The meeting can be accessed from the NIH Videocast at the following link: <https://videocast.nih.gov/>

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 Advisory Council for Nursing Research.