

of Resource Access and Partnerships by email at Tracy.Sanchez@ihs.gov, or by phone at (301) 443-0969 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A–C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after Consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the Tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the Tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any redesignation of a PRCDA be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS published a notice of proposed

redesignation and requested public comments on December 11, 2024 (89 FR 99884). The IHS did not receive any comments in response to the notice of proposed redesignation.

In support of this expansion, the IHS makes the following findings:

1. By expanding the PRCDA to include Jackson County, Kansas, and Holt County, Missouri, the Iowa Tribe's PRC eligible population will increase by an estimated 77 Tribal members.

2. The Iowa Tribe communicated its governing body's determination that their members residing in the proposed expansion counties are socially and economically affiliated with the Tribe. The IHS therefore finds that the Tribe's members within the proposed, expanded PRCDA are socially and economically affiliated with the Iowa Tribe.

3. The expanded PRCDA counties form a contiguous area with the existing PRCDA. Holt County, Missouri, shares a common boundary with the Iowa Tribe's reservation lands in Richardson County, Nebraska. Jackson County, Kansas, is contiguous with Brown County, which includes part of the Iowa Tribe's reservation lands and is currently included in the Iowa Tribe's PRCDA. Members of the Iowa Tribe reside in each of the counties proposed for inclusion in the expanded PRCDA. For these reasons, the IHS has determined the additional counties proposed for inclusion herein to be geographically proximate, meaning "on or near," to the Tribe's reservation.

4. The White Cloud Health Center has indicated that the PRC program can continue providing the same level of care to the PRC eligible population if the PRCDA is expanded as proposed, without requiring additional funding or reduction of the current medical priority level.

An updated listing of the PRCDA's for all federally recognized Tribes may be accessed via a link on the IHS PRCDA Expansion website (<https://www.ihs.gov/prc/prcda-expansion>).

Public Comments: The IHS did not receive any comments in response to the notice of proposed expansion.

P. Benjamin Smith,

Acting Director, Indian Health Service.

[FR Doc. 2025-11889 Filed 6-26-25; 8:45 am]

BILLING CODE 4166-14-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Purchased/Referred Care Delivery Area Redesignation for the Sac and Fox Nation of Missouri in Kansas and Nebraska

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) has decided to expand the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) for the Sac and Fox Nation of Missouri in Kansas and Nebraska (Sac and Fox Nation of Missouri or Tribe) to include the counties of Doniphan and Jackson in the State of Kansas, and Holt in the State of Missouri. The final PRCDA for the Sac and Fox Nation of Missouri now includes the following counties: Brown, Doniphan, and Jackson in the State of Kansas; Holt in the State of Missouri; and Richardson in the State of Nebraska. The sole purpose of this expansion is to authorize additional Sac and Fox Nation of Missouri Tribal members and beneficiaries to receive Purchased/Referred Care (PRC) services.

DATES: This expansion is effective as of the date of publication of this notice.

ADDRESSES: This notice can be found at <https://www.federalregister.gov>. Written requests for information should be delivered to: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 10E85C, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships by email at Tracy.Sanchez@ihs.gov, or by phone at (301) 443-0969 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A–C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not

available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after Consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the Tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the Tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC. Additionally, the regulations require that any redesignation of a PRCDA be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS published a notice of proposed redesignation and requested public comments on December 11, 2024 (89 FR 99885). The IHS did not receive any comments in response to the notice of proposed redesignation.

In support of this expansion, the IHS makes the following findings:

1. By expanding the PRCDA to include Doniphan and Jackson Counties in Kansas, and Holt County, Missouri, the Sac and Fox Nation of Missouri's PRC eligible population will increase by an estimated seven Tribal members.

2. Through communication with the Tribe and information relayed by the White Cloud Health Center, the IHS understands that the Tribe's governing body has determined that its members residing in the proposed expansion counties are socially and economically affiliated with the Tribe. The IHS therefore finds that the Tribal members

within the proposed, expanded PRCDA are socially and economically affiliated with the Sac and Fox Nation of Missouri.

3. The expanded PRCDA counties form a contiguous area with the existing PRCDA, and members of the Sac and Fox Nation of Missouri reside in each of the counties proposed for inclusion in the expanded PRCDA. Jackson County, Kansas, and Doniphan County, Kansas, both share a common boundary with Brown County, Kansas, where the Sac and Fox Nation of Missouri has reservation lands. Holt County, Missouri, shares a common boundary with Richardson County, Nebraska, where the Sac and Fox Nation of Missouri has reservation lands. For these reasons, the IHS has determined the additional counties proposed for inclusion herein to be geographically proximate, meaning "on or near," to the Tribe's reservation.

4. The White Cloud Health Center has indicated that the PRC program can continue providing the same level of care to the PRC eligible population if the PRCDA is expanded as proposed, without requiring additional funding or reduction of the current medical priority level.

An updated listing of the PRCDA's for all federally-recognized Tribes may be accessed via a link on the IHS PRCDA Expansion website (<https://www.ihs.gov/prc/prcda-expansion>).

Public Comments: The IHS did not receive any comments in response to the notice of proposed expansion.

P. Benjamin Smith,

Acting Director, Indian Health Service.

[FR Doc. 2025-11868 Filed 6-26-25; 8:45 am]

BILLING CODE 4165-16-P

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 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: Center for Scientific Review Special Emphasis Panel; Fellowships Panel 1: Neurodevelopment, Oxidative Stress and Synaptic Plasticity.

Date: July 28–29, 2025.

Time: 9:00 a.m. to 6:30 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Baila Sara Hall, Ph.D., Scientific Review Officer, Office of Scientific Review, Division of Extramural Activities, NCCIH/NIH, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, (301) 443-9285, baila.hall@nih.gov.

Name of Committee: Integrative, Functional and Cognitive Neuroscience Integrated Review Group; Neurobiology of Motivated Behavior Study Section.

Date: July 28–29, 2025.

Time: 10:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Jennifer C. Schiltz, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Activities, National Eye Institute, Bethesda, MD 20817, 301-496-4103, jennifer.schiltz@nih.gov.

Name of Committee: Population Sciences and Epidemiology Integrated Review Group; Kidney Endocrine and Digestive Disorders Study Section.

Date: July 28–29, 2025.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Jingsheng Tuo, Ph.D., Scientific Review Officer, National Institute on Minority Health and Health Disparities, National Institutes of Health, 7201 Wisconsin Ave., Ste. 533, Bethesda, MD 20892, (301) 451-5953, jingsheng.tuo@nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Development of Medical Countermeasures for Biodefense and Emerging Infectious Diseases, Research Area 001—Topic B: Vaccines for AMR Bacterial Pathogens.

Date: July 28, 2025.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate contract proposals.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Yong Gao, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Room #3G13B, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 9834, Rockville, MD 20892-9834, (240) 669-5048, yong.gao@nih.gov.