the goal and mission of the program has evolved with each funding cycle. The 2021–2024 funding cycle is the first such initiative to focus on addressing health equity specifically and understanding efforts to impact stroke outcomes for those at highest risk of stroke. CDC proposes to continue collecting information from thirteen funded PCNASP recipients to gain insight into the effectiveness of implementation approaches, including linking and using data, using teambased approaches to coordinate stroke care, and providing community resources in order to reach the general population and those at highest risk of stroke events, and reduce disparities in access to quality care for high burden populations. The insights to be gained from this continuing data collection will be critical to improving immediate efforts and achieving the goals of spreading and replicating State-level strategies that are proven programmatically and are cost-effective in contributing to a higher quality of care for stroke patients.

CDC requests OMB approval for an estimated 501 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN (HOURS)

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PCNASP Awardee	Pre-Hospital data	3	4	30/60
		10	4	1
	In-Hospital data	13	4	30/60
	Hospital Inventory (awardees)	13	1	8
PCNASP Hospital Partners	Hospital Inventory for Hospital Partners	650	1	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2024–18374 Filed 8–15–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

In accordance with 5 U.S.C. 1009(d), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

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, and the Determination of the Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463.

Name of Committee: Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH).

Dates: October 23–24, 2024.

Times: 11 a.m.–5 p.m., EDT.

Place: Teleconference.

Agenda: The meeting will convene to address matters related to the conduct of Study Section business and for the Study Section to consider safety and occupational health-related grant applications.

For Further Information Contact: Michael Goldcamp, Ph.D., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone: (304) 285–5951; Email: *MGoldcamp@cdc.gov.*

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. 2024–18434 Filed 8–15–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–D–0055]

Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods; Draft Guidance for Industry (Edition 2); Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or we) is announcing the availability of a draft guidance for industry entitled ''Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods (Edition 2).'' The draft guidance, when finalized, will describe our views on the next voluntary goals (Phase II (3-year)) for sodium reduction in a variety of identified categories of foods that are commercially processed, packaged, or prepared. These goals are intended to address the excessive intake of sodium in the current population to help reduce the burden of diet-related chronic disease, promote improvements in public health, and advance health equity by supporting a healthier food supply.

DATES: Submit either electronic or written comments on the draft guidance by November 14, 2024 to ensure that we consider your comment on the draft

guidance before we begin work on the final version of the guidance.

ADDRESSES: You may submit comments on any guidance at any time as follows:

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No. FDA–2014–D–0055 for ''Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods (Edition 2).'' Received comments will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' We will review this copy, including the claimed confidential information, in our consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

You may submit comments on any guidance at any time (see 21 CFR 10.115(g)(5)).

Submit written requests for single copies of the draft guidance to the Office of Food Additive Safety, Center for Food Safety and Applied Nutrition, Food and Drug Administration, 5001 Campus Dr., College Park, MD 20740. Send two self-addressed adhesive labels to assist that office in processing your request. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the draft guidance.

FOR FURTHER INFORMATION CONTACT: Kasey Heintz, Center for Food Safety and Applied Nutrition, Office of Food Additive Safety, Food and Drug Administration, 5001 Campus Dr., College Park, MD 20740, 240–402–1376; or Holli Kubicki, Center for Food Safety and Applied Nutrition, Office of Regulations and Policy, Food and Drug Administration, 5001 Campus Dr., College Park, MD 20740, 240–402–2378.

SUPPLEMENTARY INFORMATION:

I. Background

We are announcing the availability of a draft guidance for industry entitled ''Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods (Edition 2).'' We are issuing the draft guidance consistent with our good guidance practices regulation (21 CFR 10.115). The draft guidance, when finalized, will represent the current thinking of FDA on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternate approach if it satisfies the requirements of the applicable statutes and regulations.

Sodium is widely present in the American diet (most commonly, but not exclusively, as a result of eating or drinking foods to which sodium chloride, commonly referred to as ''salt,'' has been added). More than 70 percent of total sodium intake is from sodium added during food manufacturing and commercial food preparation (Ref. 1). The average sodium intake for those 1 year and older in the United States is approximately 3,400 milligrams/day (mg/day) (Ref 2). The ''Dietary Guidelines for Americans, 2020–2025'' (Ref. 2) advises individuals 14 years and older to limit their consumption to 2,300 mg/day; this aligns with recommendations from the National Academies of Sciences, Engineering, and Medicine, which set the chronic disease risk reduction intake for sodium at 2,300 mg/day for those 14 years and older (Ref. 3). The guidance aims to help Americans reduce average sodium intake to 2,750 mg/day (Phase II) by encouraging food manufacturers, restaurants, and food service operations to gradually reduce sodium in a wide variety of food categories over time. Although we recognize that a reduction even to 2,750 mg/day still would be higher than the recommended sodium limit of 2,300 mg/day, the Phase II goals are intended to balance the need for broad and gradual reductions in sodium and what is publicly known about technical and market constraints on sodium reduction and reformulation.

In the **Federal Register** of October 14, 2021, we announced the availability of the final guidance for industry, ''Voluntary Sodium Reduction Goals: Target Mean and Upper Bound Concentrations for Sodium in Commercially Processed, Packaged, and Prepared Foods'' (86 FR 57156). The

draft guidance builds on the voluntary Phase I (2.5-year) sodium reduction goals issued in October 2021. When finalized, the draft guidance will describe our views on the next voluntary goals (Phase II (3-year)) for sodium reduction in a variety of identified categories of foods that are commercially processed, packaged, or prepared. The 3-year goals are intended to balance the need for broad and gradual reductions in sodium and what is publicly known about technical and market constraints on sodium reduction and reformulation. The distribution of sodium concentrations in currently available products in each category was a significant factor in developing these quantitative sodium concentration goals. We developed the goals with a particular emphasis on maintaining concentrations needed for food safety, given the function of salt as a food preservative. The Phase II goals are within the range of concentrations found in currently marketed foods and are feasible using existing technical strategies.

We note that we do not intend to finalize the draft long-term (10-year) sodium reduction goals that were included in the 2016 draft of the first edition of the guidance that we announced in the **Federal Register** of June 2, 2016 (81 FR 35363). We plan to announce any future sodium reduction goals via draft guidance.

II. Paperwork Reduction Act of 1995

While the guidance contains no collection of information, it does refer to previously approved FDA collections of information. The previously approved collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3521). The collections of information in 21 CFR part 101 have been approved under OMB control number 0910–0381. The collections of information in 21 CFR 101.11 have been approved under OMB control number 0910–0782.

III. Electronic Access

Persons with access to the internet may obtain the draft guidance at *https://www.fda.gov/FoodGuidances, https://www.fda.gov/regulatory-information/search-fda-guidance-documents,* or *https://www.regulations.gov.* Use the FDA website listed in the previous sentence to find the most current version of the guidance.

IV. References

The following references are on display at the Dockets Management Staff (see **ADDRESSES**) and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; they are also available electronically at *https://www.regulations.gov.* Although FDA verified the website addresses in this document, please note that websites are subject to change over time.

1. Harnack L.J., M.E. Cogswell, J.M. Shikany, et al. ''Sources of Sodium in U.S. Adults From 3 Geographic Regions.'' *Circulation,* 135 (May 9, 2017): pp. 1775–1783. Available at: *https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.116.024446* (accessed December 26, 2023).
2. U.S. Department of Agriculture and U.S. Department of Health and Human Services. ''Dietary Guidelines for Americans, 2020–2025.'' 9th Edition. December 2020. Available at: *https://www.dietaryguidelines.gov/* (accessed December 26, 2023).
3. National Academies of Sciences, Engineering, and Medicine. ''Dietary Reference Intakes for Sodium and Potassium'' (March 2019). Washington, DC: The National Academies Press. Available at: *http://www.nationalacademies.org/hmd/Reports/2019/dietary-reference-intakes-sodium-potassium.aspx* (accessed December 26, 2023).

Dated: August 9, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2024–18261 Filed 8–15–24; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the National Advisory Committee on Rural Health and Human Services

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces that the Secretary's National Advisory Committee on Rural Health and Human Services (NACRHHS) has scheduled its semiannual meeting. Information about NACRHHS and the agenda for this meeting can be found on the NACRHHS website at *https://www.hrsa.gov/advisory-committees/rural-health/index.html.*

DATES: Wednesday, September 4, 2024, 9 a.m.–5 p.m. mountain daylight time (MDT); Thursday, September 5, 2024, 9 a.m.–5 p.m. MDT; Friday, September 6, 2024, 9 a.m.–12 p.m. MDT.

ADDRESSES: The meeting will be conducted in two separate locations. On September 4, 2024, the meeting will commence at the Hilton Santa Fe Historic Plaza Hotel, 100 Sandoval Street, Santa Fe, New Mexico, 87501. That afternoon, the meeting will resume at the Historic Plaza Hotel, 230 Plaza Street, Las Vegas, New Mexico 87701. Telephone: (505) 425–3591. The Plaza Hotel will be the physical location for both the September 5 and September 6 meetings.

The meeting will also be accessible to the public virtually via Zoom. The meeting details are included below. There is no need to register for this meeting. If joining virtually, please use the following information. This is the link for all days of the meeting:

Join Zoom Meeting *https://us02web.zoom.us/j/81769614451.*

Meeting ID: 817 6961 4451.

One tap mobile

+13052241968,,81769614451# US

+19294362866,,81769614451# US (New York)

Dial by your location

- +1 305 224 1968 US
- +1 929 436 2866 US (New York)
- +1 301 715 8592 US (Washington, DC)
- +1 312 626 6799 US (Chicago)
- +1 669 900 6833 US (San Jose)
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)

Meeting ID: 817 6961 4451.

Find your local number: https://us02web.zoom.us/u/kcNArnR1zE.

FOR FURTHER INFORMATION CONTACT: Sahira Rafiullah, Designated Federal Officer of NACRHHS, 5600 Fishers Lane, Rockville, Maryland 20857; 240–316–5874; or *srafiullah@hrsa.gov.*

SUPPLEMENTARY INFORMATION: NACRHHS provides advice and recommendations to the Secretary of Health and Human Services on policy, program development, and other matters of significance concerning both rural health and rural human services. At this meeting the committee will discuss the opioid crisis and its impact on rural families. The emphasis will be on prevention efforts but will include related discussions of treatment and recovery. At this meeting, NACRHHS will discuss the availability of disability services in rural areas. Members of the public will have the opportunity to provide comments. Public participants wishing to provide oral comments must submit a written version of their comments at least 3 business days in advance of the scheduled meeting. Oral comments will be honored in the order they are requested and may be limited