

74. Elizabeth Layne, Phoenix, Arizona, Court of Federal Claims No: 23–0114V
75. Lindsey Peppers, Phoenix, Arizona, Court of Federal Claims No: 23–0115V
76. Megan Rogers, Phoenix, Arizona, Court of Federal Claims No: 23–0116V
77. Kattie Nehring, Phoenix, Arizona, Court of Federal Claims No: 23–0117V
78. Debra Simmons, Eugene, Oregon, Court of Federal Claims No: 23–0121V
79. Crystal Richardson, Dover, New Hampshire, Court of Federal Claims No: 23–0122V
80. Adeli Gonzalez, Phoenix, Arizona, Court of Federal Claims No: 23–0123V
81. Kyle McGinnis, Maple Grove, Minnesota, Court of Federal Claims No: 23–0124V
82. Quentin Lewis on behalf of E.L., Pittsburgh, Pennsylvania, Court of Federal Claims No: 23–0126V
83. Elsie Boria, Phoenix, Arizona, Court of Federal Claims No: 23–0127V
84. Clarence Mayes, Fayetteville, Georgia, Court of Federal Claims No: 23–0128V
85. John Laconte, Englewood, New Jersey, Court of Federal Claims No: 23–0133V
86. Michelle Thompson, Rancho Cucamonga, California, Court of Federal Claims No: 23–0134V
87. Kimberly Disilvestro, Englewood, New York, Court of Federal Claims No: 23–0135V

[FR Doc. 2023–03857 Filed 2–23–23; 8:45 am]

BILLING CODE 4165–15–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting Notice Correction

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

**ACTION:** Meeting notice; correction.

**SUMMARY:** HRSA published a document in the **Federal Register** of December 20, 2022, concerning a meeting of the National Advisory Council on the National Health Service Corps. The document referenced a 2-day meeting scheduled on March 21, 2023, and March 22, 2023. The meeting date has been changed to a 1-day meeting and will be held on March 21, 2023, from 9:00 a.m. to 5:30 p.m. Eastern Time.

**FOR FURTHER INFORMATION CONTACT:** Diane Fabiyi-King, Designated Federal Official, Division of National Health Service Corps, HRSA, 5600 Fishers Lane, Room 14N23, Rockville, Maryland 20857; phone (301) 443–3609; or [NHSCAdvisoryCouncil@hrsa.gov](mailto:NHSCAdvisoryCouncil@hrsa.gov).

#### SUPPLEMENTARY INFORMATION:

#### Correction

In the **Federal Register** of December 20, 2022, FR Doc. 2022–27532, page

77850, column 1, section two, bullet one, change the “March 21, 2023, 9:00 a.m.–5:00 p.m. Eastern Time (ET) and March 22, 2023, 9:00 a.m.–2:00 p.m. ET” caption to read: “March 21, 2023, 9:00 a.m.–5:30 p.m. Eastern Time (ET).”

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2023–03883 Filed 2–23–23; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; The Teaching Health Center Graduate Medical Education Program Reconciliation Tool, OMB No. 0915–0342—Revision

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than March 27, 2023.

**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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call 301–594–4394.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* The Teaching Health Center Graduate

Medical Education (THCGME) Program Reconciliation Tool OMB No. 0915–0342—Revision.

**Abstract:** The THCGME program, authorized by section 340H of the Public Health Service Act, was established by section 5508 of Public Law 111–148. The Consolidated Appropriations Act, 2021 (Pub. L. 116–260) and the American Rescue Plan Act of 2021 (Pub. L. 117–2) provide continued funding for the THCGME Program.

The THCGME program awards payment for both direct and indirect expenses to support training for primary care residents in community-based ambulatory patient care settings. Direct expense payments are designed to compensate eligible teaching health centers for those expenses directly associated with sponsoring resident training programs, while indirect expense payments are intended to compensate for the additional costs relating to teaching residents in such programs.

HRSA collects information from THCGME program award recipients using an OMB-approved reconciliation tool. HRSA seeks to extend its approved information collection and is increasing the total estimated annual burden hours associated with the collection, due to an increase in the number of program award recipients from 58 to 83. A 60-day notice published in the **Federal Register**, 87 FR 76204–05 (December 13, 2022). There were no public comments.

**Need and Proposed Use of the Information:** THCGME program payments are prospective payments, and the statute provides for a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted at the end of the fiscal year. This data collection instrument will gather information relating to the number of resident full-time equivalents in Teaching Health Center training programs in order to reconcile payments for both direct and indirect expenses.

**Likely Respondents:** The likely respondents to the THCGME Reconciliation Tool are THCGME program award recipients.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train

personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to

transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

*Total Estimated Annualized Burden Hours:*

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
THCGME Reconciliation Tool .....	83	1	83	2	166
Total .....	83	1	83	2	166

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2023-03879 Filed 2-23-23; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcing Solicitation of Written Comments on the Physical Activity Guidelines Midcourse Report on Older Adults

**AGENCY:** Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) announces the availability of the draft Physical Activity Guidelines Midcourse Report on Older Adults (Midcourse Report); and solicits written public comment on the draft report.

**DATES:** Written comments on the Midcourse Report will be accepted through 11:59 p.m. E.T. on [INSERT DATE 2 WEEKS FROM POSTING].

**ADDRESSES:** The draft Midcourse Report is available on the internet at: <https://health.gov/news/202302/hhs-now-accepting-public-comments-physical-activity-guidelines-midcourse-report-older-adults>.

**FOR FURTHER INFORMATION CONTACT:** Katrina L. Piercy, Ph.D., R.D., Office of Disease Prevention and Health Promotion (ODPHP), Office of the

Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS); 1101 Wootton Parkway, Suite 420; Rockville, MD 20852; Telephone: 240-453-8271. Email: [PAGReviews@hhs.gov](mailto:PAGReviews@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The *Physical Activity Guidelines for Americans* (Guidelines) provides science-based recommendations on how physical activity can help promote health and reduce the risk of chronic disease. The Guidelines serves as the benchmark and primary, authoritative voice of the federal government for providing science-based guidance on physical activity, fitness, and health in the United States. The U.S. Department of Health and Human Services (HHS) released the first edition in 2008 and the second edition in 2018. In 2013, HHS released a midcourse report highlighting strategies to increase physical activity among youth. The Guidelines and related reports are available at [www.health.gov/paguidelines](http://www.health.gov/paguidelines).

This Midcourse Report aligns with pillar 4 of the National Strategy on Hunger, Nutrition and Health: Support Physical Activity for All and was specifically noted as an action item, "HHS will release evidence-based strategies to increase physical activity among older adults." The Office of Disease Prevention and Health Promotion (ODPHP) led the development of this midcourse report, focused on how to increase physical activity levels among older adults, in collaboration with the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the President's Council on Sports, Fitness & Nutrition (President's Council). Members of the public are invited to review the draft Midcourse Report on Older Adults (Midcourse Report) and provide written comments.

**Written Public Comments:** Written comments on the draft Midcourse Report are encouraged from the public and will be accepted through [INSERT DATE 2 WEEKS FROM POSTING]. Written public comments can be

submitted via email to [PAGReviews@hhs.gov](mailto:PAGReviews@hhs.gov) using the format outlined below. HHS may contact respondents regarding their submissions to ask for clarification if needed. The Department does not make decisions on specific policy recommendations based on the number of comments for or against a topic, but on the scientific justification for the recommendation.

You may submit more than one comment in your email. For each comment, please include the section (e.g., introduction), line number (e.g., line 37 or lines 86-92), and suggested action.

Please use the example format below to submit your comment(s):

#### Comment #1

- Section: [insert section]
- Line(s): [insert line number(s)]
- Comment: [insert comment #1]
- Suggested action: [insert suggested action]

#### Comment #2

- Section: [insert section]
- Line(s): [insert line number(s)]
- Comment: [insert comment #2]
- Suggested action: [insert suggested action]

All comments must be received by 11:59 p.m. E.T. on [INSERT DATE 2 WEEKS FROM POSTING], after which the time period for submitting written comments to the federal government expires. After submission, comments will be reviewed and processed. A final version of the Midcourse Report will be released later this year.

**Paul Reed,**

*Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.*

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