H.J. Berkley Trust U/A dated 05/06/69, and the Robert B. Berkley Trust U/A dated 12/01/67, both of Salina, Kansas; the Don Berkley Trust No. 2, Don and Patricia Berkley, as co-trustees, all of Abilene, Kansas; the Jerry J. Berkley Trust No. 2, Eleanor A. Berkley and Bruce A. Berkley, as co-trustees, all of Downs, Kansas, and Cheryl L. Jamison, as co-trustee of the aforementioned trust, Emporia, Kansas; the Paul D. Berkley Trust No. 2, Bill Berkley, as co-trustee, both of Downs, Kansas, Brandon Berkley, Denver, Colorado, and Bradley Berkley, Dallas, Texas, as co-trustees of the aforementioned trust; the Robert B. Berkley Family Trust, Lila A. Berkley, as co-trustee, both of Salina, Kansas, Lila Jean Alexander, Houston, Texas, and John A. Berkley, Stockton, Kansas, as co-trustees of the aforementioned trust; the Hal J. Berkley Trust A and the Eleanor L. Berkley Trust, Hal J. Berkley and Eleanor L. Berkley, as co-trustees, all of Tescott, Kansas; the Karla J. Spurgeon Trust II, the Marika Spurgeon GP Trust, the Brenna Spurgeon GP Trust, and the Patrick Spurgeon GP Trust, Karen M. Deckert and Calvin J. Berkley, as co-trustees, all of Tescott, Kansas, and Jeff A. Berkley, as co-trustee; the Karen M. Deckert Trust II, the Samuel Deckert GP Trust, and the Lucas Deckert GP Trust, all of Tescott, Kansas, Karla J. Spurgeon, Lawrence, Kansas, Jeff A. Berkley, and Calvin J. Berkley, as co-trustees; the Jeff A. Berkley Trust II, the Rebekah Berkley GP Trust, and the Rachel Berkley GP Trust, all of Tescott, Kansas, Karla J. Spurgeon, Karen M. Deckert, and Calvin J. Berkley, as co-trustees; the Calvin J. Berkley Trust II, the Megan Berkley GP Trust, and the Collin Berkley GP Trust, all of Tescott, Kansas, Karla J. Spurgeon, Karen M. Deckert, and Jeff A. Berkley as co-trustees; the Paula C. Nelson Trust No. 2, Paula Nelson, as trustee, both of Tescott, Kansas; the Mary Beth Phelps Trust No. 2, Mary Beth Phelps, as trustee, both of Tescott, Kansas; the Mark A. Berkley Trust and the Jane B. Berkley Trust, Mark A. and Jane B. Berkley, as co-trustees, all of Leawood, Kansas; Elizabeth E. Berkley, Naples, Florida, as co-trustee of the Stuart C. Berkley Trust and the Melissa J. Berkley Trust, both of Leawood, Kansas; Stuart C. Berkley, Prairie Village, Kansas, as co-trustee of the Elizabeth E. Berkley Trust and the Melissa J. Berkley Trust, both of Leawood, Kansas; Melissa Ungashick, Overland Park, Kansas, as co-trustee of the Stuart C. Berkley Trust and the Elizabeth E. Berkley Trust; Earl H. Matthews and Burke L. Matthews, both of Salina, Kansas; to join the Berkley Family Group, a group acting in concert, to retain voting shares of Tescott Bancshares, Inc., and thereby indirectly retain voting shares of The Bank of Tescott, both of Tescott, Kansas.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–27237 Filed 12–11–23; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Systematic Review—Interventions To Improve Care of Bereaved Persons

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for supplemental evidence and data submission.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Systematic Review—Interventions to Improve Care of Bereaved Persons,* which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before January 11, 2024.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857.

Shipping Address (FedEx, UPS, etc.):, Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Kelly Carper, Telephone: 301–427–1656 or Email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Systematic Review—Interventions to Improve Care of Bereaved Persons.* AHRQ is conducting this review pursuant to section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on *Systematic Review—Interventions to Improve Care of Bereaved Persons.* The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/bereaved-persons/protocol.*

This is to notify the public that the EPC Program would find the following information on *Systematic Review—Interventions to Improve Care of Bereaved Persons* helpful:

- A list of completed studies that your organization has sponsored for this topic. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*
- *For completed studies that do not have results on ClinicalTrials.gov,* a summary, including the following elements, if relevant: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.
- *A list of ongoing studies that your organization has sponsored for this topic.* In the list, please provide the ClinicalTrials.gov trial number or, if the trial is not registered, the protocol for the study including, if relevant, a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.
- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics not included in

the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://www.effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

Key Question 1: What is the effectiveness and harms of universally screening people for bereavement and response to loss?

a. *Timing:* predeath, acute, or 6–12 months post loss, and more than 1 year post loss?

b. Does effectiveness vary by patient characteristic or setting?

Key Question 2: How accurate are tools to identify bereaved persons at risk for or with grief disorders?

Key Question 3: What are the effectiveness, comparative effectiveness, and harms of interventions for people at risk for grief disorders related to bereavement?

a. *Timing:* predeath, acute, or 6–12 months post loss, and more than 1 year post loss?

b. Does effectiveness vary by patient characteristic or setting?

Key Question 4: What are the effectiveness, comparative effectiveness and harms of interventions for people diagnosed with grief-related disorders?

a. Does effectiveness vary by patient characteristic or setting?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting) Eligibility Criteria

Element	Inclusion criteria	Exclusion criteria
Population	*KQ1:* Children or adults *KQ2–3:* Children or adults who have experienced a human (including in utero) death of someone close to them or will do so in the near future (e.g., in a hospice setting) and who are at risk of being diagnosed with a grief disorder. *KQ4:* Children or adults diagnosed with a grief disorder (prolonged grief disorder, complicated grief, chronic grief disorder, persistent complex bereavement disorder) according to DSM (prolonged grief disorder) or ICD (ICD11 6B42, ICD10 F43.81, ICD9 309.0).	Studies on other forms than personal grief, such as community expressions of grief, public reactions to loss or trauma.
Interventions	*KQ1:* Screening strategy evaluation with screening tool *KQ2:* Diagnostic strategy evaluation, diagnostic or screening tool *KQ3:* Interventions to prevent or treat grief disorder *KQ4:* Interventions to treat grief disorders	*KQ1:* Incidental or non-systematic identification of grief or reaction to loss. *KQ3:–4:* Interventions delivered by lay persons or non-healthcare professionals not applicable to a healthcare setting.
Comparators	*KQ1:* No screening approach, usual care, or an alternative screening approach. *KQ2:* No tool, an alternative tool, concordance with grief disorder diagnosis. *KQ3:* No intervention, usual care, or an alternative intervention *KQ4:* Usual care or an alternative intervention	*KQ1:* No reference standard or method to detect the impact of screening. *KQ2:* No reference standard to determine the accuracy of the diagnostic tool. *KQ3:–4:* No concurrent comparator.
Outcomes	*KQ1:* Immediate experience (patient experience, medicalizing grief, abnormalizing grief, feeling of pathologizing a normal process), screening accuracy (e.g., correctly diagnosed with grief disorder), and impact (e.g., delayed diagnosis, underdiagnosis, overdiagnosis, delayed treatment, undertreatment due to missed diagnosis, overtreatment). *KQ2:* Diagnostic accuracy (e.g., sensitivity, specificity, accuracy, area under the curve, positive predictive value, negative predictive value, false positives, false negatives, grief disorder identification) or impact (e.g., delayed diagnosis, underdiagnosis, overdiagnosis, effects of false positive test results, delayed treatment, undertreatment due to missed diagnosis, overtreatment). *KQ3:* Grief symptoms, incidence of grief disorder, severity of grief disorder, any adverse events or unintended consequences of the intervention. *KQ4:* Grief symptoms, resolution of grief disorder diagnosis, physical or mental health, quality of life, functional status, patient experience, costs, any adverse events or unintended consequences of the intervention.	Clinician or organizational barriers to, opinions on, preferences to, or uptake of screening, diagnosing, or treatment of grief.
Timing	Any, no restrictions regarding the timing of the intervention or follow up.	
Setting	Any setting.	
Study Design	*KQ1:–2:* Screening and diagnosis impact analyses and diagnostic accuracy studies. *KQ3:–4:* Randomized controlled trials (RCTs), clinical trials comparing two or more interventions, observational cohort studies comparing two or more intervention cohorts, controlled post-only studies, and case-control studies.	*KQ1:–2:* Descriptions without information on the impact or accuracy of the screening approach or tool performance. *KQ3:–4:* Studies without control group or concurrent group that does not receive the intervention or that receives a different intervention.
Other limiters	Data published in English-language journal manuscript or trial records; relevant literature reviews will be retained for reference mining.	Data only reported in abbreviated format (e.g., conference abstracts) and/or data only reported in non-English outlets.

Notes: DSM Diagnostic and Statistical Manual of Mental Disorders, ICD international classification of diseases, KQ key question.

Dated: December 7, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–27238 Filed 12–11–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Office of Readiness and Response

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with regulatory provisions, the Centers for Disease Control and Prevention (CDC) announces the following meeting for the Board of Scientific Counselors, Office of Readiness and Response (BSC, ORR). This virtual meeting is open to the public, limited only by the number of web conference lines available (500 lines). Registration in advance is required by accessing the link below in the addresses section. Time will be available for public comment.

DATES: The meeting will be held on January 25, 2024, from 9 a.m. to 4:30 p.m., EST, and January 26, 2024, from 9 a.m. to 12 p.m., EST.

ADDRESSES: Zoom virtual meeting. If you wish to attend the meeting, please register in advance by accessing the link at *https://cdc.zoomgov.com/webinar/register/WN_OHYkxlt_QNyys3kLsfQ3Wg#/registration.* Instructions to access the meeting will be provided following registration.

FOR FURTHER INFORMATION CONTACT: Dometa Ouisley, Public Health Analyst, Office of Science and Laboratory Readiness, Office of Readiness and Response, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21–6, Atlanta, Georgia 30329–4027. Telephone: (404) 639–7450; Email: *DOuisley@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The Board of Scientific Counselors, Office of Readiness and Response provides advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Assistant Secretary for Health, HHS; the Director, Centers for Disease Control and Prevention (CDC); and the Director, Office of Readiness and Response (ORR), CDC. The Board recommends strategies and goals for readiness and response activities pertaining to programs and research within the agency and the ORR divisions and monitors the overall strategic direction and focus of the ORR divisions and offices. The Board also provides administration and oversight of peer review for ORR scientific programs. For additional information about the Board, please visit *https://www.cdc.gov/orr/bsc/index.htm.*

Matters to be Considered: Agenda topics for Day 1 will include: (1) Organizational Update, (2) Division of Readiness and Response Science Overview, (3) Division Directors Updates, and (4) Discussion: Growing Science and Science Strategies. Agenda topics for Day 2 will include: (1) Polio Containment Working Group Updates, (2) Health Equity Working Group Updates, and (3) Discussion: Improving Readiness for Future Threats. Agenda items are subject to change as priorities dictate.

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. 2023–27170 Filed 12–11–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of 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. 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; Topics in Structural Biophysics.

Date: December 20, 2023.

Time: 11:00 a.m. to 2:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Dennis Pantazatos, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 594–2381, *dennis.pantazatos@nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: December 7, 2023.

Victoria E. Townsend,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–27198 Filed 12–11–23; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Drug Abuse; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of 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. 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 Institute on Drug Abuse Initial Review Group Career Development Education and Training Study Section.

Date: February 23, 2024.

Time: 9:30 a.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute of Health, National Institute on Drug Abuse, 301 North Stonestreet Avenue, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Sindhu Kizhakke Madathil, Ph.D., Scientific Review Officer,