

- Court of Federal Claims No: 24–0379V
32. Claudia Jeffries, Tampa, Florida, Court of Federal Claims No: 24–0380V
  33. Ryan Guzek, Warren, Michigan, Court of Federal Claims No: 24–0381V
  34. Nicole Bialeschki, Boston, Massachusetts, Court of Federal Claims No: 24–0382V
  35. Arthur Culley, Rising Sun, Maryland, Court of Federal Claims No: 24–0383V
  36. Sarah Pappalardo, Los Angeles, California, Court of Federal Claims No: 24–0386V
  37. Michael P. Duren, Sterling, Virginia, Court of Federal Claims No: 24–0387V
  38. Chantel Price on behalf of N.W. Azle, Texas, Court of Federal Claims No: 24–0389V
  39. Michael Semegran, Harrington Park, New Jersey, Court of Federal Claims No: 24–0390V
  40. Amir Goldkorn, Los Angeles, California, Court of Federal Claims No: 24–0392V
  41. Gayle Kirschenbaum, New York, New York, Court of Federal Claims No: 24–0393V
  42. Erin Severens, Worcester, Massachusetts, Court of Federal Claims No: 24–0394V
  43. John Charles Zimmerman, West New York, New Jersey, Court of Federal Claims No: 24–0398V
  44. Scott Youngmark, Boscobel, Wisconsin, Court of Federal Claims No: 24–0399V
  45. Faith Matter, Los Angeles, California, Court of Federal Claims No: 24–0400V
  46. Rafaela Torres, Houston, Texas, Court of Federal Claims No: 24–0401V
  47. Donald Treat, Crestwood, Kentucky, Court of Federal Claims No: 24–0403V
  48. Marangelis Berrios-Cruz, Moncks Corner, South Carolina, Court of Federal Claims No: 24–0405V
  49. Nicole O'Donnell, Alexandria, Virginia, Court of Federal Claims No: 24–0409V
  50. Ekaterina Pushkarnaya, San Francisco, California, Court of Federal Claims No: 24–0410V
  51. Saira Javaid, Windsor Mill, Maryland, Court of Federal Claims No: 24–0411V
  52. Janna Henry, Fort Worth, Texas, Court of Federal Claims No: 24–0412V
  53. Celia Fernandez, Chicago, Illinois, Court of Federal Claims No: 24–0414V
  54. James Socha, Waupun, Wisconsin, Court of Federal Claims No: 24–0416V
  55. Jessica Berthold, San Francisco, California, Court of Federal Claims No: 24–0417V
  56. Sharelle Silas, New York, New York, Court of Federal Claims No: 24–0418V
  57. Eric P. Rast, Rochester, New York, Court of Federal Claims No: 24–0419V
  58. Trina Daily, Los Angeles, California, Court of Federal Claims No: 24–0420V
  59. Danel Brunell, Ogden, Utah, Court of Federal Claims No: 24–0421V
  60. Rebecca Beisel, Crozet, Virginia, Court of Federal Claims No: 24–0423V
  61. Lisa Soriano, Durham, North Carolina, Court of Federal Claims No: 24–0425V
  62. Cassandra Bynum, Memphis, Tennessee, Court of Federal Claims No: 24–0428V
  63. Angela J. German, Seattle, Washington, Court of Federal Claims No: 24–0429V
  64. Sarah Horvat, Twinsburg, Ohio, Court of Federal Claims No: 24–0430V
  65. Leonora Briggs, Kansas City, Kansas, Court of Federal Claims No: 24–0431V
  66. Destiny Wisniewski, The Woodlands, Texas, Court of Federal Claims No: 24–0432V
  67. Kimberly Palmer, Trinidad, Colorado, Court of Federal Claims No: 24–0433V
  68. Barry Stoddard, Kansas City, Kansas, Court of Federal Claims No: 24–0434V
  69. Kathy Mergel, Boston, Massachusetts, Court of Federal Claims No: 24–0435V
  70. Sally Nellson-Barrett, Boston, Massachusetts, Court of Federal Claims No: 24–0437V
  71. Benjamin Mayberry, Dresher, Pennsylvania, Court of Federal Claims No: 24–0438V
  72. Lea Cross, Weston, West Virginia, Court of Federal Claims No: 24–0441V
  73. Kristin Labelle, Mount Pleasant, Michigan, Court of Federal Claims No: 24–0443V
  74. Alix Riske on behalf of C. ., Valencia, California, Court of Federal Claims No: 24–0444V
  75. Stephina Fuller, Moorestown, New Jersey, Court of Federal Claims No: 24–0445V
  76. Daniel Bartelt, Waupun, Wisconsin, Court of Federal Claims No: 24–0449V
  77. Tessa Wells, Aspen, Colorado, Court of Federal Claims No: 24–0450V
  78. Julia Seibert, Dallas, Oregon, Court of Federal Claims No: 24–0453V
  79. Kathleen David-Geisner, Allentown, Pennsylvania, Court of Federal Claims No: 24–0454V
  80. William Silver, Loveland, Colorado, Court of Federal Claims No: 24–0457V
  81. Jana Janco, Poughkeepsie, New York, Court of Federal Claims No: 24–0459V
  82. Bertina Chian, Los Altos, California, Court of Federal Claims No: 24–0460V
  83. Steven Appleget, Phoenix, Arizona, Court of Federal Claims No: 24–0464V
  84. Macaylee Nikolov, Los Angeles, California, Court of Federal Claims No: 24–0465V
  85. Stephen Erickson, Peoria, Arizona, Court of Federal Claims No: 24–0466V
  86. Peter Tatum, Boulder, Colorado, Court of Federal Claims No: 24–0472V
  87. Thomas McGrath, Toms River, New Jersey, Court of Federal Claims No: 24–0473V
  88. Stephanie Ervin, East Orange, New Jersey, Court of Federal Claims No: 24–0474V
  89. Ranae Baltrush, Farmington, Missouri, Court of Federal Claims No: 24–0478V
  90. Derek Troccia, Peterborough, New Hampshire, Court of Federal Claims No: 24–0479V
  91. Deborah Johnson, Portsmouth, Virginia, Court of Federal Claims No: 24–0484V
  92. Kaye L. Aston, Austin, Texas, Court of Federal Claims No: 24–0486V

[FR Doc. 2024–08398 Filed 4–18–24; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Development of a Universal Symbol for Language Assistance Services in Health Settings

**AGENCY:** Office of Minority Health, U.S. Department of Health and Human Services.

**ACTION:** Request for information.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) seeks input from language access stakeholders, including organizations representing and/or serving communities with Limited English Proficiency (LEP), to inform the development of a universal symbol informing people about the availability of language assistance services in health settings. This is NOT a solicitation for proposals or proposal abstracts.

**DATES:** Written comments must be submitted and received at the address provided below, no later than 11:59 p.m. on May 20, 2024.

**ADDRESSES:** OMH invites the submission of the requested information through one of the following methods:

- *Preferred method:* Submit information through the Federal eRulemaking Portal at <http://www.regulations.gov>. Follow the online instructions for submissions.

- *Email:* Send comments to [minorityhealth@hhs.gov](mailto:minorityhealth@hhs.gov) with the subject line “OMH RFI: Universal Symbol for Language Assistance Services in Health Settings.”

Submissions received after the deadline will not be reviewed. Respond concisely and in plain language. You may use any structure or layout that presents your information well. You may respond to some or all of our questions, and you can suggest other factors or relevant questions. You may also include links to online material or interactive presentations. Clearly mark any proprietary information and place it in its own section or file. Your response will become government property, and we may publish some of its non-proprietary content.

**FOR FURTHER INFORMATION CONTACT:** Leandra Olson, 1101 Wootton Parkway, Suite 100, Rockville, MD 20852, [Leandra.Olson@hhs.gov](mailto:Leandra.Olson@hhs.gov), (301) 348–3577.

#### SUPPLEMENTARY INFORMATION:

*Please Note:* This request is for information (RFI) and is for planning purposes only. It is not a notice for a proposal and does not commit the Federal Government to issue a

solicitation, make an award, or pay any costs associated with responding to this announcement. All submitted information shall remain with the Federal Government and will not be returned. All responses will become part of the public record and will not be held confidential. The Federal Government reserves the right to use information provided by respondents for purposes deemed necessary and legally appropriate. Respondents are advised that the Federal Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. Responses will not be accepted after the due date.

### I. Background Information

#### *The Office of Minority Health (OMH)*

Authorized under section 1707 of the Public Health Service Act, 42 U.S.C. 300u-6, as amended, the mission of OMH is to improve the health of racial and ethnic minority and American Indian and Alaska Native populations through the development of health policies and programs that help eliminate health disparities. OMH awards and other activities are intended to support the identification of effective policies, programs and practices for improving health outcomes and to promote sustainability and dissemination of these approaches.

#### *Universal Symbol for Language Assistance Services*

Under Fiscal Year 2023 Appropriations, Congress called upon OMH to research, develop, and test methods of informing LEP individuals about the availability of language assistance services. The Congressional report noted that the goal of this research would preferably be to develop a universal symbol informing people about the availability of language access services.

### II. Request for Information

Through this RFI, OMH seeks to obtain information from language access stakeholders, including organizations representing and/or serving communities with LEP, to guide the development and implementation of a symbol informing people about the availability of language assistance services in health settings, including for health services, programs, and/or products.

### III. Questions

- What methods do you or your organization currently use to inform individuals with LEP about the

availability of services in their preferred language?

- How effective are these methods?
- What are the challenges to implementing these methods? Do you believe a new graphic symbol informing people about the availability of language assistance services would increase the rate at which people request language assistance services and thereby increase access to information about health services, programs, and/or products?
- Are you aware of any previous or existing symbols used to inform people about the availability of language assistance services (e.g., used in the health sector or other sectors)?
- If yes, please share any information you have regarding the development and implementation of the symbol, including best practices, challenges, and effectiveness or impact.
- What should be considered in the development of a new graphic symbol informing people about the availability of language assistance services in health settings? Please add any specific suggestions you have for the symbol design and usability testing.
- What steps do you recommend for implementing, disseminating, and ensuring effectiveness of a new symbol for language assistance services, including utilization by LEP individuals, healthcare providers, public health departments, and other entities engaged in health care?
- Are there frameworks or standards that should be considered to support the development, testing, implementation, and dissemination of a new symbol for language assistance services?

availability of services in their preferred language?

### IV. Definitions

For the purposes of this RFI, the following working definitions apply:

*Language Assistance Services*—All oral, written, and signed language services needed to assist individuals with LEP and people with disabilities to communicate effectively. Examples of language assistance services include oral interpretation services and written translations of materials.

*Limited English Proficiency (LEP)*—An individual who does not speak English as their preferred language and who has a limited ability to read, write, speak or understand English in a manner that permits them to communicate effectively and have meaningful access to and participate in the services, activities, programs, or other benefits administered in a health setting. Individuals with LEP may be competent in English for certain types of communication (e.g., speaking or understanding) but have limited proficiency in English in other areas

(e.g., reading or writing). LEP designations are also context-specific; an individual may possess sufficient English language skills to function in one setting (e.g., conversing in English with coworkers), but these skills may be insufficient in other settings (e.g., addressing court proceedings). An individual who is deaf or hard of hearing may also have limited proficiency in spoken or written English.

Dated: April 10, 2024.

**Leandra Olson,**

*Policy Team Lead, Office of Minority Health.*

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**BILLING CODE 4150-29-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Complementary and Integrative Health; 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 Center for Complementary and Integrative Health Special Emphasis Panel Institutional Research Training Grants (IT)

*Date:* May 22, 2024.

*Time:* 1:00 p.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Center for Complementary and Integrative Health, Democracy II, 6707 Democracy Blvd., Bethesda, MD 20892, (Virtual Meeting).

*Contact Person:* MICHAEL ERIC AUTHEMENT, Ph.D., Scientific Review Officer Office of Scientific Review Division of Extramural Activities 6707 Democracy Boulevard Bethesda, MD 20817 [michael.authement@nih.gov](mailto:michael.authement@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)