

covered entities are a separate, pre-existing process and are not subject to this information request. This information collection request is limited specifically to the initiation of the 340B ADR process under the 2024 340B ADR Final Rule and the uploading of the related documents at the initial phase of the 340B ADR process.

One commenter requested that HRSA require manufacturers to present specific types of documentation and evidence to initiate a dispute. Another commenter requested that HRSA specify what “sufficient documentation” consists of for submitting an ADR claim. Under the 340B ADR Final Rule, petitioners have discretion regarding the documentation they submit as part of their initial submission to support their claims.

Other comments discussed elements of the ADR Final Rule, including defining what good faith efforts entail, how child site eligibility relates to

diversion and what the definition of an overcharge should include, that are outside of the scope of this information collection request. After detailed analysis of the comments received, HRSA plans to maintain the burden hours as proposed in the 60-day notice.

Need and Proposed Use of the Information: HRSA is requesting approval for the initiation of the 340B ADR process and uploading of the related documents outlined in the 340B ADR Final Rule. The 340B ADR process is conducted pursuant to the requirements under section 340B(d)(3) of the PHS Act, which requires the establishment and implementation of the 340B ADR process for certain disputes arising under the 340B Drug Pricing Program. HRSA uses the information gathered in the 340B ADR initiation process to determine if the claim submitted meets the statutory requirements for filing a 340B claim and accessing the 340B ADR process.

Likely Respondents: Covered entities (or their membership organizations or associations) and manufacturers.

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
340B Claim Submission	15	1	15	2.5	37.5
Total	15	15	37.5

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the National Advisory Council on the National Health Service Corps

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 National Advisory Council on the National Health Service Corps (NACNHSC) will hold public meetings for the 2025 calendar year (CY). Information about NACNHSC, agendas, and materials for these meetings can be found on the NACNHSC website at: [https://](https://www.hrsa.gov/advisory-committees/national-health-service-corps/meetings)

www.hrsa.gov/advisory-committees/national-health-service-corps.

DATES: NACNHSC meetings will be held on March 18, 2025, 10:00 a.m. Eastern Time (ET)–4:30 p.m. ET and March 19, 2025, 10 a.m. ET–3:30 p.m. ET; June 24, 2025, 9 a.m. ET–4:30 p.m. ET and June 25, 2025, 8:30 a.m. ET–2 p.m. ET; and November 18, 2025, 10 a.m. ET–4:30 p.m. ET and November 19, 2025, 10 a.m. ET–3:30 p.m. ET.

ADDRESSES: Meetings may be held in-person, by teleconference, and/or video conference. For updates on how the meeting will be held, visit the NACNHSC website 30 business days before the date of the meeting, where instructions for joining meetings either in-person or remotely will also be posted. In-person NACNHSC meetings will be held at 5600 Fishers Lane, Rockville, Maryland 20857. For meeting information updates, go to the NACNHSC website meeting page at: <https://www.hrsa.gov/advisory-committees/national-health-service-corps/meetings>.

FOR FURTHER INFORMATION CONTACT: Diane Fabiyi-King, Designated Federal Official, Division of National Health Service Corps, HRSA, 5600 Fishers

Lane, Rockville, Maryland 20857; NHSCAdvisoryCouncil@hrsa.gov or (301) 443-3609.

SUPPLEMENTARY INFORMATION:

NACNHSC provides advice and recommendations to the Secretary of Health and Human Services on policy, program development, and other matters of significance concerning the activities under subpart II, part D of title III of the Public Health Service Act. NACNHSC members are experts in the issues that communities with a shortage of primary care professionals face in meeting their healthcare needs.

Since priorities dictate meeting times, be advised that start times, end times, and agenda items are subject to change. For CY 2025 meetings, agenda items may include, but are not limited to: the identification of NHSC priorities for future program issues and concerns; proposed policy changes by using the varying levels of expertise represented on NACNHSC to advise on specific program areas; updates from clinician workforce experts; and education and practice improvement in the training development of primary care clinicians. More general items may include presentations and discussions on the

current and emerging needs of the health workforce, public health priorities, health care access and evaluation; NHSC-approved sites; HRSA priorities; and other Federal health workforce and education programs that impact the NHSC. Refer to the NACNHSC website listed above for all current and updated information concerning the CY 2025 NACNHSC meetings, including draft agendas and meeting materials that will be posted 30 calendar days before the meeting.

Members of the public will have the opportunity to provide comments. Public participants may submit written statements in advance of the scheduled meeting(s). Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to the NACNHSC should be sent to Diane Fabiyi-King using the contact information above at least 5 business days before the meeting date(s).

Individuals who need special assistance or another reasonable accommodation should notify Diane Fabiyi-King using the contact information listed above at least 10 business days before the meeting(s) they wish to attend. Since all in person meetings will occur in a Federal Government building, attendees must go through a security check to enter the building. Non-U.S. citizen attendees must notify HRSA of their planned attendance at least 20 business days prior to the meeting in order to facilitate their entry into the building. All attendees are required to present government-issued identification prior to entry.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Center for Indigenous Innovation and Health Equity Tribal Advisory Committee; Solicitation of Nominations for Delegates

AGENCY: Office of Minority Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice; correcting amendment.

SUMMARY: On January 8, 2025, we published a **Federal Register** Notice requesting nomination letters for the CIIHE TAC delegates. This correcting amendment corrects two errors: the submission deadline and the

notification timeframe for nominee selection.

DATES: Tribal leaders are encouraged to submit their nomination letters for CIIHE TAC delegates by February 18, 2025, at the address listed below. The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) will continue to receive nominations until all CIIHE TAC primary and alternate delegate positions are filled.

ADDRESSES: All nominations should be emailed to minorityhealth@hhs.gov. Please use the subject line “CIIHE TAC Nomination.”

FOR FURTHER INFORMATION CONTACT: For information and guidance about the nomination process for CIIHE TAC delegates, please contact Rochelle Rollins, Senior Policy Advisor, at Rochelle.Rollins@hhs.gov. Sample CIIHE TAC nomination letters are available on the OMH website: <https://minorityhealth.hhs.gov/ciihe-tribal-advisory-committee-tac>.

SUPPLEMENTARY INFORMATION:

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 (AI/AN) 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 that improve health outcomes and to promote the sustainability and dissemination of these approaches.

Summary of Errors

Tribal leaders are encouraged to submit their nomination letters for CIIHE TAC delegates by February 18, 2025. Nominees will be notified of the delegate selection status in March 2025.

Tarsha Cavanaugh,

Capt, Principal Deputy Director, Office of Minority Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Public Comments on Reports on Alcoholic Beverages and Health To Inform the Dietary Guidelines for Americans, 2025–2030

AGENCY: U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health (OASH), Office of Disease Prevention and Health

Promotion; U.S. Department of Agriculture (USDA), Food, Nutrition, and Consumer Services (FNCS).

ACTION: Notice and request public comments on two reports on alcoholic beverages and health to inform the *Dietary Guidelines for Americans, 2025–2030 (Dietary Guidelines)*.

SUMMARY: HHS and USDA invite the public to provide written comments on two reports: The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) Alcohol Intake and Health (AIH) draft report and The National Academies of Sciences, Engineering, and Medicine’s (NASEM) Review of Evidence on Alcohol and Health report.

DATES: Written comments will be accepted for 30 days. This public comment period closes on the 30th calendar day at 11:59 p.m. ET. Specific dates will be announced at www.DietaryGuidelines.gov.

ADDRESSES: Links to both reports, along with additional information about each report, are available at www.DietaryGuidelines.gov/alcohol/info. You may submit comments as follows:

- *Online (preferred method):* Follow the instructions for submitting comments at www.regulations.gov. Comments submitted electronically, including attachments, will be posted to Docket HHS–OASH–2024–0019. HHS–OASH–2024–0019

- *Mail:* Mail/courier to Janet M. de Jesus, MS, RD, HHS/OASH/ODPHP, 1101 Wootton Parkway, Suite 420S, Rockville, MD 20852. For written/paper submissions, ODPHP will post your comment, and any attachments, to www.regulations.gov.

FOR FURTHER INFORMATION CONTACT: Janet M. de Jesus, MS, RD; Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Suite 420, Rockville, MD 20852; Phone: 240-453-8266; Email DietaryGuidelines@hhs.gov. Additional information is available at www.DietaryGuidelines.gov.

SUPPLEMENTARY INFORMATION:

Authority and Purpose: Under Section 301 of Public Law 101-445 (7 U.S.C. 5341, the National Nutrition Monitoring and Related Research Act of 1990, Title III), the Secretaries of HHS and USDA are directed to publish the *Dietary Guidelines* jointly at least every five years. Guidance on the consumption of alcoholic beverages has been included in each edition of the *Dietary Guidelines* since the first edition in 1980. In the process of updating the *Dietary*