

care integration with other clinical services and public health; primary health care integration with community-based organizations to provide social services to patients; interprofessional education strategies; expanded and effective use of health information technology (IT); strategies to expand primary health care research and its impact; and measures of primary health care spending, access, quality, and impact.

2. *Barriers to implementing successful models or innovations:* Describe current barriers to implementing innovations or improvements that would strengthen primary health care, to improve the health of individuals, families and communities. Also, consider barriers to advancing primary health care research, as well as barriers to inclusive services and those targeting youth. For each barrier, you may provide evidence-based or proposed solutions.

3. *Successful strategies to engage communities:* Describe models, approaches or frameworks that HHS could use to obtain ongoing input from individuals, caregivers, and communities on HHS actions to strengthen primary health care and their implementation (*i.e.*, community engagement strategies), acknowledging the different approaches necessary to obtain perspectives from youth and adults. Populations of focus are those traditionally underserved by health care, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Additional populations of interest are people experiencing homelessness; non-US-born persons; individuals experiencing gender-based violence; individuals with chronic illness; older adults and people with disabilities; individuals with mental and substance use disorders; and people who have had interactions with the criminal justice system. Share implementation approaches for community engagement strategies and lessons learned.

4. *Proposed HHS actions:* Identify specific actions that HHS may take to advance the health of individuals, families, and communities through strengthened primary health care. Examples include, but are not limited to: steps to implement and scale new payment models and reimbursement approaches, including revising the

Physician Fee Schedule, Relative Value Units, and Current Procedural Terminology codes and advancing value-based care; increasing payer and national investment in primary health care and measuring/monitoring spending on primary care; support for service integration, including integration of primary health care and public health; and enabling care for complex needs by integrating behavioral, oral, and primary health care and integrating access to social services and primary health care through partnerships; support for primary health care workforce well-being; policy and programmatic proposals for health workforce programs to address workforce shortages, geographic maldistribution and to improve workforce diversity; support for primary health care workforce education and training; interprofessional education; new technical assistance needed; advancing the use of certified health IT and interoperability of electronic health information across the care continuum; primary health care research infrastructure and investment; and measurement and stewardship of primary health care. Specify what barrier the opportunity addresses, and the realistic timing for implementation: less than two years, two to five years, and six to 10 years.

Dated: June 15, 2022.

**Judith Steinberg,**

*Senior Advisor, Office of the Assistant Secretary for Health, Department of Health and Human Services.*

[FR Doc. 2022-13632 Filed 6-24-22; 8:45 am]

**BILLING CODE 4150-28-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Eye Institute; Notice of Closed Meeting**

Pursuant to section 10(d) 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 Eye Institute Special Emphasis Panel; NEI Pathway to Independence Award Application (K99).

*Date:* July 26, 2022.

*Time:* 10:00 a.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Eye Institute, National Institutes of Health, 6000B Rockledge Drive, Suite 3400, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Jennifer C. Schiltz, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Activities, National Eye Institute, National Institutes of Health, 6000B Rockledge Drive, Suite 3400, Bethesda, MD 20892, (240) 451-2020, [jennifer.schiltz@nih.gov](mailto:jennifer.schiltz@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: June 22, 2022.

**Victoria E. Townsend,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022-13640 Filed 6-24-22; 8:45 am]

**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Eye Institute; Notice of Closed Meeting**

Pursuant to section 10(d) 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 Eye Institute Special Emphasis Panel; NEI Mentored Clinician Scientist Grant Applications (K08, K23) and Conference Grants (R13).

*Date:* July 19, 2022.

*Time:* 11:00 a.m. to 3:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Eye Institute, National Institutes of Health, 6700B Rockledge Drive, Suite 3400, Rockville, MD 20892 (Virtual Meeting).

*Contact Person:* Brian Hoshaw, Ph.D., Chief, Scientific Review Branch, Division of Extramural Research, National Eye Institute, National Institutes of Health, 6700B

Rockledge Drive, Suite 3400, Rockville, MD 20892, (301) 451–2020, [hoshawb@mail.nih.gov](mailto:hoshawb@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: June 22, 2022.

**Victoria E. Townsend,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022–13641 Filed 6–24–22; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) 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 of Allergy and Infectious Diseases Special Emphasis Panel; HIV Vaccine Research and Design (HIVRAD) Program (P01 Clinical Trial Not Allowed).

*Date:* July 21, 2022.

*Time:* 10:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G22B, Rockville, MD 20892 (Virtual Meeting).

*Contact Person:* Kristina S. Wickham, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G22B, Rockville, MD 20852, 301–761–5390, [kristina.wickham@nih.gov](mailto:kristina.wickham@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: June 21, 2022.

**Victoria E. Townsend,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2022–13608 Filed 6–24–22; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–5654–N–04]

### Section 8 Housing Assistance Programs Management and Occupancy Review Schedule

**AGENCY:** Office of the Assistant Secretary for Housing—Federal Housing Commissioner.

**ACTION:** Notice.

**SUMMARY:** Through this Notice, the Federal Housing Administration (FHA) establishes the Management and Occupancy Review (MOR) schedule for projects assisted under each of seven project-based Section 8 programs administered by the Office of Multifamily Housing Programs. The MOR schedule establishes a frequency for the completion of MORs based upon a project's previous MOR score and the project's rating under HUD's risk-based asset management model. This Notice follows the January 14, 2015, publication of a proposed MOR schedule, on which HUD sought public comments. It adopts a final schedule that reflects changes made in response to such comments.

**DATES:** The MOR schedule is effective September 26, 2022.

**FOR FURTHER INFORMATION CONTACT:**

Jennifer Lavorel, Director, Program Administration Office, Office of Multifamily Asset Management, Office of Housing, Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410–7000; telephone number 202–402–2515 (this is not a toll-free number). Hearing- and speech-impaired persons may access this numbers through TTY by calling the Federal Relay Service at 800–877–8339 (this is a toll-free number).

**SUPPLEMENTARY INFORMATION:**

#### I. Background

On January 14, 2015, HUD published the “Section 8 Housing Assistance Programs Proposed Management and Occupancy Review Schedule” (MOR Notice) (80 FR 1930) to solicit public comments on HUD's proposed MOR schedule. The proposed MOR schedule was published concurrently with a Proposed Rule (80 FR 1860) that sought to amend HUD's regulations governing

seven project-based Section 8 Housing Assistance Payment (HAP) programs administered by the Office of Multifamily Housing Programs to provide for consistency across the programs with respect to the frequency of MORs and to authorize HUD to establish by **Federal Register** Notice, subject to public comment, an MOR schedule based on a project's annual MOR score and its rating under HUD's risk-based management model.

The seven programs addressed in the Proposed Rule and subject to the MOR schedule are the HAP program for New Construction (24 CFR part 880) and the HAP program for Substantial Rehabilitation (24 CFR part 881), which provide rental assistance in connection with the development of newly constructed or substantially rehabilitated privately owned rental housing; the HAP Program for State Housing Agencies (24 CFR part 883), which applies to newly constructed or substantially rehabilitated housing financed by state agencies; the HAP program for New Construction financed under Section 515 of the Housing Act of 1949 (24 CFR part 884), which applies to U.S. Department of Agriculture rural rental housing projects; the Loan Management Set Aside Program (24 CFR part 886, subpart A), which provides rental subsidies to HUD-insured or HUD-held multifamily properties experiencing immediate or potential financial difficulties; the HAP for the Disposition of HUD-Owned Projects (24 CFR part 886, subpart C), which provides Section 8 assistance in connection with the sale of HUD-owned multifamily rental housing projects and the foreclosure of HUD-held mortgages on rental housing projects; and the Section 202/8 Program (24 CFR part 891, subpart E), which provides assistance for housing projects serving the elderly or households headed by persons with disabilities.

HUD's risk-based asset management model incorporates both qualitative and quantitative elements into a comprehensive property-level rating. This rating translates to a classification (hereafter referred to as a “risk-based classification”) of “Troubled,” “Potentially Troubled,” or “Not Troubled.”

Elsewhere in this issue of the **Federal Register**, HUD publishes a Final Rule that adopts with no substantive changes the portions of the Proposed Rule that provide for consistency across the seven above-described programs with respect to the frequency of MORs. As required pursuant to this Final Rule, HUD sets forth by publication of this **Federal Register** Notice an MOR schedule for