

Regional Managers who report to the Deputy Director for ORD and are responsible for civil rights, conscience and religious freedom, and HIPAA complaint investigations, enforcement, and outreach. ORD is responsible for responding to stakeholder calls and triaging civil rights, conscience and religious freedom, and HIPAA complaints at intake” after “property management, accountability, and performance metrics.”

VI. Under Chapter AT, Office for Civil Rights (OCR), Section “AT.20 Functions” at subsection “C. Civil Rights Division (ATB),” delete “Civil Rights” and replace with “Policy” and add “(including sexual orientation, gender identity, and pregnancy)” after “sex” and add “religion” after “disability” and delete “enforces” and add “oversees” and add “protection” after “conscience” and delete “provides national leadership in OCR’s enforcement and compliance activities, including advising OCR staff nationwide on case development and quality and assisting in developing negotiation, enforcement, and litigation strategies;” and delete “The Civil Rights Division also leads national civil rights compliance reviews;” and replace with “The Policy Division also consults and coordinates with the Enforcement Division on national civil rights and conscience protection laws enforcement and compliance activities;” and add “and conscience protection” after “designs civil rights” and add “and conscience protection” after “regional civil rights” and add “and conscience protection” after “provides civil rights”

VII. Under Chapter AT, Office for Civil Rights (OCR), Section “AT.20 Functions” at subsection “D. Health Information Privacy Division (ATC), delete “Health Information Privacy” and replace with “Health Information Privacy, Data, and Cybersecurity”.

VIII. Under Chapter AT, Office for Civil Rights (OCR), Section “AT.20 Functions” delete subsection E in its entirety and replace with the following:
AT.20 Functions

“E. Enforcement Division (*ATD*). The Enforcement Division is headed by the Deputy Director of Enforcement, who reports to the Director. The Enforcement Division is responsible for overseeing OCR’s regional operations and case management to support comprehensive implementation all of its authorities. Responsibilities of the Deputy Director of Enforcement include: Advising on all regional operations and the Centralized Case Management Operation (CCMO); developing and conducting public education activities in coordination and

collaboration with the Strategic Planning Division to drive compliance with the law; directing case management on data analytics and operations; and coordinating and implementing leadership and professional development training for staff within the Enforcement Division. Regional offices are led by Regional Managers who report to the Deputy Director of Enforcement and are responsible for civil rights, conscience protection, and HIPAA complaint investigations, enforcement, and outreach. The Enforcement Division is responsible for responding to stakeholder calls and triaging civil rights, conscience protection, and HIPAA complaints at intake and throughout the investigation or compliance process.”

VIII. Under Chapter AT, Office for Civil Rights (OCR), Section “AT.20 Functions” add a new subsection F as follows:

AT.20 Functions

“F. Strategic Planning Division (*ATE*). The Strategic Planning Division is headed by the Deputy Director for Strategic Planning, who reports to the Director. The Strategic Planning Division oversees OCR’s outreach and other activities to provide the public with information about their rights and how OCR protects civil rights, conscience protections, and the privacy of individuals’ health information. The division promotes OCR’s enforcement activities to ensure covered entities are aware of their obligations under federal law and the consequences of violations of that law. The Division provides other HHS components with technical assistance and training on civil rights, conscience protections, and information privacy laws and works with other Operating and Staff Divisions within HHS to drive compliance with the law. The Division also provides identifies and provides staff with training opportunities that meet workforce development objectives, goals for individual professional growth, and succession planning.”

VIII. Pending further delegations, directives, or orders by the Secretary or the OCR Director, all delegations and redelegations of authority to positions of the affected organizations in effect prior to the date of this notice shall continue in effect in them or their successors, provided they are consistent with this reorganization.

Xavier Becerra,

Secretary, Department of Health and Human Services.

[FR Doc. 2023–03892 Filed 2–27–23; 11:15 am]

BILLING CODE 4153–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Global Affairs: Stakeholder Listening Session on Amendments to the International Health Regulations (2005)

ACTION: Notice of public listening session; request for comments.

TIME AND DATE: The listening session will be held on Friday, March 17, 2023, from 10 a.m. to 12 p.m., Eastern Daylight Time.

PLACE: The session will be held virtually, with online slide share and dial-in information shared with registered participants.

STATUS: This meeting is open to the public but requires RSVP to OGA.RSVP1@hhs.gov by Wednesday, March 8, 2023. See *RSVP section below for details.*

SUPPLEMENTARY INFORMATION:

Purpose: The U.S. Department of Health and Human Services (HHS) is charged with leading U.S. participation in the Working Group on the Amendments to the International Health Regulations (2005) and will convene a Stakeholder Listening Session.

The World Health Assembly (WHA) originally adopted the International Health Regulations (IHR) in 1969. The regulations were amended multiple times, resulting in the current IHR (2005). The purpose of IHR (2005) is to prevent, protect against, control, and provide public health response to the international spread of disease. In May 2021, Member States set up a Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) with the intent of strengthening WHO’s capacities and ability to support Member States in the prevention and response of public health emergencies. The WGPR produced a report with key findings and recommendations that included amending the IHR. The United States submitted a package of targeted amendments to the IHR for consideration. These amendments seek to improve early warnings and alerts, transparency, and accountability in a manner that does not compromise national security or sovereignty. Other countries have also submitted proposals that the United States seek feedback from stakeholders on the proposed amendments. The Stakeholder Listening Session is designed to seek input from stakeholders and subject-matter experts on these proposals and to help inform and prepare the U.S. government for engagement with the Working Group on

the Amendments to the International Health Regulations (2005).

Matters to be Discussed: The listening session will discuss potential amendments to the IHR (2005). Topics will include those amendments currently under consideration by the Working Group. An Article-by-Article Compilation of Proposed Amendments to the International Health Regulations (2005) can be found here: https://apps.who.int/gb/wgihr/pdf_files/wgihr1/WGIHR_Compilation-en.pdf.

Participation is welcome from stakeholder communities, including:

- Public health and advocacy groups
- State, local, and Tribal groups
- Private industry
- Minority health organizations
- Academic and scientific organizations, etc.

RSVP: Persons seeking to attend or speak at the listening session must register by *Wednesday, March 8, 2023*.

Registrants must include their full name and organization, if any, and indicate whether they are registering as a listen-only attendee or as a speaker participant to *OGA.RSVP1@hhs.gov*.

Requests to participate as a speaker must include:

1. The name of the person desiring to participate;
2. The organization(s) that person represents, if any;
3. Identification of the primary amendment of interest.

Other Information: Written comments should be emailed to *OGA.RSVP1@hhs.gov* with the subject line “*Written Comment Re: Stakeholder Listening Session 1 for the WGIHR*” by Friday, March 31, 2023.

We look forward to your comments on proposed amendments to the International Health Regulations (2005).

Dated: February 23, 2023.

Susan Kim,

Chief of Staff, Office of Global Affairs.

[FR Doc. 2023-04160 Filed 2-28-23; 8:45 am]

BILLING CODE 4150-38-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Preventing Alcohol-Related Deaths Through Social Detoxification

Announcement Type: New.

Funding Announcement Number: HHS-2023-IHS-PARD-0001.

Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number: 93.654.

Key Dates

Application Deadline Date: March 31, 2023.

Earliest Anticipated Start Date: April 17, 2023.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), Office of Clinical and Preventive Services, Division of Behavioral Health (DBH) is accepting applications for cooperative agreements for the Preventing Alcohol-Related Deaths (PARD) through Detoxification. This program is authorized under the Snyder Act, 25 U.S.C. 13; Consolidated Appropriations Act, 2023, Public Law 117-328, 136 Stat. 4459 (2022); and the Transfer Act, 42 U.S.C. 2001(a). This program is described in the Assistance Listings located at <https://sam.gov/content/home> (formerly known as the CFDA) under 93.654.

Background

According to the Centers for Disease Control and Prevention (CDC) mortality data (Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 1999–2020 on CDC WONDER Online Database, released in 2021), alcohol related deaths among American Indian and Alaska Native (AI/AN) persons is a significant and persistent tragic outcome in the US. From 2016 to 2020, the crude rates for alcohol-related deaths was 51.9 (per 100,000) for AI/AN persons, nearly five times higher than non-AI/AN persons (11.7 per 100,000). The geography of these deaths is telling, as 48% were in a cluster across Arizona and New Mexico. Twenty of those counties have death rates over the 51.9 national rate. The highest rates were within McKinley County, with a 147.7 crude death rate for AI/AN persons—nearly 13 times higher than the rate for non-AI/AN, nationally. In the most recent PARD grant program (2017–2022, <https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-17102.pdf>), the estimated alcohol-related crude death rates in the proximities of the previous project sites (https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/pardaward_sbystate2017.pdf), McKinley County, New Mexico (Gallup City project) and Oglala Lakota County, South Dakota (formerly Shannon County), remain notably high. With this opportunity, in coordination with the PARD awardee, IHS will address increasing the clinical capacity of services offered between the

awardee and local continuum of services.

Purpose

The purpose of this program is to increase access to community-based prevention strategies that provide social detoxification, evaluation, stabilization, fostering patient readiness for and entry into treatment for alcohol use, and other substance use disorders. In alignment with the IHS 2019–2023 Strategic Plan Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people, the PARD project is designed to provide communities the ability to reduce alcohol-related mortality and encourage clients to seek additional alcohol and/or substance use disorder treatment after discharge from a detoxification program.

IHS will use this funding to focus on the provision of services in Tribal and Urban Indian communities with the highest burden of alcohol-related deaths among AI/AN persons. IHS analyzed the national rates of causes of deaths using the CDC data (Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 1999–2020 on CDC WONDER Online Database, released in 2021), and determined that McKinley County, New Mexico (with the largest city of Gallup), continues to have the highest burden of alcohol-related deaths among AI/AN persons. Additionally, the 2017 Senate Appropriations Committee Report 114–281 expressed the Committee’s expectation that IHS address alcohol and substance abuse through Federal, State, local, and tribal partners, calling for a sustainable model for life-saving community services, with specific attention on the capabilities of the Na’Nizhoozhi Center in Gallup, New Mexico.

A consensus among clinical and subject matter experts understand detoxification does not provide the full spectrum of alcohol and/or substance use disorder treatment but can serve as a pathway to seeking treatment and as a component in the continuum of services for alcohol and substance use disorders (Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) 45 (<https://www.samhsa.gov/resource/ebp/tip-45-detoxification-substance-abuse-treatment>)).

Required Activities

The PARD program requires applicants to review the Substance Abuse and Mental Health Services