

[www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/](https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (<https://doi.org/10.1542/peds.2022-060417>).

and  
Perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/>). See “Maintaining and Improving the Oral Health of Young Children” (<https://doi.org/10.1542/peds.2022-060417>).

### Discussion of Recommended Updated Guidelines

A Federal Register notice on October 24, 2023, sought public comment on these proposed footnote updates (88 FR 73034).<sup>1</sup> The ICAPS Program considered all public comments as part of its deliberative process and provided the comments to HRSA for its consideration. A total of 25 respondents commented on one or more of the six proposed footnote updates. From the 25 respondents, 119 responses were provided. Of these, 107 responses (89 percent) expressed agreement and 13 responses (11 percent) provided other comments or concerns. HRSA appreciates the comments in support of the updates. The additional comments and responses are summarized below.

1. Footnote 4, relating to the first week well-child visit, also called the 3–5 Day Visit.

20 respondents responded to this proposed footnote update, and 19 indicated agreement. One respondent expressed concern that formal breastfeeding evaluation is not possible in every situation and suggested the proposed footnote include a qualified statement such as, “if services are available.” As this suggestion pertains to implementation and not the updated reference, the proposed footnote update will not be modified.

2. Footnote 5, relating to Body Mass Index.

18 respondents responded to this proposed footnote update, and 17 indicated agreement. One respondent expressed concern regarding the use of BMI at the individual level to determine intervention for children. This suggestion does not align with the recommendation in the clinical practice guidelines, which is the updated reference within the proposed footnote change. The proposed footnote update will not be modified.

3. Footnote 14, relating to Behavioral/Social/Emotional Screening.

20 respondents responded to this proposed footnote update, and 15 indicated agreement. One respondent comment did not specifically address the proposed footnotes or the Bright Futures Periodicity Schedule and is therefore beyond the scope of the proposed updates. Three respondents expressed concerns related to implementation resources. As these suggestions pertain to implementation and not the additional reference that was added, the proposed footnote update will not be modified. One respondent suggested including the screening for anxiety in children under 8 years of age. This suggestion does not align with the AAP clinical guidance or the updated USPSTF reference. The footnote update will be finalized as proposed.

4. Footnote 15, relating to Tobacco, Alcohol, or Drug Use Assessment.

20 respondents responded to this proposed footnote update and 17 indicated agreement. Of the three respondents expressing concern, one respondent noted the need to ensure insurance companies do not violate the adolescent’s privacy to safely perform recommended preventive services. This suggestion is beyond the scope of the proposed footnote update and the proposed footnote update will not be modified. One respondent expressed concern with overprescribing naloxone and the potential to create drug shortage as well as suggesting the need for oversight with how to administer. The AAP has not found evidence supporting the concern of overprescribing in the pediatric primary care setting. The footnote will be finalized as proposed. Another respondent suggested removing “prescribing” from the proposed footnote since naloxone is also available over the counter. This comment is reflected in the updated footnote language stating that providers should consider recommending or prescribing naloxone. The footnote will be finalized as proposed.

5. Footnote 21, relating to Newborn Bilirubin Screening.

20 respondents responded to this proposed footnote update and 18 indicated agreement. Two respondents expressed concern about the implementation of this screening due to the cost and time for the primary care provider to obtain patient hospital records. As these suggestions pertain to implementation and not the updated reference. The proposed footnote update will not be modified.

6. Footnote 35 and 36, relating to Oral Health.

22 respondents responded to this proposed footnote update and 21 indicated agreement. One respondent suggested adding the American Academy of Pediatric Dentistry (AAPD) recommendation that the first oral exam occur by age 12 months and that the interval of exams be based on the child’s individual needs or risk status and susceptibility to disease. The proposed footnote simply adds an updated reference to the latest AAP clinical report, which recommends a dental visit for children by 1 year of age. The proposed footnote update will not be modified in response to this comment.

After consideration of public comment, the ICAPS Program submitted recommended footnote updates to HRSA for consideration, as detailed above. On December 29, 2023, the HRSA Administrator accepted the ICAPS Program recommendations and, as such, updated the HRSA-supported guidelines as set forth in the Bright Futures Periodicity Schedule. While non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage must cover without cost-sharing the services and screenings listed as the HRSA-supported preventive services guidelines for infants, children, and adolescents as indicated above, these updates to the Bright Futures Periodicity Schedule footnotes do not change the clinical recommendations or the requirements for coverage without cost-sharing under section 2713 of the Public Health Service Act. Additional information regarding the ICAPS Program can be accessed at the following link: <https://mchb.hrsa.gov/maternal-child-health-topics/child-health/bright-futures.html>.

Authority: Section 2713(a)(4) of the Public Health Service Act, 42 U.S.C. 300gg–13(a)(4).

**Carole Johnson,**  
Administrator.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Advisory Council on Alzheimer’s Research, Care, and Services; Meeting

**AGENCY:** Assistant Secretary for Planning and Evaluation, HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces the public meeting of the Advisory Council on Alzheimer’s Research, Care, and Services (Advisory Council). The Advisory Council provides advice on

<sup>1</sup> See <https://www.federalregister.gov/documents/2023/10/24/2023-23396/notice-of-request-for-public-comment-on-proposed-update-to-the-bright-futures-periodicity-schedule>.

how to prevent or reduce the burden of Alzheimer's disease and related dementias (ADRD) on people with the disease and their caregivers. During the meeting on January 22, 2024, the Advisory Council will hear updates from the field on implementation of disease-modifying therapies for Alzheimer's disease and outstanding research questions. A panel will present on the latest research on diagnosis and development of treatments for other populations and causes of dementia.

**DATES:** The meeting will be January 22, 2024 from 9:30 p.m. to 4:30 p.m. EST.

**ADDRESSES:** The meeting will be a hybrid of in-person and virtual. The meeting will be held in Room 800 of the Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. It will also stream live at [www.hhs.gov/live](http://www.hhs.gov/live).

**Comments:** Time is allocated on the agenda to hear public comments from 4:00 p.m. to 4:30 p.m. The time for oral comments will be limited to two (2) minutes per individual. In order to provide a public comment, please register by emailing your name to [napa@hhs.gov](mailto:napa@hhs.gov) by Wednesday, January 17. Registered commenters will receive both a dial-in number and a link to join the meeting virtually; individuals will have the choice to either join virtually via the link, or to call in only by using the dial-in number. **Note:** There may be a 30–45 second delay in the livestream video presentation of the conference. For this reason, if you have pre-registered to submit a public comment, it is important to connect to the meeting by 3:45 p.m. to ensure that you do not miss your name and allotted time when called. If you miss your name and allotted time to speak, you may not be able to make your public comment. Public commenters will not be admitted to the virtual meeting before 3:30 p.m. but are encouraged to watch the meeting at [www.hhs.gov/live](http://www.hhs.gov/live). Should you have questions during the session, please email [napa@hhs.gov](mailto:napa@hhs.gov) and someone will respond to your message as quickly as possible.

In order to ensure accuracy, please submit a written copy of oral comments for the record by emailing [napa@hhs.gov](mailto:napa@hhs.gov) by Tuesday, January 23, 2024. These comments will be shared on the website and reflected in the meeting minutes.

In lieu of oral comments, formal written comments may be submitted for the record by Tuesday, January 23, 2024 to Helen Lamont, Ph.D., OASPE, 200 Independence Avenue SW, Room 424E, Washington, DC 20201. Comments may also be sent to [napa@hhs.gov](mailto:napa@hhs.gov). Those

submitting written comments should identify themselves and any relevant organizational affiliations.

**FOR FURTHER INFORMATION CONTACT:**

Helen Lamont, 202–260–6075, [helen.lamont@hhs.gov](mailto:helen.lamont@hhs.gov). **Note:** The meeting will be available to the public live at [www.hhs.gov/live](http://www.hhs.gov/live).

**SUPPLEMENTARY INFORMATION:** Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). Topics of the Meeting: subcommittee recommendations, NIA bypass budget, FDA drug coverage decisions, and CDC Health Brain Initiative.

**Procedure and Agenda:** The meeting will be webcast at [www.hhs.gov/live](http://www.hhs.gov/live) and video recordings will be added to the National Alzheimer's Project Act website when available after the meeting. This meeting is open to the public. Please allow 30 minutes to go through security and walk to the meeting room. Participants joining in person should note that seating may be limited. Those wishing to attend the meeting in person must send an email to [napa@hhs.gov](mailto:napa@hhs.gov) and put "January 22 Meeting Attendance" in the subject line by Wednesday, January 17 so that their names may be put on a list of expected attendees and forwarded to the security officers at the Department of Health and Human Services. Any interested member of the public who is a non-U.S. citizen should include this information at the time of registration to ensure that the appropriate security procedure to gain entry to the building is carried out. Although the meeting is open to the public, procedures governing security and the entrance to Federal buildings may change without notice. If you wish to make a public comment, you must note that within your email.

**Authority:** 42 U.S.C. 11225; Section 2(e)(3) of the National Alzheimer's Project Act. The panel is governed by provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: December 22, 2023.

**Miranda Lynch-Smith,**

*Deputy Assistant Secretary for Human Services Policy, Performing the Delegable Duties of the Assistant Secretary for Planning and Evaluation.*

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**BILLING CODE 4150–05–P**

**DEPARTMENT OF HOMELAND SECURITY**

**U.S. Customs and Border Protection**

[OMB Control Number 1651–0074]

**Agency Information Collection Activities; Extension; Prior Disclosure**

**AGENCY:** U.S. Customs and Border Protection (CBP), Department of Homeland Security.

**ACTION:** 60-Day notice and request for comments.

**SUMMARY:** The Department of Homeland Security, U.S. Customs and Border Protection (CBP) will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (PRA). The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies.

**DATES:** Comments are encouraged and must be submitted (no later than March 5, 2024) to be assured of consideration.

**ADDRESSES:** Written comments and/or suggestions regarding the item(s) contained in this notice must include the OMB Control Number 1651–0074 in the subject line and the agency name. Please use the following method to submit comments:

**Email.** Submit comments to: [CBP\\_PRA@cbp.dhs.gov](mailto:CBP_PRA@cbp.dhs.gov).

**FOR FURTHER INFORMATION CONTACT:**

Requests for additional PRA information should be directed to Seth Renkema, Chief, Economic Impact Analysis Branch, U.S. Customs and Border Protection, Office of Trade, Regulations and Rulings, 90 K Street NE, 10th Floor, Washington, DC 20229–1177, Telephone number 202–325–0056 or via email [CBP\\_PRA@cbp.dhs.gov](mailto:CBP_PRA@cbp.dhs.gov). Please note that the contact information provided here is solely for questions regarding this notice. Individuals seeking information about other CBP programs should contact the CBP National Customer Service Center at 877–227–5511, (TTY) 1–800–877–8339, or CBP website at <https://www.cbp.gov/>.

**SUPPLEMENTARY INFORMATION:** CBP invites the general public and other Federal agencies to comment on the proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*). This process is conducted in accordance with 5 CFR 1320.8. Written comments and suggestions from the public and affected agencies should address one or more of the following