CMS staff. SSA processes Medicare enrollments on behalf of CMS. *Form Number:* CMS–40B (OMB control number: 0938–1230); *Frequency:* Once; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,184,546; *Total Annual Responses:* 1,184,546; *Total Annual Hours:* 292,820. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov.*)

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Application for Medicare Part A and Part B Special Enrollment Period (Exceptional Circumstances); *Use:* Section 1837(m) of the Social Security Act (the Act) provides authority for the Secretary of the Department of Health and Human Services to establish SEPs for individuals who are eligible to enroll in Medicare and meet such exceptional conditions as the Secretary may provide.

CMS provides SEPs for individuals experiencing an exceptional circumstance to enroll in Medicare premium Part A and Part B. To utilize these SEPs, an individual would have to submit an enrollment request via the form CMS–10797. The form is used by individuals who have missed an enrollment period due to an exceptional circumstance to enroll in Part A and/or Part B. Individuals complete the form and submit it to SSA to complete the enrollment.

The application form provides the necessary information to determine eligibility and to process the beneficiary's request for enrollment in premium Part A or Part B due to an exceptional circumstance. The form is only used for enrollment by beneficiaries who could not enroll during another enrollment period due to an exceptional circumstance. *Form Number:* CMS–10797 (OMB control number: 0938–1426); *Frequency:* Once; *Affected Public:* Individuals and Households, Business or other for-profits, Not-for-profits institutions; *Number of Respondents:* 34,612; *Total Annual Responses:* 34,612; *Total Annual Hours:* 19,901. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov.*)

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Request for Enrollment in Supplementary Medical Insurance (SMI); *Use:* Section 1836 of the Social Security Act, and CMS regulations at 42 CFR 407.10, provide the eligibility requirements for enrollment in Part B for individuals aged 65 and older who are not entitled to premium-free Part A. The individual must be a resident of the United States, and either a U.S. Citizen or an alien lawfully admitted for permanent residence that has lived in the US continually for 5 years.

Part B is a voluntary program and is financed from premium payments by enrollees together with contributions from funds appropriated by the Federal government. All individuals age 65 or older who are entitled to Part A can enroll in Part B. There are some individuals, age 65 and over who are not entitled to or eligible for premium-free Part A. These individuals may, however, enroll in Part B only.

The CMS–4040 solicits the information that is used to determine entitlement for individuals who meet the requirements in section 1836 as well as the entitlement of the applicant or their spouses to an annuity paid by OPM for premium deduction purposes. The application follows the application questions and requirements used by SSA. This is done not only for consistency purposes but to comply with other title II and title XVIII requirements because eligibility to title II benefits and free Part A under title XVIII must be ruled out in order to qualify for enrollment in Part B only. *Form Number:* CMS–4040 (OMB control number: 0938–0245); *Frequency:* Once; *Affected Public:* Individuals and Households, Business or other for-profits, Not-for-profits institutions; *Number of Respondents:* 48,642; *Total Annual Responses:* 48,642; *Total Annual Hours:* 12,161. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov.*)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2024–25148 Filed 10–29–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Administration for Native Americans Project Outcome Assessment Survey (Office of Management and Budget #: 0970–0379)

AGENCY: Administration for Native Americans, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the Administration for Native Americans Project Outcome Assessment Survey (OMB #: 0970–0379, expiration 6/30/2025). The survey was revised based on a review by the Administration for Native Americans (ANA) and feedback from grantees, which identified some data elements that could be eliminated and areas that could be clarified.

DATES: Comments due December 30, 2024. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The information collected by the Project Outcome Assessment Survey is needed for two main reasons—(1) to collect crucial information required to report on ANA's established Government Performance and Results Act (GPRA) measures and (2) to properly abide by ANA's congressionally mandated statute (42 U.S.C. 2991 *et seq.*) found within the Native American Programs Act of 1974, as amended, which states that ANA will evaluate projects assisted through ANA grant dollars ''including evaluations that describe and measure the impact of such projects, their effectiveness in achieving stated goals, their impact on related programs, and their structure and mechanisms for delivery of services.'' The survey information is requested once at the end of a project grant period. The information collected with this survey will fulfill ANA's statutory requirement and will also serve as an important planning and performance tool for ANA.

There are minor revisions proposed to the survey to align with ANA's current requirements of grant recipients and eliminate duplicative data elements.

Respondents: Tribal Governments, Native American nonprofit organizations, and Tribal Colleges and Universities.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
ANA Project Outcome Assessment Survey	85	1	6	510

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 2992.

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2024–25139 Filed 10–29–24; 8:45 am]

BILLING CODE 4184–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for Licensing/Collaboration: Using Artificial Intelligence To Diagnose Uveitis

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Eye Institute seeks (NEI), an institute of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the licensing and collaboration opportunity for the inventions listed below, which are owned by an agency of the U.S. Government and are available for licensing/collaboration in the U.S. to achieve expeditious commercialization of results of federally-funded research and development.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this licensing/collaboration opportunity should be directed to: Hiba Alsaffar, Ph.D., Technology Transfer Manager, NCI, Technology Transfer Center, Email: *hiba.alsaffar@nih.gov* or Phone: 240–276–7489.

SUPPLEMENTARY INFORMATION: Uveitis is caused by inflammation in the eye that can cause pain and reduce vision. The rate of uveitis in the United States is 1 in every 200 people with eye-related irritation. Permanent symptoms such as vision loss can occur if untreated. Therefore, early detection is crucial. In certain uveitis cases, fluorescein angiography (FA) is essential for the diagnosis and management due to its ability to display retinal vascular leakage (RVL). Although proven to be critical in diagnosing and assessing severity, FA is invasive and side effects have been reported. Additionally, the procedure is time-consuming and imposes economic burdens to patients, physicians and payors. Scientists at the NEI have developed a deep learning tool to non-invasively detect RVL using ultrawide-field color fundus photos. This algorithm identifies fundus images with and without RVL with high accuracy (79%) and sensitivity (85%). Compared to the current gold standard of assessing RVL (clinician interpretation), this deep learning tool provides an improved method of detecting RVL for patients with uveitis.

This Notice is in accordance with 35 U.S.C. 209 and 37 CFR part 404.

NIH Reference Number: E–005–2023–0.

Potential Commercial Applications:

- Diagnostic tool to predict uveitis.
- Add-on to current color fundus imaging modalities.

Competitive Advantages:

- Greater accuracy and sensitivity versus current gold standard to assess RVL (clinician assessment).
- Deep learning tool to assess RVL.
- Deep learning to assess ultrawide-field color fundus images and assess RVL.

Publication: Young LH, et al. Automated Detection of Vascular Leakage in Fluorescein Angiography—A Proof of Concept. (PMID 35877095).

Patent Status: US Provisional Application 65/599,446 filed on November 15, 2023.

Development Stage: Prototype.

Therapeutic Area(s): Eye, Ear, Nose, Throat.

Dated: October 24, 2024.

Richard U. Rodriguez,

Associate Director, Technology Transfer Center, National Cancer Institute.

[FR Doc. 2024–25162 Filed 10–29–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; 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: Heart, Lung, and Blood Initial Review Group; NHLBI Institutional Training Mechanism Study Section.

Date: December 6, 2024.

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

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge I, 6705 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Michael P. Reilly, Ph.D., Scientific Review Officer, Office of Scientific Review/DERA, National Heart, Lung, and Blood Institute, National Institutes of Health, 6705 Rockledge Drive, Room 208–Z, Bethesda, MD 20892, 301–827–7975, email: *reillymp@nhlbi.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)