(d) Data reported by each first-tier subcontractor providing services under the contract if required to do so.

Section 743 of Division C of the Consolidated Appropriations Act, 2010 (Pub. L. 111–117) requires executive agencies covered by the Federal Activities Inventory Reform Act (Pub. L. 105–270), except DoD, to submit to OMB an annual inventory of activities performed by service contractors. DoD is exempt from this reporting requirement because 10 U.S.C. 4505(c) already require DoD to develop an annual service contract inventory. Civilian agencies use the service contract information provided by FAR clauses 52.204–14 and 52.204–15 to supplement agency annual service contract reporting requirements with the contractor-provided service contract reporting information.

5. FAR 52.204–16 and 52.204–18, Commercial and Government Entity (CAGE) Code Reporting and Maintenance. The provision at FAR 52.204–16, Commercial and Government Entity Code Reporting, require offerors to provide their CAGE code, including name and location address, with their offer. The CAGE code must be for that name and location address. The CAGE code is required prior to award. The clause at FAR 52.204–18, Commercial and Government Entity Code Maintenance, requires contractors to maintain their CAGE code throughout the life of the contract for each location of contract, including subcontract, performance.

For contractors registered in SAM, the Defense Logistics Agency (DLA) CAGE Branch shall only modify data received from SAM in the CAGE master file if the contractor initiates those changes via update of its SAM registration. Contractors undergoing a novation or change-of-name agreement shall notify the contracting officer in accordance with FAR subpart 42.12. The contractor shall communicate any change to the CAGE code to the contracting officer within 30 days after the change, so that a modification can be issued to update the CAGE code on the contract. Contractors located in the U.S. or its outlying areas that are not registered in SAM shall submit written change request to the DLA CAGE Branch. Contractors located outside the U.S. and its outlying areas that are not registered in SAM shall contact the appropriate National Codification Bureau points of contact to request CAGE changes.

6. FAR 52.204–17, Ownership or Control of Offeror. This provision requires offerors to represent whether they are owned or controlled by another entity, and if so, to provide the CAGE code and name of such entity.

The CAGE code system may be used, among other things, to—

(a) Exchange data with another contracting activity, including contract administration activities and contract payment activities;

(b) Exchange data with another system that requires the unique identification of a contractor entity; or

(c) Identify when offerors are owned or controlled by another entity.

7. FAR 52.204–20, Predecessor of Offeror. This provision requires offerors to identify if the offeror is, within the last three years, a successor to another entity that received a Federal Government award and, if so, to provide the CAGE code and legal name of the predecessor.

The information on predecessors is used to identify such entities in the Federal Awardee Performance and Integrity Information System (FAPIIS) to allow retrieval of integrity and performance data on the most recent predecessor of an apparent successful offeror to whom award is anticipated. FAR 9.104–6 requires contracting officers to consult FAPIIS before awarding a contract that exceeds the simplified acquisition threshold.

8. FAR 52.204–23, Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab Covered Entities. This clause requires contractors to report, in writing, to the contracting officer or, in the case of DoD, to the website at *https://dibnet.dod.mil,* any instance when the contractor identifies a covered article provided to the Government during contract performance, or if contractors are notified of such an event by subcontractors at any tier or any other source.

Agency personnel will use the collected information to identify and remove prohibited hardware, software, or services from Government use. This information collection is required to comply with section 1634 of Division A of the National Defense Authorization Act for Fiscal Year 2018 (Pub. L. 115–91).

C. Annual Burden

Respondents: 353,291.

Total Annual Responses: 843,253.

Total Burden Hours: 387,083.

Obtaining Copies: Requesters may obtain a copy of the information collection documents from the GSA Regulatory Secretariat Division by calling 202–501–4755 or emailing *GSARegSec@gsa.gov.* Please cite OMB Control No. 9000–0189, Certain Federal Acquisition Regulation Part 4 Requirements.

Janet Fry,

Director, Federal Acquisition Policy Division, Office of Governmentwide Acquisition Policy, Office of Acquisition Policy, Office of Governmentwide Policy.

[FR Doc. 2024–30452 Filed 12–19–24; 8:45 am]

BILLING CODE 6820–EP–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency For Healthcare Research and Quality

Notice of Meeting

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) announces a Special Emphasis Panel (SEP) meeting on ''Implementing and Evaluating Patient-Centered Clinical Decision Support Strategies in Real-World Settings(U18)''

DATES: January 10th, 2025

ADDRESSES: Agency for Healthcare Research and Quality (Video Assisted Review), 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Jenny Griffith, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, Division of Policy, Coordination, and Analysis, Agency for Healthcare Research and Quality, (AHRQ), 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 427–1557.

SUPPLEMENTARY INFORMATION: A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by AHRQ, and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

The SEP meeting referenced above will be closed to the public in accordance with the provisions set forth in 5 U.S.C. 1009(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6). Grant applications for ''Implementing and Evaluating Patient-Centered Clinical Decision Support Strategies in Real-World Settings(U18)'' are to be reviewed and discussed at this meeting. 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.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: December 16, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–30336 Filed 12–19–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Information collection notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project (new): ''Supporting and Evaluating AHRQ's Long COVID Care Network.''

DATES: Comments on this notice must be received by February 18, 2025.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov*.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Proposed Project

Supporting and Evaluating AHRQ's Long COVID Care Network

Long COVID is a chronic condition in which people continue to experience persistent, varying, and potentially disabling impacts after the acute COVID–19 illness. Up to one third of people with COVID–19 experience Long COVID with the numbers higher in females, transgender and bisexual people, people without a college degree, and people with disability. Some of these groups often face barriers that can worsen the impact of Long COVID on their lives and complicate recovery. Some of the barriers they face include difficulty with healthcare access, communication and internet accessibility, lack of health insurance, lower health literacy, greater difficulty using patient portals and telemedicine, and greater medical and social vulnerabilities.

Clinics to provide outpatient Long COVID care have emerged across the country to offer coordinated, multidisciplinary care that meets the complex, diverse, multi-system, and specialized needs of people with Long COVID. There are some Long COVID clinic models that share common elements including care coordination and access to multidisciplinary care. Though these clinics meet critical needs in the healthcare system, they face significant challenges including staffing shortages; long patient waitlists; lack of funding or reimbursement for some services; lack of clear treatment protocols; limited capacity to provide timely, comprehensive, coordinated, and person-centered care; and limited clinician knowledge and training in Long COVID management. Other barriers these clinics face include the limited number of Long COVID clinics and specialists, concentration of clinics in academic centers and urban areas, late recognition of Long COVID symptoms by clinicians, and delayed referral to Long COVID clinics or appropriate specialists.

In response, AHRQ awarded grants to 12 multidisciplinary Long COVID clinics across the country (the ''AHRQ Long COVID Care Network'') with the goal to expand access to comprehensive, coordinated, and person-centered care for people with Long COVID, particularly underserved populations that are disproportionately impacted by the effects of Long COVID. Specifically, the grants are designed to expand access and care, develop and implement new or improved care delivery models, foster best practices for Long COVID management, and support the primary care community in Long COVID education and management.

The information and data collected for this study will facilitate an evaluation of the outcomes of AHRQ's Long COVID Care Network. The evaluation reflects AHRQ's mission to produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable; and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used. This study is a new data collection request, and the data to be collected are not available elsewhere unless obtained through this data collection.

This project seeks to assess the following:

(1) How is the AHRQ Long COVID Care Network implementing strategies to:

(a) expand access to comprehensive, coordinated, person-centered care,

(b) engage clinicians in Long COVID education and management, and

(c) educate patients and communities about Long COVID?

(2) What was the reach of the AHRQ Long COVID Care Network strategies, especially to underserved populations that are disproportionately impacted by the effects of Long COVID?

(3) What were the patterns of:

(a) service utilization,

(b) patient outcomes and experiences,

(c) referral streams, and

(d) primary care communication and coordination within the AHRQ Long COVID Care Network?

To answer these research questions AHRQ will implement two new data collections that require OMB approval. These data collections include:

(1) Grantee Interviews—Conducted during annual site visits. At each site visit, up to five 90-minute interviews will be conducted—for a total of 60 interviews across the 12 sites. Each interview will include up to two respondents—for a total of 120 respondents across the sites. The interview respondents will include grantee principal investigators, research and clinical staff at grantee Long COVID clinics, and representatives from grantee partner organizations (such as primary care practices and community organizations). The primary purpose of the interviews is to query about how the grantees developed and implemented new or improved care delivery models, implementation strategies, and operational workflows; identified barriers and facilitators to implementation and mitigation strategies for implementation challenges; and considered the potential sustainability of their program when AHRQ funding ends.

(2) Grantee Survey—The survey will be administered to each grantee annually. Each grantee's assigned evaluation liaison, or their designated representative, will respond to the survey. The primary purpose of the survey is to collect data on the services and personnel at grantee Long COVID clinics and the costs and resources associated with the implementation of the grant.