topics for a public meeting planned for calendar year 2026.

III. Questions for Consideration

We seek input on the questions presented below. While the questions are aimed at gathering information most pertinent to increasing access to nonprescription drugs, we welcome any additional data and information regarding access to nonprescription drugs that may improve our understanding and advance our public health mission. To help FDA review comments efficiently, please identify the question to which you are responding by its associated category and number. If you are responding to more than one question, please identify each question to which you are responding, and categorize each response by question.

General

1. What are challenges faced in the development of drugs for nonprescription use?
2. What are the biggest opportunities to improve access to nonprescription drugs?
3. How could interested parties—including, but not limited to, drug developers, health care providers, patients, consumers, and retailers—work together to increase access to safe and effective nonprescription drugs?
4. Looking ahead to a 2026 public meeting, what specific topics or questions would you like to see on the agenda for public discussion?

Scientific Considerations

5. What scientific barriers most limit progress in increasing access to nonprescription drugs?
6. What additional scientific tools, technologies, or data sources could support access to nonprescription drugs?
7. Are there specific diseases or conditions that have not, traditionally, been treated with nonprescription drugs for which nonprescription drugs could be safely and effectively used without the supervision of a licensed healthcare practitioner? If so, what information would support such use under the applicable statutory and regulatory requirements for nonprescription drugs?

Lowell M. Zeta,

Acting Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2025–21728 Filed 12–1–25; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Medical Student Education Program Non-Competitive Supplement

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of class deviation from competition requirements.

SUMMARY: HRSA provides grants to public institutions of higher education to expand or support graduate education for medical students preparing to become physicians in states with a projected primary care provider shortage. This supplemental funding is for the 12 Medical Student Education (MSE) Program award recipients from cohort fiscal year 2023, HRSA–23–124, to expand scholarships and faculty, preceptor, and curriculum development activities.

FOR FURTHER INFORMATION CONTACT: Andrea Knox, Acting Chief, Medical Training and Geriatrics Branch, Division of Medicine and Dentistry, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, MD 20852, email: *aknox@hrsa.gov,* phone: 301–443–4170.

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: MSE Program award recipients, as listed in Table 1.

Amount of Non-Competitive Supplement Award(s): $14.1 million; $1.175 million to each for fiscal year 2026.

Project Period: July 1, 2026, to June 30, 2027.

Assistance Listing Number: 93.680.

Award Instrument: Non-competitive supplement for MSE.

Authority: Consolidated Appropriations Act, 2022 (Pub. L. 117–103); Consolidated Appropriations Act, 2023 (Pub. L. 117–328); Full-Year Continuing Appropriations and Extensions Act, 2025 (Pub. L. 118–4).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	City, state	Original award amount
T99HP52105	University of Arkansas for Medical Sciences	Little Rock, AR	$4,000,000
T99HP52104	University of Alabama at Birmingham	Birmingham, AL	3,999,999
T99HP52110	University of Missouri System	Columbia, MO	4,000,000
T99HP52113	University of Utah	Salt Lake City, UT	3,999,999
T99HP52111	University of Oklahoma	Oklahoma City, OK	3,999,999
T99HP52106	The University of Kentucky Research Foundation	Lexington, KY	3,970,759
T99HP52109	University of Missouri System	Kansas City, MO	4,000,000
T99HP52112	University of South Alabama	Mobile, AL	4,000,000
T99HP52103	Trustees of Indiana University	Bloomington, IN	3,865,680
T99HP52108	University of Mississippi Medical Center	Jackson, MS	3,973,000
T99HP54245	Oklahoma State University	Tulsa, OK	4,000,000
T99HP52107	University of Louisville	Louisville, KY	4,000,000

Justification: HRSA is providing a $1.175 million supplement to each of the 12 MSE grant recipients from cohort 2023; HRSA–23–124. The supplement will provide scholarships to medical students in their 3rd or 4th year, who are applying to primary care residency programs in general internal medicine, general pediatrics, family medicine, or internal medicine/pediatrics. This core funding is designed to support students early in their training who are aligned with the MSE Program purpose, goals, and objectives. These years are critical in a student's educational journey, as they begin clinical rotations, choose and apply for residency training specialties, and make firm decisions about future practice locations. This supplement provides additional incentive and support at a time when long-term career intentions are being considered. In addition, the following activities are required under this supplement:

(1) Support the development of faculty in general internal medicine, general pediatrics, family medicine, or internal medicine/pediatrics.

(2) Support the training of general internal medicine, general pediatrics,

family medicine, or internal medicine/pediatrics primary care providers to become and/or serve as preceptors and provide stipend support as needed.

(3) Create/enhance and implement curricula that includes:

- Integrating behavioral health and primary care practice including prevention and treatment of opioid and other substance use disorders;
- Incorporating the use of telehealth and technology methods such as Multiple Chronic Conditions e-Care Plan, artificial intelligence and assistive technology, and mobile health technologies to provide telehealth and in-person care delivery;
- Facilitating health systems and practice transformation through the use of digital health, value-based care, and patient-centered approaches to improve quality, reduce costs, and adapt to new technologies and payment models; and
- Educating and training medical students on environmental health and community nutrition needs to Make America Healthy Again.

Thomas J. Engels,

Administrator.

[FR Doc. 2025–21742 Filed 12–1–25; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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: Center for Scientific Review Special Emphasis Panel; PAR Panel: Research Career Development.

Date: January 20, 2026.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Byeong-Chel Lee, Ph.D., Scientific Review Officer, Review Training and Resource Branch, Division of Extramural Activities, National Cancer Institute, 9609 Medical Center Drive, Room 7W238, Rockville, MD 20850, 240–276–7755, *byeong-chel.lee@nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: November 26, 2025,

Rosalind M. Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2025–21736 Filed 12–1–25; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Customs Broker Permit User Fee Payment for 2026

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: General notice.

SUMMARY: This document provides notice to customs brokers that the annual user fee that is assessed for each permit held by a customs broker, whether an individual, partnership, association, or corporation, is due no later than January 30, 2026. Pursuant to fee adjustments required by the Fixing America's Surface Transportation Act (FAST Act) and the U.S. Customs and Border Protection (CBP) regulations, the customs broker permit user fee payable for calendar year 2026 will be $185.38.

DATES: Payment of the 2026 Customs Broker Permit User Fee is due no later than January 30, 2026.

FOR FURTHER INFORMATION CONTACT: Mohammad O. Qureshi, Chief, Broker Management Branch, Office of Trade, (202) 909–3753, or *mohammad.o.qureshi@cbp.dhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

Pursuant to section 111.96 of title 19 of the Code of Federal Regulations (CFR) (19 CFR 111.96(c)), U.S. Customs and Border Protection (CBP) assesses an annual user fee for each customs broker permit granted to an individual, partnership, association, or corporation. The CBP regulations provide that this fee is payable each calendar year for a national permit held by a customs broker and must be paid by the due date published annually in the **Federal Register**. *See* 19 CFR 24.22(h) and (i); 19 CFR 111.96(c).

Section 24.22 of title 19 of the CFR (19 CFR 24.22) sets forth the terms and conditions for when fees for certain services, including specific customs user fees, are required. The specific customs user fee amounts that appear in 19 CFR 24.22 are not the actual fees but represent the base year amounts that are subject to adjustment each fiscal year in accordance with the Fixing America's Surface Transportation Act (FAST Act) (Pub. L. 114–94, December 4, 2015). Section 32201 of the FAST Act amended section 13031 of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (19 U.S.C. 58c) by requiring the Secretary of the Treasury to adjust certain customs COBRA user fees and corresponding limitations to reflect certain increases in inflation. Paragraph (k) of section 24.22 of title 19 of the CFR (19 CFR 24.22(k)) sets forth the methodology to adjust fees for inflation and to determine the change in inflation, including the factor by which the fees and limitations will be adjusted, if necessary.

Customs brokers are subject to an annual customs broker permit user fee calculated using the base year amount in Appendix A to 19 CFR part 24, as adjusted by the terms in 19 CFR 24.22(k). *See* 19 U.S.C. 58c(a)(7) and 19 CFR 24.22(h). In accordance with 19 CFR 24.22, CBP determines annually whether an adjustment to the fees and limitations is necessary and publishes a **Federal Register** notice specifying the amount of the fees and limitations for each fiscal year. On July 23, 2025, CBP published a **Federal Register** notice, entitled Customs User Fees To Be Adjusted for Inflation in Fiscal Year 2026 (CBP Decision 25–10), which announced, among other fee adjustments, that the annual customs broker permit user fee will increase to $185.38 for calendar year 2026. *See* 90 FR 34665.

Thus, as required by 19 CFR 24.22, CBP provided notice in the **Federal Register** of the annual fee amount at least 60 days prior to the date that the payment is due for each customs broker national permit. This document notifies customs brokers that, for calendar year 2026, the due date for payment of the annual customs broker permit user fee is January 30, 2026. If a customs broker fails to pay the annual customs broker permit user fee by January 30, 2026, the national permit is revoked by operation of law. *See* 19 CFR 111.45(b) and 111.96(c).

Customs brokers may either submit the fee through the eCBP portal or submit the fee at the processing Center, as defined in 19 CFR 111.1, in accordance with the remittance