Elizabeth Leo,
Grants Policy Branch Chief, Office of Grants Policy, Office of Administration.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Newborn Screening Stakeholder Workgroup

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

ACTION: Notice of supplemental funding.

SUMMARY: HRSA provides funding to support a national center for newborn screening systems known as the National Center for Newborn Screening Systems Excellence (NBS Excel). In fiscal year 2026, supplemental funding is being provided to NBS Excel to establish a national newborn screening stakeholder workgroup. This workgroup will be a pathway for conditions to be considered and recommended for inclusion in the Recommended Uniform Screening Panel (RUSP) and to discuss national-level issues related to newborn screening. Membership will include representatives from a wide range of newborn screening experts and stakeholders. The award recipient will convene the workgroup and develop findings, reports, and recommendations for HRSA's review and consideration. HRSA will then make recommendations to the Secretary of Health and Human Services, who has final decision-making authority on updates to the RUSP.

FOR FURTHER INFORMATION CONTACT: Please contact the Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, HRSA, at 301–443–0959 or *nbsprograms@hrsa.gov.*

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: Association of Public Health Laboratories.

Amount of Non-competitive award: $700,000; supplement funding for similar activities may be considered in fiscal year 2027, subject to the availability of funding for the activity and satisfactory performance of the recipient.

Project Period: July 1, 2023, to June 30, 2028.

Assistance Listing Number: 93.110.

Award Instrument: Supplement for Services.

Authority: 42 U.S.C. 300b–8 (Public Health Service Act § 1109, as amended).

TABLE 1—RECIPIENT(S) AND AWARD AMOUNT(S)

Grant No.	Award recipient name	City, state	Award amount
U22MC24078	Association of Public Health Laboratories	Silver Spring, MD	$700,000

Justification: Newborn screening is a successful public health program that saves lives and improves infants' health outcomes through early identification and treatment of heritable conditions. The newborn screening system relies on collaboration among families, state public health agencies, public health laboratories, and health care providers. States and territories screen over 3.6 million babies and identify approximately 12,900 infants with heritable conditions annually. Most states and territories screen for the majority of conditions on the RUSP, as recommended by the Secretary. As of May 2026, 85 percent of newborn screening programs screen for 35 out of 40 core RUSP conditions.

NBS Excel (HRSA–23–077) will establish a national newborn screening workgroup to support a new pathway for conditions to be considered for the RUSP. The RUSP is a national guideline that identifies conditions for which the Secretary recommends universal newborn screening. The RUSP contains 40 core conditions and 26 secondary conditions. Conditions listed on the RUSP are also part of the HRSA-supported preventive services guidelines for infants and children under section 2713 of the Public Health Service Act. As a result, non-grandfathered health plans are required to cover such screenings without patient cost-sharing beginning 1 year after the Secretary adopts a condition for screening. While states are not required to screen for every RUSP condition; the RUSP serves as a framework for state newborn screening programs. HRSA will focus on streamlining the review of candidate conditions to support a more efficient, timely and evidence-based process. To inform the recommendations for potential conditions, independent evidence-based reviews will be conducted (supported by HRSA) for multiple conditions.

The recipient will also convene the national workgroup to address national newborn screening issues, including genomic sequencing, data collection, and other emerging topics. Membership will include representatives from a wide range of stakeholders, including but not limited to state newborn screening programs, family organizations, clinicians, researchers, laboratorians, and public health experts. Membership applications will be publicly announced by the recipient. The workgroup is expected to meet at least three times a year and be open to the public. Meeting information, including agendas, will be announced publicly in advance.

Under this new pathway, the award recipient will convene the workgroup and develop findings, reports, and recommendations to HRSA for review and consideration. As appropriate, HRSA may publish **Federal Register** notices to solicit and consider additional public input and stakeholder feedback as part of the federal review process. Following review of public comments and the award recipient's submissions, HRSA will make recommendations to the Secretary on the inclusion of conditions to the RUSP. The Secretary retains final authority over all RUSP updates.

HRSA will award $700,000 to the recipient identified in Table I because the proposed activities directly align with the scope and objectives outlined in the Notice of Funding Opportunity for HRSA–23–077. The recipient currently serves as a national leader in newborn screening systems improvement by providing technical assistance, subject matter expertise, training, education, and quality improvement support to state newborn screening programs and stakeholders nationwide. The recipient has developed national resources and educational webinars that strengthen and support the newborn screening system. The recipient also convenes and leads expert workgroups focused on priority areas, including the use of health information technology and implementation of recently added RUSP conditions. This existing infrastructure, technical expertise, and national reach position the recipient to effectively lead

the proposed national workgroup and related activities. Providing supplemental funding is both timely and an efficient mechanism for advancing newborn screening activities at the national level.

Ann M. Sheehy,

Principal Deputy Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Solicitation of Nominations for Membership on the National Vaccine Advisory Committee

AGENCY: Office of the Assistant Secretary for Health, Office of Infectious Disease and HIV/AIDS Policy, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice; solicitation of nominations for appointment to the National Vaccine Advisory Committee (NVAC).

SUMMARY: The Office of the Assistant Secretary for Health (OASH) is seeking nominations for membership on the National Vaccine Advisory Committee (referred to as NVAC and/or the Committee). The NVAC is a federal advisory committee within the U. S. Department of Health and Human Services (HHS). Management support for the activities of this Committee is the responsibility of the Office of the Assistant Secretary for Health (OASH). The qualified individuals will be nominated by the Assistant Secretary for Health (ASH) of the U.S. Department of Health and Human Services for appointment to the NVAC. The ASH serves as Director of the National Vaccine Program (NVP). Members of the Committee, including the Chair, are appointed by the ASH. Members are invited to serve for overlapping terms of up to four years. The NVAC was established to provide advice and make recommendations to the Director of the NVP on matters related to the Program's responsibilities. The functions of the Committee are solely advisory in nature. A copy of the NVAC charter that describes its structure and functions can be reviewed on the NVAC website at: *https://www.hhs.gov/vaccines/nvac/charter/index.html.*

DATES: Nominations for membership on the NVAC must be received no later than thirty days from publication. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be emailed in one email to *oidp@hhs.gov* with the subject line ''NVAC Application 2026.''

FOR FURTHER INFORMATION CONTACT: Acting Designated Federal Officer, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Infectious Disease and HIV/AIDS Policy, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

Email: oidp@hhs.gov.

SUPPLEMENTARY INFORMATION: Section 2105 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 300aa–5) mandated that the Secretary of Health and Human Services (Secretary) establish a National Vaccine Program (NVP or Program) to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The Committee is governed by the provisions of the Federal Advisory Committee Act (5 U.S.C. Ch. 10). The functions of the Committee are solely advisory in nature. Membership will be balanced and includes a selection of public members who are engaged in gold standard science, vaccine safety or efficacy research, or who are physicians, scientists, members of parent organizations concerned with immunizations, representatives of state or local health agencies or public health organizations. The public members are classified as special government employees (SGEs). Committee members are appointed by the ASH. This announcement is to solicit nominations of qualified candidates to fill vacancies on the NVAC.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of NVAC's objectives. Federal employees will not be considered for membership. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Committee members are considered Special Government Employees (SGEs), requiring the filing of financial disclosure reports at the beginning and annually during their terms. Individuals who are selected for appointment will be required to provide detailed information regarding their financial interests. Note that the need for different expertise varies from year to year and a candidate who is not selected for an open position may be reconsidered for a subsequent open position.

How to submit nominations: The following information should be included in the package of materials submitted for each nominee: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.,* specific attributes that qualify the nominee for service in this capacity) from a person(s) not employed by the U.S. Department of Health and Human Services; and a statement that the nominee is willing to serve as a member of the committee; (2) a letter of interest or personal statement from the nominee stating how their expertise would inform the work of NVAC; (3) a current copy of the nominee's curriculum vitae (no longer than 5 pages); and (4) a short biographical sketch (no more than 200 words). All documentation must be received in a legible font, such as Times New Roman 12 point, for a nomination to be considered.

Please note that nominees will not receive updates on the status of their nomination, and the nomination process can take many months. Information on nominees appointed to the committee will be posted to the NVAC website at *https://www.hhs.gov/vaccines/nvac/members/index.html.*

Individuals can nominate themselves for consideration of appointment to the committee. Incomplete nominations will not be processed. Federal employees should not be nominated for appointment to this committee.

Authority: Section 2105 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 300aa–5). The NVAC is governed by the provisions of 5 U.S.C. Chapter 10, which sets forth standards for the formation and use of advisory committees.

Sarah McClelland,

Health advisor, Office of the Assistant Secretary for Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Invention Available for License: Human Antibodies Targeting Beneficial Viral Peptide in Liver Cancer

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute (NCI) seeks research co-development partners and/or licensees to develop a collection of anti-CE1 antibodies for liver cancer treatment.