evaluate the safety of a dietary supplement containing an NDI, what to include in an NDIN (including recommendations about identity and safety information), and the procedures for submitting an NDIN. We received significant comments and decided to issue a revised draft guidance.

In the **Federal Register** of August 12, 2016 (81 FR 53486), we announced the availability of a revised draft guidance for industry entitled ''Dietary Supplements: New Dietary Ingredient Notifications and Related Issues; Revised Draft Guidance for Industry'' to replace the July 2011 draft guidance. In the notice of availability, we gave interested parties an opportunity to submit comments on the 2016 revised draft guidance by October 11, 2016. On October 4, 2016, we extended the comment period for the revised draft guidance to December 12, 2016 (81 FR 68434). We received numerous comments on the 2016 revised draft guidance, including requests for FDA to separate the 2016 revised draft guidance into discrete sections for ease of use. The final guidance whose availability we are announcing through this document reflects that approach. The guidance finalizes Section V of the 2016 revised draft guidance, ''NDI Notification Procedures and Timeframes,'' as well as several related questions from other sections. Changes since the revised draft guidance include providing the following: additional clarity on the procedures for preparing and submitting an NDIN; technical updates related to recent changes to our online submission portal for NDINs; and more information about communications with FDA during the NDIN review process. In addition, we made editorial changes to improve clarity. We understand the importance of finalizing other parts of the 2016 revised draft guidance, and we plan to finalize other individual sections as we complete our review and analysis of those sections.

II. Paperwork Reduction Act of 1995

This guidance contains information collection provisions that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521). The collections of information in 21 CFR 190.6 and found in the guidance have been approved under OMB control number 0910–0330.

III. Electronic Access

Persons with access to the internet may obtain the guidance at *https://www.fda.gov/FoodGuidances, https://www.fda.gov/regulatory-information/search-fda-guidance-documents,* or *https://www.regulations.gov.* Use the FDA website listed in the previous sentence to find the most current version of the guidance.

Dated: February 29, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2024–04718 Filed 3–5–24; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

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

ACTION: Notice.

SUMMARY: HRSA is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

FOR FURTHER INFORMATION CONTACT: CDR George Reed Grimes, Director, Division of Injury Compensation Programs, Health Systems Bureau, HRSA, by mail at 5600 Fishers Lane, 8W25A, Rockville, Maryland 20857; or call (301) 443–9350.

SUPPLEMENTARY INFORMATION: Section 100.2 of the VICP's implementing regulation (42 CFR part 100) states that the revised amount of an average cost of a health insurance policy, as determined by the Secretary of Health and Human Services (the Secretary), is effective upon its delivery by the Secretary to the United States Court of Federal Claims (the Court) and will be published periodically in a notice in the **Federal Register**. This responsibility has been delegated to the Director, Division of Injury Compensation Programs. This figure is calculated using the most recent Medical Expenditure Panel Survey—Insurance Component data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation Employer Health Benefits Survey.

In 2023, the Medical Expenditure Panel Survey—Insurance Component, available at *www.meps.ahrq.gov,* published the annual 2022 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The figure published was $7,590. This figure is divided by 12 to determine the cost per month of $632.50. The $632.50 figure is increased or decreased by the percentage change reported by the most recent Kaiser Family Foundation Employer Health Benefits Survey, available at *www.kff.org.* The increase from 2022 to 2023 was 7 percent. By adding this percentage increase, the calculated average monthly cost of a health insurance policy for a 12-month period is $676.78.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is $676.78 per month. In accordance with section 100.2, the revised amount was effective upon its delivery by the Secretary to the Court. Such notice was delivered to the Court on February 23, 2024.

Suma Nair,

Associate Administrator, Health System Bureau.

[FR Doc. 2024–04734 Filed 3–5–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Neurological Disorders and Stroke Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend as well as those who need special assistance, such as sign language interpretation or other reasonable accommodations, must notify the Contact Person listed below in advance of the meeting. The open session will be videocast and can be accessed from the NIH Videocasting and Podcasting website (*https://videocast.nih.gov/*).

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