

Furthermore, the normal operations of a healthcare provider are disrupted by emergencies or disasters occasionally. When this occurs, State Survey Agencies (SA) deliver a provider/beneficiary tracking report regarding the current status of all affected healthcare providers and their beneficiaries. We are revising this information collection streamlined automated process to update for clarity during emergencies. To quickly identify patient risks/needs, CMS added fields to assess sufficient staffing, equipment and supplies as well as added an assessment of a cyber security attack on the care and services provided to patients (if applicable). Moreover, to decrease the time/effort of stakeholders (State Survey Agencies (SAs)/Providers) submitting this data during emergencies, CMS also added a feature to autofill multiple fields when the stakeholder documents a valid CMS Certification Number (CCN). This streamlined automated process will consist of a public facing web form as well as a process for SAs/Providers to submit data using extracts (CSV or Excel) on emergent events impacting Health Care Facilities via automated mail handler system. Both processes (public facing web form and extracts via an automated mail handler system) are known as the Health Care Facility (HCF) Operational Status. Finally, Acute Hospital Care at Home waiver is granted at the individual hospital/CMS Certification Number (CCN) level and waives § 482.23(b) and (b)(1) of the Hospital Conditions of Participation (CoPs) which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient (This waiver allows hospitals to utilize models of *at-home* hospital care). This Acute Hospital Care at Home web form was revised to add questions for the respondents to meet requirements for all hospitals for (1) the Patient Rights CoP at 42 CFR 482.13, (2) the Consolidated Appropriations Act of 2023 and (3) for emergency response. *Form Number:* CMS-10752 (OMB control number: 0938-1384); *Frequency:* Occasionally; *Affected Public:* Private Sector; Business or other for-profits and Not-for-profit institutions and State, Local or Tribal Governments; *Number of Respondents:* 1,020; *Total Annual Responses:* 11,916; *Total Annual Hours:* 11,916. (For policy questions regarding

this collection, contact Adriane Saunders at 404-562-7484.)

**William N. Parham III,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Commission on Childhood Vaccines Meeting; Correction

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

**ACTION:** Notice; correction.

**SUMMARY:** HRSA published a document in the **Federal Register** on February 26, 2024, setting forth the meeting schedule for the 2024 Advisory Commission on Childhood Vaccines (ACCV). The ACCV held two of its 2024 meetings on March 7, 2024, and March 8, 2024. The remaining two 2024 ACCV meetings originally scheduled for September 5, 2024, and September 6, 2024, are rescheduled for July 11, 2024, 12:30 p.m. ET—4:30 p.m. ET, and July 12, 2024, 12:00 p.m. ET—4:15 p.m. ET.

**FOR FURTHER INFORMATION CONTACT:** Pita Gomez, Principal Staff Liaison, Division of Injury Compensation Programs, HRSA, 5600 Fishers Lane, 8W-25A, Rockville, Maryland 20857; 800-338-2382; or [ACCV@hrsa.gov](mailto:ACCV@hrsa.gov).

#### SUPPLEMENTARY INFORMATION:

##### Correction

In the **Federal Register** of February 26, 2024, FR Doc. 2024-03824, page 14080, column 1, correct the Dates caption to read “The ACCV meetings will be held on:

- March 7, 2024, 1 p.m. ET—4 p.m. ET;
- March 8, 2024, 1 p.m. ET—4 p.m. ET;
- July 11, 2024, 12:30 p.m. ET—4:30 p.m. ET;
- July 12, 2024, 12:00 p.m. ET—4:15 p.m. ET.”

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2024-11962 Filed 5-30-24; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting of the Advisory Committee on Infant and Maternal Mortality

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

**ACTION:** Notice.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, this notice announces that the Advisory Committee on Infant and Maternal Mortality (ACIMM or Committee) has scheduled a public meeting. Information about ACIMM and the agenda for this meeting can be found on the ACIMM website at <https://www.hrsa.gov/advisory-committees/infant-mortality/index.html>.

**DATES:** June 26, 2024, from 9:30 a.m. to 5 p.m. eastern time and June 27, 2024, from 9:30 a.m. to 4 p.m. eastern time.

**ADDRESSES:** This meeting will be held in person at HRSA Headquarters, 5600 Fishers Lane, Conference Room 5W07, Rockville, Maryland 20857, and virtually via webinar. *The webinar link and log-in information will be available at the ACIMM website before the meeting:* <https://www.hrsa.gov/advisory-committees/infant-mortality/index.html>.

#### FOR FURTHER INFORMATION CONTACT:

Vanessa Lee, MPH, Designated Federal Official, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857; 301-443-0543; or [SACIM@hrsa.gov](mailto:SACIM@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** ACIMM is authorized by section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended. The Committee is governed by provisions of the Federal Advisory Committee Act (5 U.S.C. chapter 10), as amended.

ACIMM advises the Secretary of Health and Human Services on department activities, partnerships, policies, and programs directed at reducing infant mortality, maternal mortality and severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy. The Committee provides advice on how to coordinate Federal, State, local, Tribal, and territorial governmental efforts designed to improve infant mortality, related adverse birth outcomes, maternal health, as well as influence similar efforts in the private and voluntary sectors. The Committee provides guidance and