

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

[FR Doc. 2024-25986 Filed 11-7-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2024-0072]

Advisory Committee on Immunization Practices; Amended Notice of Meeting

AGENCY: Centers for Disease Control and
Prevention, Department of Health and
Human Services (HHS).

ACTION: Notice.

SUMMARY: In accordance with the
Federal Advisory Committee Act, the
Centers for Disease Control and
Prevention (CDC) announces an
amendment to the following meeting of
the Advisory Committee on
Immunization Practices (ACIP). This
meeting was open to the public.

FOR FURTHER INFORMATION CONTACT:

Stephanie Thomas, Committee
Management Specialist, Advisory
Committee on Immunization Practices,
National Center for Immunization and
Respiratory Diseases, Centers for
Disease Control and Prevention, 1600
Clifton Road NE, Mailstop H24-8,
Atlanta, Georgia 30329-4027.
Telephone: (404) 639-8836; Email:
ACIP@cdc.gov.

SUPPLEMENTARY INFORMATION: Notice is
hereby given of a change in the meeting
of the Advisory Committee on
Immunization Practices (ACIP); October
23, 2024, from 8 a.m. to 5:30 p.m., EDT,
and October 24, 2024, from 8 a.m. to
5:30 p.m., EDT (times subject to change;
see the ACIP website for updates:
[https://www.cdc.gov/vaccines/acip/
index.html](https://www.cdc.gov/vaccines/acip/index.html)), in the original **Federal
Register** notice.

Notice of the virtual meeting was
published in the **Federal Register** on
September 30, 2024, 89 FR 79610-
79611.

The meeting notice is being amended
to update the recommendation votes in
the matters to be considered, which
should read as follows:

Matters to be Considered: The agenda
will include discussions on
chikungunya vaccines, COVID-19
vaccines, cytomegalovirus (CMV)
vaccine, Human papillomavirus (HPV)
vaccines, influenza vaccines,
meningococcal vaccines, mpox

vaccines, pneumococcal vaccines,
Respiratory Syncytial Virus (RSV)
vaccines for adults, RSV vaccines for
maternal and pediatric populations, and
the adult and child/adolescent
immunization schedules.

Recommendation votes are scheduled
for COVID-19 vaccines, meningococcal
vaccines, pneumococcal vaccines, and
the adult and child/adolescent
immunization schedules. A Vaccines for
Children (VFC) vote is scheduled for
influenza vaccines and meningococcal
vaccines. For more information on the
meeting agenda, visit [https://
www.cdc.gov/acip/meetings/index.html](https://www.cdc.gov/acip/meetings/index.html).

The Director, Office of Strategic
Business Initiatives, Office of the Chief
Operating Officer, Centers for Disease
Control and Prevention, has been
delegated the authority to sign **Federal
Register** notices pertaining to
announcements of meetings and other
committee management activities, for
both the Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business
Initiatives, Office of the Chief Operating
Officer, Centers for Disease Control and
Prevention.

[FR Doc. 2024-26000 Filed 11-7-24; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5054-N]

Medicare, Medicaid, Children's Health Insurance Program, Private Health Insurance Program; Health Equity Advisory Committee; Establishment & Nomination Request

AGENCY: Centers for Medicare &
Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the
establishment of the Centers for
Medicare and Medicaid Services (CMS)
Health Equity Advisory Committee (the
"Committee") and solicits nominations
for members to be appointed to the
Committee by the Director of the CMS
Office of Minority Health. The
Committee is established to advise and
make recommendations to CMS on the
identification and resolution of systemic
barriers to accessing CMS programs that
hinder quality of care for beneficiaries
and consumers. The Committee will
focus on health disparities in
underserved communities, which are

populations sharing a particular
characteristic, as well as geographic
communities, that have been
systematically denied a full opportunity
to participate in aspects of economic,
social, and civic life, such as but not
limited to Black, Latino, and Indigenous
and Native American persons, Asian
Americans and Pacific Islanders and
other persons of color; members of
religious minorities; lesbian, gay,
bisexual, transgender, and queer
persons; persons with disabilities;
persons who live in rural areas; and
persons otherwise adversely affected by
persistent poverty or inequality as
defined in the Executive Order,
*Advancing Racial Equity and Support
for Underserved Communities Through
the Federal Government*.

DATES: Nominations must be received
no later than December 12, 2024.

ADDRESSES: Nominations and requests
for copies of the Health Equity Advisory
Committee (HEAC) Charter may be
submitted to the address specified
below. Please do not submit duplicates.
Nominations or requests for copies of
the HEAC Charter must be submitted by
email to HEAC@cms.hhs.gov with the
subject line "HEAC Nomination" or
"HEAC Request for Charter," depending
on the content of the email.

FOR FURTHER INFORMATION CONTACT: Iris
Allen, Centers for Medicare & Medicaid
Services, HHS, at (410) 786-1633.

Press inquiries may be submitted by
phone at (202) 690-6145 or by email
press@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The Health Equity Advisory
Committee (the "Committee" or
"HEAC") is established to advise and
make recommendations to the Centers
for Medicare & Medicaid Services (CMS)
on the identification and resolution of
systemic barriers to accessing CMS
programs that hinder quality of care for
beneficiaries and consumers. Consistent
with Executive Order (E.O.) 13985,
*Advancing Racial Equity and Support
for Underserved Communities through
the Federal Government*,¹ the
Committee will seek to advise and make
recommendations to CMS on ensuring
all eligible individuals can access CMS
programs and identify how CMS can
deliver benefits equitably to all people
enrolled in CMS programs. The
Committee will also serve as a dedicated
platform for CMS collaboration with key
interested persons to advance health
equity by identifying how CMS can
promote quality and access for

¹ 86 FR 7009, January 25, 2021.

beneficiaries of all CMS programs. The Committee will help CMS consider a broad range of views and information from interested and impacted audiences of CMS programs. The Committee's focus on health equity will address health disparities in underserved communities, which are populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, such as but not limited to Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.²

II. Charter, General Responsibilities, and Composition of the CMS Health Equity Advisory Committee

A. Charter Information and General Responsibilities

On July 26, 2024, the Secretary of Health and Human Services finalized the Charter establishing the HEAC. The HEAC shall advise the Secretary and the CMS Administrator concerning optimal strategies for those enrolled in, or eligible for Medicare, Medicaid and CHIP, or health coverage available through the Health Insurance Marketplace and other CMS programs, that eliminate or reduce systemic barriers including:

- Enhancing the federal government's effectiveness in understanding and promoting the consistent and systemic fair, just and impartial treatment of *all* individuals as outlined in the Executive Order within their health program policies.
- Developing and implementing opportunities to increase coordination and engagement with community-based organizations.
- Developing and implementing strategies to assess whether, and to what extent, the agency's programs and policies perpetuate systemic barriers to opportunities and benefits.

A copy of the Charter for the HEAC may be obtained by submitting a written request to the email address specified in the **ADDRESSES** section of this notice.

B. Composition of the Health Equity Advisory Committee (HEAC)

The Committee must consist of individuals that have expertise working

with underserved communities that have been denied fair, just, and impartial treatment, such as Black, Latino, American Indian and Alaska Native persons, Asian and Pacific Islanders and other persons of color; members of religious minorities; LGBTQ+ persons; persons with disabilities; persons who live in rural areas; and persons who are otherwise adversely affected by persistent poverty or inequality. The members may be selected by the CMS Administrator, or their designee, and must be knowledgeable in the fields of health equity; outreach to underserved populations; community/safety net providers; disability policy and access; and/or other relevant health equity matters that are presented or addressed by the agency. The Committee may also be comprised of Special Government Employees and Representative Members.

III. Submissions of Nominations

The Secretary is requesting nominations for membership in the HEAC. The Secretary also requests nominations for a member to serve as the chairperson of the HEAC. When selecting those members, the Secretary will consider qualified individuals who are nominated by individuals or organizations representing affected stakeholders. The Secretary will make every effort to appoint members to serve on the HEAC from among those candidates determined to have the technical expertise (including expertise from professional and lived experience) required to meet specific agency needs and to ensure an appropriate balance of expertise and experience among the membership. The diversity of expertise in such membership includes expertise on matters such as race, ethnicity, gender, disability, sexual orientation, religious affiliation, geographic location, political status, and gender identity. The Secretary reserves the discretion to appoint members who were not nominated in response to this notice to serve on the HEAC if necessary to meet specific agency needs in a manner that ensures an appropriate balance of membership that is reflective of all of CMS' programs as well as a variety of experiences and backgrounds.

Any interested person or organization may nominate one qualified individual (self-nominations will not be accepted). Each nomination must include the following information:

- A letter of nomination that contains contact information for both the nominator and nominee. One-page maximum.

- A statement from the nominee with an explanation of interest in serving on the HEAC and that they are willing to serve on the HEAC for at least two years. The nominee should also indicate which category or categories of underserved communities specified in section II.B their expertise can represent. One-page maximum.

- A resumé or curriculum vitae that indicates the nominee's educational experience and relevant professional and/or lived experience. Two-pages maximum.

- Two letters of reference that support the nominee's qualifications for membership on the HEAC and how their educational, professional, and/or lived experience aligns with at least one or more of the 5 priority areas within the CMS Framework for Health Equity or one or more of the 6 priority areas within the CMS Framework for Advancing Health Care in Rural, Tribal and Geographically Isolated Communities. Please choose only one framework to align the nominee's experience with a CMS priority area. One-page maximum per letter.

- The 5 Priority Areas within the CMS Framework for Health Equity are—
 - ++ *Priority 1:* Expand the Collection, Reporting, and Analysis of Standardized Data.

- ++ *Priority 2:* Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps.

- ++ *Priority 3:* Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities.

- ++ *Priority 4:* Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services.

- ++ *Priority 5:* Increase All Forms of Accessibility to Health Care Services and Coverage.

- The 6 Priority Areas within the CMS Framework for Advancing Health Care in Rural, Tribal and Geographically Isolated Communities are—

- ++ *Priority 1:* Apply a Community-Informed Geographic Lens to CMS Programs and Policies.

- ++ *Priority 2:* Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities.

- ++ *Priority 3:* Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities.

- ++ *Priority 4:* Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities.

² 86 FR 7009, January 25, 2021.

++ *Priority 5*: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities.

++ *Priority 6*: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities.

To ensure that a nomination is considered, CMS must receive all the nomination information specified in section III of this notice by December 12, 2024. Nominations should be emailed to the appropriate address specified in the **ADDRESSES** section of this notice.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Vanessa Garcia,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2024-25966 Filed 11-7-24; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10914, CMS-10237 and CMS-10631]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of

the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by December 9, 2024.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved information collection; *Title of Information Collection:* Reform of Long-Term Care Facilities Requirements for Respiratory Illness Reporting; *Use:* Sections 1818 and 1919 of the Act (42 U.S.C. 1395i-3 and 42 U.S.C. 1396f,

respectively) specify certain requirements that a LTC facility must meet to participate in the Medicare and Medicaid programs. In particular, sections 1819(d)(4)(B) and 1919(d)(4)(B) require that a SNF or NF must meet such other requirements relating to the health, safety, and well-being of residents or relating to the physical facilities thereof as the Secretary may find necessary.

Under the authority of sections 1819, 1919, 1128I (b) and (c), and 1150B of the Act, the Secretary proposes to establish in regulation the requirements that an LTC facility must meet to participate in the Medicare and Medicaid programs. We are revising the information collection requirements for the proposed respiratory illness reporting that would replace the current requirement on COVID-19 reporting at § 483.80(g) based on the proposed rule, Medicare Program; Calendar Year (CY) 2025 Home Health Prospective Payment System (HH PPS) Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin (IVIG) Items and Services Rate Update; and Other Medicare Policies (July 2, 2024/89 FR 55312). In this proposed rule, we revised the LTC requirements for COVID-19 reporting to establish a new requirement for respiratory illness reporting that includes COVID-19, RSV, and influenza. The title, OMB Control Number, and CMS identification number for this 30-day notice has been revised. The 60-day FR Notice (89 FR 67442) was inadvertently published with collection identifiers associated with the PRA request which accounts for all of the Requirements for Long-term Care Facilities collections of information (COIs) (CMS-10573/OMB 0938-1363). Since this information collection only addresses the COIs for § 483.80(g) Respiratory Illness Reporting, this **Federal Register** Notice and the related PRA package have been assigned newly issued identification numbers, specifically OMB Control Number 0938-NEW and CMS-10914. *Form Number:* CMS-10914 (OMB control number: 0938-NEW); *Frequency:* Occasionally; *Affected Public:* Private Sector, Business or other for-profits, Not-for-profits; *Number of Respondents:* 14,926; *Number of Responses:* 14,926; *Total Annual Hours:* 6,253,995. (For policy questions regarding this collection contact Diane Corning at 410-786-8486).

2. *Type of Information Collection Request:* Revision of a currently approved information collection; *Title*