the transmission of antibiotic-resistant bacterial infections; including stewardship programs; and coordination with respect to international efforts in order to inform and advance the United States capabilities to combat antibiotic resistance.

The focus of the January 28–29, 2025, meeting is to provide input and information to the Combating Antibiotic-Resistant Bacteria (CARB) Federal Task Force as they develop the next five-year iteration of the CARB National Action Plan 2025–2030. The meeting will focus on innovative and emerging topics in antimicrobial resistance (AMR), as well as insights from international CARB counterparts. The topics presented at the public meeting include: an overview of other partner country CARB National Action Plans; methods to measure global awareness of AMR; the impact of AMR and food security; AMR as a national security threat; a reflection on the United Nations General Assembly Political Declaration by Federal agencies; the economics of AMR; innovations to combat AMR; among other topics.

Members of the public are invited to provide comment, especially on the 2025–2030 CARB National Action Plan, during an extended public comment session, in-person during the meeting by pre-registering online at *https://www.hhs.gov/paccarb;* pre-registration is required for participation in this session. Additionally, companies or organizations working to combat antimicrobial resistance my share their innovation during the January meeting by pre-registering to speak during the meeting's Innovation Spotlight. Pre-registration online at *https://www.hhs.gov/paccarb* is required for participation in this session, and limited spots are available. The meeting agenda will be posted on the PACCARB website at *https://www.hhs.gov/paccarb* when it has been finalized. All agenda items are tentative and subject to change. Instructions regarding attending the meeting virtually will be posted at least one week prior to the meeting at: *https://www.hhs.gov/paccarb.* For those unable to attend in person, but who wish to provide input into the next iteration of the CARB National Action Plan 2025–2030, may provide written public comments that can be emailed to *CARB@hhs.gov* by midnight January 21, 2025. All public comments received via email prior to January 21, 2025, will be provided to the PACCARB and Interagency CARB Task Force members.

Dated: November 18, 2024.

Jomana F. Musmar,

Designated Federal Officer, Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Office of the Assistant Secretary for Health.

[FR Doc. 2024–28075 Filed 11–27–24; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

General Compliance Program Guidance; Industry Segment-Specific Compliance Program Guidance for Skilled Nursing Facilities and Nursing Facilities; Resources for Industry; Availability

AGENCY: Office of Inspector General (OIG), Department of Health and Human Services (HHS).

ACTION: Notice of availability.

SUMMARY: OIG is announcing the availability of the following resources for industry: General Compliance Program Guidance (GCPG) and Industry Segment-Specific Compliance Program Guidance for Skilled Nursing Facilities and Nursing Facilities (Nursing Facility ICPG).

ADDRESSES: You may submit written electronic comments on these resources at any time by emailing *Compliance@oig.hhs.gov.*

FOR FURTHER INFORMATION CONTACT:

GCPG: Contact Amanda Copsey, (202) 577–6982, or Laura Ellis, (202) 834–1665.

Nursing Facility ICPG: Contact Laura Morgan, (240) 930–2425, or Felicia Heimer, (202) 770–7017.

SUPPLEMENTARY INFORMATION:

I. Background

On April 24, 2023, OIG announced [1] its plans to improve and update existing OIG Compliance Program Guidance documents (CPGs) and to deliver new CPGs specific to segments of the health care industry and entities involved in the health care industry that have emerged in recent years.

Our April 2023 announcement explained, in part, that:

- OIG developed CPGs as voluntary, nonbinding guidance documents to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements.
- OIG will no longer publish updated or new CPGs in the **Federal Register**. All current, updated, and new CPGs will be available on our website.[2]
- OIG has developed a new format for CPGs:
  - First, the GCPG pertains to all individuals and entities involved in the health care industry.
  - Second, industry segment-specific CPGs (ICPGs) pertain to different types of providers, suppliers, and other participants in health care industry subsectors or ancillary industry sectors relating to Federal health care programs.

Please reference the April 2023 announcement for additional details.

II. Notice of Availability

Through this Notice of Availability, OIG is announcing the availability of the following documents:

- *GCPG:* This document was published on OIG's website on November 6, 2023. OIG notified the public of the publication of the GCPG using our public listserv [3] and other communications platforms. The GCPG may be viewed and downloaded at *https://oig.hhs.gov/compliance/general-compliance-program-guidance/* and *https://oig.hhs.gov/documents/compliance-guidance/1135/HHS-OIG-GCPG-2023.pdf.*
- *Nursing Facility ICPG:* This document was published on OIG's website on November 20, 2024. OIG is notifying the public of the publication of the Nursing Facility ICPG using our public listserv and other communications platforms. The Nursing Facility ICPG may be viewed and downloaded at *https://oig.hhs.gov/compliance/nursing-facility-icpg* and *https://oig.hhs.gov/documents/compliance/10038/nursing-facility-icpg.pdf.*

These resources are not one-size-fits-all, comprehensive, or all-inclusive of compliance and quality considerations or risks. They are not binding on any individual or entity. Of note, OIG uses the word ''should'' in the GCPG and Nursing Facility ICPG to present voluntary, nonbinding guidance. This means that the documents do not create any new obligations or standards for any individual or entity.

OIG may update the GCPG and Nursing Facility ICPG periodically to address newly identified risk areas and compliance and quality measures, ensure timely and meaningful OIG resources, and respond to stakeholder feedback. In addition, OIG anticipates

[1] *Modernization of Compliance Program Guidance Documents,* 88 FR 25000 (Apr. 25, 2023).

[2] All CPGs issued to date are currently available on the Compliance Guidance page of our website at *https://oig.hhs.gov/compliance/compliance-guidance/* (last visited Nov. 15, 2024).

[3] To join OIG's listserv, visit *https://cloud.connect.hhs.gov/OIG/.*

publishing additional ICPGs addressing other health care industry segments in the future.

OIG welcomes written and specific feedback from the health care community and other stakeholders in connection with the GCPG and the Nursing Facility ICPG. Any such feedback can be submitted by email to *Compliance@oig.hhs.gov.* The receipt of any feedback does not obligate OIG to take action, including responding to the feedback, making the feedback public, or issuing or revising public guidance.

III. Paperwork Reduction Act of 1995

These resources contain no collection of information. Therefore, clearance by the Office of Management and Budget under the Paperwork Reduction Act of 1995 is not required.

Christi A. Grimm,

Inspector General.

[FR Doc. 2024–28019 Filed 11–27–24; 8:45 am]

BILLING CODE 4152–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Interdisciplinary Molecular Sciences and Training Integrated Review Group, Center for Scientific Review Special Emphasis Panel, December 5, 2024, 10 a.m. to December 5, 2024, 4 p.m., National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 which was published in the **Federal Register** on November 08, 2024, 89 FR 88789, Doc 2024–25937.

This meeting is being amended to change the meeting start time from 10:00 a.m. to 8:00 a.m. to accommodate an increase in applications being discussed. The meeting is closed to the public.

Dated: November 22, 2024.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–28001 Filed 11–27–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

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

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 which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; NIDDK High Risk Multi-Center Clinical Study Review Meeting.

Date: January 22, 2025.

Time: 10:00 a.m. to 12:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, NIDDK, Democracy II, Suite 7000A, 6707 Democracy Boulevard, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Michele L. Barnard, Ph.D., Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 7343, 6707 Democracy Boulevard, Bethesda, MD 20817, (301) 594–8898, *barnardm@extra.niddk.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: November 22, 2024.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–28002 Filed 11–27–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (National Institute Allergy and Infectious Diseases)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Institute of Allergy and Infectious Diseases (NIAID) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Sarah Hijaz, Health Science Policy Analyst, Office of Strategic Planning, Initiative Development and Analysis, 5601 Fishers Lane, Rockville, Maryland 20892 or call non-toll-free number (301)761–7790 or Email your request, including your address to: *sarah.hijaz@nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimizes the burden of the collection of information on those who are to respond, including the use of