

• *By Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS C-34, 1090 Tusculum Avenue, Cincinnati, Ohio 45226-1998.

**Instructions:** All written submissions received in response to this notice must include the agency name (Centers for Disease Control and Prevention, HHS) and docket number (CDC-2024-0082; NIOSH-354) for this action. All relevant comments, including any personal information provided, will be posted without change to <http://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:**

Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C-48, Cincinnati, OH 45226; telephone (404) 498-2500 (this is not a toll-free number); email [NIOSHregs@cdc.gov](mailto:NIOSHregs@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act) (Pub. L. 111-347, as amended by Pub. L. 114-113, Pub. L. 116-59, Pub. L. 117-328, and Pub. L. 118-31), added Title XXXIII to the Public Health Service Act (PHS Act),<sup>1</sup> establishing the WTC Health Program within HHS. The WTC Health Program provides medical monitoring and treatment benefits for health conditions on the List<sup>2</sup> to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders). The Program also provides benefits to eligible persons who were present in the dust or dust cloud on September 11, 2001, or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors).

The Zadroga Act also requires that the Program conduct or support research on health conditions that may result from the September 11, 2001, terrorist attacks, addressing the following topics:

- Physical and mental health conditions that may be related to the September 11, 2001, terrorist attacks;
- Diagnosing WTC-related health conditions for which there have been diagnostic uncertainty; and

- Treating WTC-related health conditions for which there have been treatment uncertainty.

For more information on NIOSH-funded research projects related to the September 11, 2001, terrorist attacks, and areas of interest based on the Program's Research Agenda, please visit the WTC Health Program Research web page (<https://www.cdc.gov/wtc/research.html>).

**Request for Information**

To further relevant WTC Health Program research in FY2026, NIOSH has forecasted two notices of funding opportunities: (1) RFA-OH-26-001: Cooperative Research Agreements Related to the World Trade Center Health Program (<https://grants.gov/search-results-detail/356163>) and (2) RFA-OH-26-002: Assessment and Evaluation of Emerging Health Conditions Relevant to the World Trade Center Health Program (<https://grants.gov/search-results-detail/356164>).

NIOSH seeks to achieve a suitable mix of meritorious research projects which assess the feasibility of new ways to enhance interventions and program evaluations with the potential to improve WTC Health Program treatment and care, and the overall well-being of 9/11-exposed populations. Clinical research areas of interest include methods, interventions, or procedures which can improve the screening, diagnosis, and treatment of WTC-related health conditions and care for those exposed. NIOSH expects that such clinical research outcomes will incorporate relevant epidemiological aspects and use research results to improve treatment and care. Assessment and evaluation of treatment and care programs for WTC-related health conditions and exposed populations are also of interest. Additional details are provided in the forecasts for these proposed funding opportunities (please refer to the links included in this notice).

Specifically, NIOSH seeks input on research priorities with regard to the following questions:

(1) What are the primary research needs for the 9/11-exposed population, such as WTC responders, screening-eligible WTC survivors, or certified-eligible WTC survivors?

(2) What are the primary health concerns that are potentially related to 9/11 exposure, or the treatment thereof, and how do they differ among groups within the 9/11-exposed population?

(3) What emerging health conditions that may be related to 9/11 exposure should be prioritized and addressed?

**John J. Howard,**

*Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.*

[FR Doc. 2024-24486 Filed 10-22-24; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Tribal Request for Reconsideration Hearing**

**AGENCY:** Office of Child Care; Administration for Children and Families; U.S. Department of Health and Human Services.

**ACTION:** Notice of request for reconsideration hearing.

**SUMMARY:** Notice is hereby given to the Inter-Tribal Council of Nevada (ITCN) and interested parties of a reconsideration hearing. The purpose of the hearing is to reconsider the decision of the Administration for Children and Families (ACF), Office of Child Care (OCC) regarding revision to the FY2023-2025 triennial child count submitted by the Inter-Tribal Council of Nevada (ITCN) as part of their triennial plan, submitted on July 1, 2022. Because the child count was submitted as part of ITCN's FY2023-205 triennial plan, ITCN is entitled to request reconsideration to determine "whether such Plan or amendment conforms to the requirements for approval under the Act and pertinent Federal regulations." The sole issue to be reconsidered is OCC's decision to reduce ITCN's child count.

**DATES:** December 3, 2024, at 9:00 a.m. PST; 12:00 EST.

**ADDRESSES:** Virtual via Zoom; Interested parties must submit a request for a registration link to Latasha Abney, Director, ACF Office of Grants Policy [latasha.abney@acf.hhs.gov](mailto:latasha.abney@acf.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Latasha Abney, Director, ACF Office of Grants Policy [latasha.abney@acf.hhs.gov](mailto:latasha.abney@acf.hhs.gov) or (202) 401-5324.

**SUPPLEMENTARY INFORMATION:** By letter dated January 17, 2023, OCC communicated its decision that ITCN had submitted a duplicated child count in an area that overlapped the service area of another CCDF tribal lead agency, and that the area was not within a

<sup>1</sup> Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm-300mm-64. Those portions of the Zadroga Act found in Titles II and III of Public Law 111-347 do not pertain to the WTC Health Program and are codified elsewhere.

<sup>2</sup> The List of WTC-Related Health Conditions is established in 42 U.S.C. 300mm-22(a)(3)-(4) and 300mm-32(b); additional conditions may be added through rulemaking and the complete List is provided in WTC Health Program regulations at 42 CFR 88.15.

reasonably close geographic proximity to the delineated borders of one of ITCN's member tribes, as required in 45 CFR 98.61(c) and 98.83(b), and as described in the Program Instruction CCDF-ACF-PI-2022-03. As a result, OCC adjusted ITCN's child count downward.

CCDF regulations prescribe that reconsideration shall be conducted by hearing governed by 45 CFR part 99. The ACF Director of Office of Grants Policy, Latasha Abney, is the designated presiding officer. The presiding officer has authority to "modify or waive any rule in [Part 99] upon determination that no party will be unduly prejudiced and the ends of justice will thereby be served." 45 CFR 99.4.

45 CFR 99.15 allows recognition of other individuals or groups as parties "if the issues to be considered at the hearing have directly caused them injury and their interests to be protected by the governing Federal statute and regulations." This **Federal Register** notice serves as notification to other parties who may have interest in this hearing. Individuals or groups desiring to participate as parties should submit a petition in writing to presiding officer, Latasha Abney, at the address above within 15 days of publication of this notice. Such petition shall concisely state (i) Petitioner's interest in the proceeding; (ii) Who will appear for petitioner; (iii) The issues on which petitioner wishes to participate; and (iv) Whether petitioner intends to present witnesses. A copy of the petition must also be served on ITCN Executive Director, Deserea Quintana at [dquintana@itcn.org](mailto:dquintana@itcn.org). The presiding officer will promptly determine whether each petitioner has the requisite interest and shall permit or deny participation accordingly.

45 CFR 99.22 allows parties to (a) Appear by counsel or other authorized representative, in all hearing proceedings; (b) Participate in any prehearing conference held by the presiding officer; (c) Agree to stipulations as to facts which will be made a part of the record; (d) Make opening statements at the hearing; (e) Present relevant evidence on the issues at the hearing; (f) Present witnesses who then must be available for cross-examination by all other parties; (g) Present oral arguments at the hearing; and (h) Submit written briefs, proposed findings of fact, and proposed conclusions of law, after the hearing. 45 CFR 99.23 allows that "The Department, the Lead Agency, and any individuals or groups recognized as parties shall have the right to conduct discovery (including depositions) against

opposing parties," and that Rules 26–37 of the Federal Rules of Civil Procedure shall apply to discovery proceedings.

Pursuant to 45 CFR 99.32, at the conclusion of the hearing and completion of post-hearing briefs, if any, the presiding officer shall certify the record and provide recommended finding and a proposed decision to the Assistant Secretary. Any party will then have 20 days to file exceptions and a supporting brief or statement with the Assistant Secretary. The decision of the Assistant Secretary shall be the final agency action on the matter.

All written material provided by ACF, ITCN, and any other recognized party will be included in the administrative record.

**Megan E. Steel,**

*ACF Certifying Officer. Administration for Children and Families.*

[FR Doc. 2024–23441 Filed 10–22–24; 8:45 am]

**BILLING CODE 4184–87–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Notice of Interest Rate on Overdue Debts

Section 30.18 of the Department of Health and Human Services' claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury's current value of funds rate or the applicable rate determined from the "Schedule of Certified Interest Rates with Range of Maturities" unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 12<sup>3</sup>/<sub>8</sub>%, as fixed by the Secretary of the Treasury, is certified for the quarter ended September 30, 2024. This rate is based on the Interest Rates for Specific Legislation, "National Health Services Corps Scholarship Program (42 U.S.C. 254o(b)(1)(A))" and "National Research Service Award Program (42 U.S.C. 288(c)(4)(B))." This interest rate will be applied to overdue

debt until the Department of Health and Human Services publishes a revision.

**David C. Horn,**

*Director, Office of Financial Policy and Reporting.*

[FR Doc. 2024–24510 Filed 10–22–24; 8:45 am]

**BILLING CODE 4150–04–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious 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 Allergy and Infectious Diseases Special Emphasis Panel; Feasibility of Novel Diagnostics for TB in Endemic Countries (FEND for TB) (R01—Clinical Trial Not Allowed).

*Date:* November 22, 2024.

*Time:* 10:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3E72A, Rockville, MD 20892 (Video Assisted Meeting).

*Contact Person:* Frank S. De Silva, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3E72A, Rockville, MD 20892, (240) 669–5023, [fdesilva@niaid.nih.gov](mailto:fdesilva@niaid.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: October 18, 2024.

**Lauren A. Fleck,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2024–24543 Filed 10–22–24; 8:45 am]

**BILLING CODE 4140–01–P**