

information updates, go to the NACNEP website meeting page at <https://www.hrsa.gov/advisory-committees/nursing/meetings.html>.

FOR FURTHER INFORMATION CONTACT: Camillus Ezeike, Ph.D., JD, LLM, RN, PMP, Designated Federal Official, Division of Nursing and Public Health, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, 11N-120, Maryland 20857; 301-443-2866; or BHWNACNEP@hrsa.gov.

SUPPLEMENTARY INFORMATION: The NACNEP provides advice and recommendations to the Secretary of HHS (Secretary) on policy, program development, and other matters of significance concerning the activities carried out under Title VIII of the Public Health Service (PHS) Act, including the range of issues relating to the nurse workforce, education, and practice improvement. NACNEP also prepares and submits an annual report to the Secretary of HHS and Congress describing its activities, including NACNEP's findings and recommendations concerning activities under Title VIII, as required by the PHS Act. Since priorities dictate meeting times, be advised that start times, end times, and agenda items are subject to change. For CY 2021 meetings, agenda items may include, but are not limited to, a review of federal nursing workforce programs, funding for nursing practice improvement and nursing education, and the response to the COVID-19 pandemic. Refer to the NACNEP website listed above for all current and updated information concerning the CY 2021 NACNEP meetings, including agendas and meeting materials that will be posted 30 calendar days before the meeting.

Members of the public will have the opportunity to provide comments. Public participants may submit written statements in advance of the scheduled meeting(s). Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to the NACNEP should be sent to Camillus Ezeike using the contact information above at least 5 business days before the meeting date(s).

Individuals who need special assistance or another reasonable accommodation should notify Camillus Ezeike using the contact information listed above at least 10 business days before the meeting(s) they wish to attend.

If a meeting is held in-person, it will occur in a federal government building and attendees must go through a

security check to enter. Non-U.S. Citizen attendees must notify HRSA of their planned attendance at an in-person meeting at least 20 business days prior to the meeting in order to facilitate their entry into the building. All attendees are required to present government-issued identification prior to entry.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2020-28920 Filed 12-30-20; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

RIN 0917-AA19

Reimbursement Rates for Calendar Year 2021

AGENCY: Indian Health Service (IHS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: Notice is provided that the Director of the Indian Health Service has approved the rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2021.

SUPPLEMENTARY INFORMATION: The Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2021 for Medicare and Medicaid beneficiaries, beneficiaries of other federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653). The inpatient rates for Medicare Part A are excluded from the table below. That is because Medicare inpatient payments for IHS hospital facilities are made based on the prospective payment system, or (when IHS facilities are designated as Medicare Critical Access Hospitals) on a reasonable cost basis. Since the inpatient per diem rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)

Calendar Year 2021

Lower 48 States \$3,631
Alaska \$3,384

Outpatient Per Visit Rate (Excluding Medicare)

Calendar Year 2021

Lower 48 States \$519
Alaska \$808

Outpatient Per Visit Rate (Medicare)

Calendar Year 2021

Lower 48 States \$414
Alaska \$662

Medicare Part B Inpatient Ancillary Per Diem Rate

Calendar Year 2021

Lower 48 States \$678
Alaska \$1,039

Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers.

Effective Date for Calendar Year 2021 Rates

Consistent with previous annual rate revisions, the Calendar Year 2021 rates will be effective for services provided on/or after January 1, 2021, to the extent consistent with payment authorities, including the applicable Medicaid State plan.

Michael D. Weahkee,

Assistant Surgeon General, RADM, U.S. Public Health Service, Director, Indian Health Service.

[FR Doc. 2020-28950 Filed 12-30-20; 8:45 am]

BILLING CODE 4165-16-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory General Medical Sciences Council.

The meeting will be open to the public as indicated below, with a short public comment period at the end. The open session will be videocast and can be accessed from the NIH Videocasting and Podcasting website (<http://videocast.nih.gov>).

The meeting will be closed to the public in accordance with the