

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. 2025–00492 Filed 1–10–25; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Notice of Closed Meeting

Pursuant to 5 U.S.C. 1009(d), 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, and the Determination of the Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, pursuant to Public Law 92–463. 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:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—DP25–041, Connecting Organizations and People to Empower Diabetes Prevention and Treatment (Connections).

*Date:* March 11, 2025.

*Time:* 10 a.m.–6 p.m., EDT.

*Place:* Teleconference/Web Conference.

*Agenda:* To review and evaluate grant applications.

*For Further Information Contact:* Catherine Barrett, Ph.D., Scientific Review Officer, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop S106–3, Atlanta, Georgia

30341–3717. Telephone: (404) 718–7664; Email: [CBarrett@cdc.gov](mailto:CBarrett@cdc.gov).

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**Kalwant Smagh,**

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

[FR Doc. 2025–00488 Filed 1–10–25; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Notice of Closed Meeting

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*Name of Committee:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA–OH–24–002, Exploratory/Developmental Grants on Lifestyle Medicine Research Related to the World Trade Center Health Program (R21); RFA–OH–24–003, Exploratory/Developmental Grants Related to the World Trade Center Survivors (R21–No Applications with Responders Accepted); RFA–OH–24–004, World Trade Center Health Program Mentored Research Scientist Career Development Award (K01); and RFA–OH–25–001, Exploratory/Developmental Research for World Trade Center Health Program Evidence-based Strategies to Improve Treatment Effectiveness, Diagnostic

Practices, and Program Evaluation (R21).

*Dates and Times:* February 25, 2025, 9 a.m.–5 p.m., EST; and February 26, 2025, 9 a.m.–12 p.m., EST.

*Place:* Courtyard by Marriott Atlanta Decatur Downtown/Emory, 130 Clairemont Avenue, Decatur, Georgia 30030.

*Agenda:* To review and evaluate grant applications.

*For Further Information Contact:* Laurel Garrison, M.P.H., Scientific Review Officer, Office of Extramural Coordination and Special Projects, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 5555 Ridge Avenue, Cincinnati, Ohio 45213. Telephone: (513) 533–8324; Email: [LGarrison@cdc.gov](mailto:LGarrison@cdc.gov).

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**Kalwant Smagh,**

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

[FR Doc. 2025–00487 Filed 1–10–25; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–25–1385]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Characteristics of Cases of Priority Fungal Diseases” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on October 25, 2024, to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. 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](http://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. Direct written comments and/or suggestions regarding

the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

### Proposed Project

Characteristics of Cases of Priority Fungal Diseases (OMB Control No. 0920-1385, Exp. 4/30/2027)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

Fungal diseases cause substantial illness, ranging from mild infection to severe or life-threatening invasive disease. They also constitute a considerable financial burden on patients and healthcare systems. Awareness of fungal diseases is low, and data collection has historically been limited in size, scope, and coordination, which has hindered our understanding of these diseases. Detailed epidemiologic and clinical data are critical to inform appropriate public health responses. We plan to enhance surveillance of high priority fungal diseases across the United States to better characterize factors such as disease burden, geographic scope, patient risk factors, health disparities, healthcare utilization, outcomes, and emerging trends. This project will serve as a Revision of the information collections project: Characteristics of Cases of Priority Fungal Diseases Case Report Form (CRF) (OMB Control No. 0920-1385). The Revision will expand

the number of fungal diseases for which data may be collected.

In addition to triazole-resistant *A. fumigatus* infections, coccidioidomycosis, histoplasmosis, blastomycosis, *C. auris*, and antifungal-resistant dermatophytosis, CRFs have also been developed for chromoblastomycosis, mycetoma, and sporotrichosis. We plan to use standardized CRFs to collect public health surveillance data for cases of these diseases regarding demographics (*e.g.*, age, sex, race/ethnicity, location of residence), underlying medical conditions, diagnosis (*e.g.*, clinical presentation, laboratory testing), treatments, and outcomes (*e.g.*, hospitalization, vital status). The corresponding CRF would be filled out voluntarily by State, local or Tribal health departments, Federal agencies, and the members of the private sector (*e.g.*, academic institutions) and contains a section for medical chart review and an optional supplemental interview (including data on potential occupational or environmental exposures) of the patient or their representative.

Findings can help identify populations at higher risk of these diseases, detect emerging epidemiologic trends, and guide prevention and response efforts. They can also help better focus public and healthcare provider outreach, inform efforts to contain or mitigate spread, and influence health policy and research on prevention and treatment.

CDC requests OMB approval for an estimated 1,564 annual burden hours. There is no cost to respondents other than their time to participate.

### ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number responses per respondent	Avg. burden per response (in hrs.)
Triazole-resistant <i>Aspergillus fumigatus</i> Case Report Form (Attachment 3a).	State and Local Health Departments.	15	15	0.5
Coccidioidomycosis Case Report Form (Attachment 3b) .....	State and Local Health Departments.	10	25	1.0
	Private Sectors .....	3	10	1.0
Histoplasmosis Case Report Form (Attachment 3c) .....	State and Local Health Departments.	10	25	1.0
	Private Sectors .....	3	10	1.0
Blastomycosis Case Report Form (Attachment 3d) .....	State and Local Health Departments.	10	25	1.0
	Private Sectors .....	3	10	1.0
<i>Candida auris</i> Case Report Form (Attachment 3e) .....	State and Local Health Departments.	15	20	0.75
	Private Sectors .....	3	10	0.75
Antifungal-resistant dermatophytosis case report form (Attachment 3f).	State and Local Health Departments.	10	10	0.5
Chromoblastomycosis case report form (Attachment 3g) .....	Private Sectors .....	25	10	0.5
Mycetoma case report form (Attachment 3h) .....	Private Sectors .....	25	5	0.5
Sporotrichosis case report form (Attachment 3i) .....	Private Sectors .....	25	10	0.5

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. 2025-00454 Filed 1-10-25; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3469-PN]

#### Medicare and Medicaid Programs: Application From The Joint Commission for Continued Approval of its Hospice Accreditation Program

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

**ACTION:** Notice with request for  
comment.

**SUMMARY:** This proposed notice  
acknowledges the receipt of an  
application from The Joint Commission  
for continued recognition as a national  
accrediting organization for hospices  
that wish to participate in the Medicare  
or Medicaid programs.

**DATES:** To be assured consideration,  
comments must be received at one of  
the addresses provided below, no later  
than 5 p.m. on February 12, 2025.

**ADDRESSES:** In commenting, refer to file  
code CMS-3469-PN.

Comments, including mass comment  
submissions, must be submitted in one  
of the following three ways (please  
choose only one of the ways listed):

1. *Electronically.* You may submit  
electronic comments on this regulation  
to <http://www.regulations.gov>. Follow  
the “Submit a comment” instructions.

2. *By regular mail.* You may mail  
written comments to the following  
address ONLY:

Centers for Medicare & Medicaid  
Services, Department of Health and  
Human Services, Attention: CMS-3469-  
PN, P.O. Box 8010, Baltimore, MD  
21244-8010.

Please allow sufficient time for mailed  
comments to be received before the  
close of the comment period.

3. *By express or overnight mail.* You  
may send written comments to the  
following address ONLY:

Centers for Medicare & Medicaid  
Services, Department of Health and  
Human Services, Attention: CMS-3469-  
PN, Mail Stop C4-26-05, 7500 Security  
Boulevard, Baltimore, MD 21244-1850.

**FOR FURTHER INFORMATION CONTACT:**  
Lillian Williams, (410) 786-8636 or  
Melissa Rice, (410) 786-3270.

#### SUPPLEMENTARY INFORMATION:

*Inspection of Public Comments:* All  
comments received before the close of  
the comment period are available for  
viewing by the public, including any  
personally identifiable or confidential  
business information that is included in  
a comment. We post all comments  
received before the close of the  
comment period on the following  
website as soon as possible after they  
have been received: <http://www.regulations.gov>. Follow the search  
instructions on that website to view  
public comments. CMS will not post on  
*Regulations.gov* public comments that  
make threats to individuals or  
institutions or suggest that the  
commenter will take actions to harm an  
individual. CMS continues to encourage  
individuals not to submit duplicative  
comments. We will post acceptable  
comments from multiple unique  
commenters even if the content is  
identical or nearly identical to other  
comments.

#### I. Background

Under the Medicare program, eligible  
beneficiaries may receive covered  
services in a hospice, provided that  
certain requirements are met by the  
hospice. Section 1861(dd) of the Social  
Security Act (the Act) establishes  
distinct criteria for facilities seeking  
designation as a hospice. Regulations  
concerning provider agreements are at  
42 CFR part 489 and those pertaining to  
activities relating to the survey and  
certification of facilities are at 42 CFR  
part 488. The regulations at 42 CFR part  
418 specify the conditions that a  
hospice must meet in order to  
participate in the Medicare program, the  
scope of covered services and the  
conditions for Medicare payment for  
hospice services.

Generally, to enter into an agreement,  
a hospice must first be certified by a  
state survey agency (SA) as complying  
with the conditions or requirements set  
forth in part 418. Thereafter, the hospice  
is subject to regular surveys by a SA to  
determine whether it continues to meet  
these requirements.

However, section 1865(a)(1) of the Act  
provides that, if a provider entity  
demonstrates through accreditation by a  
Centers for Medicare & Medicaid  
Services (CMS) approved national  
Accrediting Organization (AO) that all  
applicable Medicare conditions are met  
or exceeded, we will deem those  
provider entities as having met the  
requirements. Accreditation by an AO is  
voluntary and is not required for  
Medicare participation.

If an AO is recognized by the  
Secretary of the Department of Health

and Human Services (the Secretary) as  
having standards for accreditation that  
meet or exceed Medicare requirements,  
any provider entity accredited by the  
national accrediting body's approved  
program would be deemed to meet the  
Medicare conditions. A national AO  
applying for approval of its  
accreditation program under part 488,  
subpart A, must provide CMS with  
reasonable assurance that the AO  
requires the accredited provider entities  
to meet requirements that are at least as  
stringent as the Medicare conditions.  
Our regulations concerning the approval  
of AOs are set forth at §§ 488.4 and  
488.5. The regulations at § 488.5(e)(2)(i)  
require AOs to reapply for continued  
approval of its accreditation program  
every 6 years or sooner as determined  
by CMS.

The Joint Commission's (TJC's)  
current term of approval for their  
hospice accreditation program expires  
June 18, 2025.

#### II. Approval of Deeming Organizations

Section 1865(a)(2) of the Act and our  
regulations at § 488.5 require that our  
findings concerning review and  
approval of a national AO's  
requirements consider, among other  
factors, the applying AO's requirements  
for accreditation; survey procedures;  
resources for conducting required  
surveys; capacity to furnish information  
for use in enforcement activities;  
monitoring procedures for provider  
entities found not in compliance with  
the conditions or requirements; and  
ability to provide CMS with the  
necessary data for validation.

Section 1865(a)(3)(A) of the Act  
further requires that we publish, within  
60 days of receipt of an organization's  
complete application, a notice  
identifying the national accrediting  
body making the request, describing the  
nature of the request, and providing at  
least a 30-day public comment period.  
We have 210 days from the receipt of a  
complete application to publish notice  
of approval or denial of the application.

The purpose of this proposed notice  
is to inform the public of TJC's request  
for continued approval of its hospice  
accreditation program. This notice also  
solicits public comment on whether  
TJC's requirements meet or exceed the  
Medicare conditions of participation  
(CoPs) for hospices.

#### III. Evaluation of Deeming Authority Request

TJC submitted all the necessary  
materials to enable us to make a  
determination concerning its request for  
continued approval of its hospice  
accreditation program. This application