

mitigation and greenhouse gas reduction practices and to design appropriate contract requirements to ensure that contractors assess and mitigate these risks and reduce greenhouse gases associated with their federal contract activities. In another case, GSA determined that energy savings practices available to potential information technology service providers could significantly lower their overhead costs and that this would likely reduce contract costs for GSA and other Federal agencies. GSA uses the information collected to research development of similar policies and programs and to verify contractor compliance with existing programs.

### B. Annual Burden Hours

GSA expects to direct CDP to request voluntary survey responses from up to 1000 large and medium-sized businesses per year. Estimates of response time per respondent vary greatly depending on whether each requested respondent (a) elects not to respond; (b) responds, but would have responded to CDP regardless of GSA's request (because the respondent was also requested to respond to CDP by other customer and/or investor stakeholders); or (c) responds to CDP because of GSA's request. Analysis of total response time is thus based on estimates for each of these categories.

(a) Requested respondents who elect not to respond.

Based on historical CDP response rates and GSA's intended recipients, GSA estimates that 680 out of 1000 annual requested respondents will be in this category. Hour burden for this category: 680 non-responses; time per respondent 0; total time 0.

(b) Respondents who would have responded to CDP regardless of GSA's request. These respondents will complete some or all of the collection instrument, but would have done so regardless of GSA's request. In addition, some of these respondents will answer a small number of additional questions (requiring a small fraction of their overall response time to CDP) based on GSA's request. In addition, all of these respondents will need to complete one additional question in order to direct CDP to share their responses with GSA. Based on historical CDP response rates and GSA's intended recipients, GSA estimates that 250 out of 1000 annual requested respondents will be in this category. Hour burden for this category: 250 responses; average time per respondent 5 minutes; total burden 21 hours.

(c) Respondents who respond to CDP because of GSA's request. These

respondents may need to invest significant time drafting their responses and gathering facts, including searching and compiling existing data sources such as utility bills, and completing and reviewing the collection instrument. Based on historical CDP response rates and GSA's intended recipients, GSA estimates that 70 out of 1000 annual requested respondents will be in this category. Based on discussions with several dozen previous respondents to CDP's questionnaire, as well as public input received in response to a related information collection request notice (see 82 FR 3794), time burden for this collection is estimated to average 120 hours per response. Hour burden for this category: 70 responses; average time per respondent 120 hours; total burden 8400 hours.

Based on the individual category response times above, the total estimated response burden for all 1000 requested respondents is summarized below.

*Frequency:* Annual.

*Affected Public:* Federal contractors.

*Number of Respondents:* 1,000.

*Responses per Respondent:* 1.

*Total Annual Responses:* 320.

*Estimated Time per Respondent:* 26.3.

*Total Burden Hours:* 8,421.

### C. Public Comments

Public comments are particularly invited on: Whether this collection of information is necessary, whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

**Lois Mandell,**

*Director, Regulatory Secretariat Division,  
General Services Administration.*

[FR Doc. 2024-16032 Filed 7-19-24; 8:45 am]

**BILLING CODE 6820-14-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Reorganization of the National Center for Immunization and Respiratory Diseases

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

**ACTION:** Notice.

**SUMMARY:** CDC has modified its structure. This notice announces the reorganization of the National Center for Immunization and Respiratory Diseases (NCIRD). NCIRD has abolished offices, retitled divisions and branches, and modified mission and function statements.

**DATES:** This reorganization of NCIRD was approved by the Director of CDC on July 17, 2024 and became effective on July 17, 2024.

**FOR FURTHER INFORMATION CONTACT:** Rebecca Greco Kone, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H24-9, Atlanta, GA 30329; Telephone 800-232-4636; Email: [pmoncird@cdc.gov](mailto:pmoncird@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 89 FR 56753, dated July 10, 2024) is amended to reflect the reorganization of National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. Specifically, the changes are as follows:

I. Under Part C, Section C-B, Organization and Functions, make the following changes:

- Update the Office of the Director (CJ1) mission/function statements
- Abolish the Office of Informatics (CJ12)
- Abolish the Office of Policy (CJ13)
- Abolish the Office of Health Communications Science (CJ14)
- Abolish the Office of Management and Operations (CJ15)
- Abolish the Office of Science (CJ16)
- Abolish the Office of Global Health, Preparedness, and Response (CJ17)
- Update the Division of Bacterial Diseases (CJE) mission/function statements
- Retitle and update the mission/function statement for the Respiratory

Disease Branch to the Pneumonia and Streptococcus Epidemiology Branch (CJEB)

- Retitle and update the mission/function statement for the Meningitis and Vaccine Preventable Disease Branch to the Meningitis, Pertussis, and Diphtheria Epidemiology Branch (CJEC)
- Establish the Pneumonia and Streptococcus Laboratory Branch (CJED)
- Establish the Meningitis, Pertussis, and Diphtheria Laboratory Branch (CJEE)

II. Under Part C, Section C–B, Organization and Functions, within the National Center for Immunization and Respiratory Diseases, delete the mission or function statements for and replace with the following:

Office of the Director (CJ1). (1) provides leadership, expertise, and service in laboratory and epidemiological sciences for respiratory and vaccine-preventable diseases and in immunization program delivery; (2) provides diagnostic and reference laboratory services to relevant partnerships; (3) works with agency and other CIOs to ensure spending plans, budget planning, and budget execution are in line with the overall infectious disease strategies and priorities; (4) ensures that NCIRD's strategy is executed by the divisions and aligned with overall CDC goals, including leadership for and guidance for strategic planning and performance measurement; (5) co-develops execution strategies for NCIRD with the division directors;

(6) provides program and science quality oversight; (7) builds leadership at the division and branch levels; (8) evaluates the strategies, focus, and prioritization of the division research, program, and budget activities; (9) identifies and coordinates synergies between NCIRD and relevant partners; (10) ensures that policy development is consistent and appropriate; (11) facilitates research and program activities by providing leadership support; (12) proposes resource priorities throughout the budget cycle; (13) ensures scientific quality, ethics, and regulatory compliance; (14) fosters an integrated approach to research, program, and policy activities; (15) liaises with HHS and other domestic and international immunization and respiratory disease partners, as well as with NCIRD divisions; (16) coordinates center's emergency response activities related to immunization issues and complex acute respiratory infectious disease emergencies; (17) applies

communication science, media principles, and web design to support NCIRD and CDC's efforts to reduce morbidity and mortality caused by vaccine-preventable and respiratory diseases; ensuring that communication distributed by the center is timely, accurate, clear and relevant to intended audiences; (18) provides guidance for key scientific and laboratory services in the functional areas of extramural research (research and non-research), human studies oversight and review, regulatory affairs; activities in the areas of space planning, advising, coordination and evaluation, safety management and coordination, and shared services in controlled correspondence, and programmatic services in the area of workforce and career development; (19) provides and coordinates center-wide administrative, management, and support services in the areas of fiscal management, personnel, travel, procurement, facility management, and other administrative services; (20) manages the coordination of workforce development and succession planning activities, and provides human capital management, planning, and training consultation services; (21) develops and implements a coordinated healthcare provider strategy across NCIRD programs that maximizes public health outcomes; (22) directs the cultivation of clinical partnerships aimed at enhancing the reach and effectiveness of NCIRD programs; (23) leads the coordination and guidance of Advisory Committee on Immunization Practices (ACIP) related work; (24) designs and operationalize s cross-cutting public health strategies that improve outcomes for high risk groups; (25) provides advice to NCIRD leadership in developing policies, programs, implementation guidance, and strategic initiatives; (26) works with NCIRD programs, other CIOs, and agency to ensure NCIRD programs and priorities are incorporated into priority initiatives; (27) monitors and evaluates effectiveness of strategic plans and priorities, including linkages of resources to priorities and identification of public health outcomes to track effectiveness; (28) provides strategic guidance and direction, technical assistance and support for NCIRD's health equity portfolio; (29) tracks progress towards advancing health equity in the areas of science, intervention, and partnerships as aligned with CDC's CORE Health Equity framework; (30) advises NCIRD and CDC leadership on global health related to current and known respiratory threats and to emerging respiratory pandemic

threats; (31) provides strategic leadership for NCIRD in the areas of global health related to respiratory and vaccine-preventable diseases, including establishing NCIRD priorities, promoting science, policies, and new programs; (32) coordinates NCIRD efforts related to funding and budgets for global health security; and (33) supports NCIRD's work across CDC and the federal government on global health security, respiratory diseases.

Division of Bacterial Diseases (CJE). The mission of the Division of Bacterial Diseases (DBD) is to prevent and control illness and death from vaccine-preventable and other respiratory bacterial diseases, in the United States and worldwide, through leadership in epidemiologic and laboratory science and vaccine policy. DBD's cross-cutting functions include laboratory science, epidemiologic science, vaccine science, and partner support. (1) Provides laboratory support for surveillance and epidemiologic studies and reference diagnostic services to state, tribal, local, and territorial health departments, other federal agencies, and national and international health organizations; (2) develops, analyzes, and improves diagnostic methods and reagents; (3) facilitates development and evaluation of immunologic compounds, and vaccines; (4) conducts laboratory studies of the biological, biochemical, genetic, and antigenic characteristics, immunology, and pathogenesis of disease; (5) participates in and supports investigations of outbreaks, clusters, epidemics, and other public health problems in the United States and internationally, and recommends and evaluates appropriate control measures; (6) conducts surveillance for bacteria under the division's purview, including surveillance for antimicrobial resistance; assists state, tribal, local, and territorial health departments with conducting surveillance; prepares and distributes surveillance information; (7) conducts epidemiologic studies to define etiology, patterns of disease, disease burden, and risk factors; (8) provides consultation on the use of bacterial vaccines and other measures to prevent infections; identifies and evaluates other (non-vaccine) prevention strategies; and evaluates other aspects of vaccination practices; (9) determines the effectiveness and cost effectiveness of vaccines through the evaluation of scientific evidence; (10) supports the development and evaluation of vaccination policy and programs, and helps prepare statements on bacterial vaccines for ACIP and other groups in the United States; (11)

provides guidance and technical expertise on vaccine-preventable disease policy development in international settings; (12) supports CDC's Immunization Safety Office in vaccine safety risk assessment and leadership in vaccine safety risk management; (13) advises the World Health Organization (WHO) on global vaccine policies and strategies via the Strategic Advisory Group of Experts on Immunization; (14) provides technical support to state immunization programs for all aspects of vaccine-preventable diseases and their vaccines; (15) assists internal and external partners with other public health problems of national and international significance when needed; and (16) provides assistance with professional training for both internal and external partners.

Office of the Director (CJE1). (1) directs, coordinates, and manages the programs and activities of the division; (2) provides leadership and guidance on scientific strategy, policy, communications, partnerships, program planning and development, program management, and operations; (3) coordinates or assures coordination with the appropriate CDC and NCIRD offices on administrative and program matters; (4) reviews, prepares, and coordinates congressional testimony and briefing documents related to bacterial respiratory and vaccine-preventable diseases, and analyzes programmatic and policy implications of legislative proposals; (5) serves as CDC and NCIRD's primary internal and external communications contact regarding bacterial respiratory and vaccine-preventable disease issues; (6) advises CDC and NCIRD on policy and communications matters concerning the division's programs and activities; (7) assures the overall quality and integrity of the science conducted by the division; (8) coordinates division activities on cross-cutting agency initiatives; (9) guides and coordinates with division laboratory branches to implement quality management systems and maintain safety; (10) guides and facilitates efficient coordination and cooperation for administrative, programmatic, and scientific activities within the division, and with other groups in and outside of CDC; (11) provides statistical consultation for epidemiologic and laboratory research studies conducted by the division, including developing new methods for statistical applications; and (12) provides overall leadership, guidance, support, and coordination for the division's global health activities.

Pneumonia and Streptococcus Epidemiology Branch (CJEB). (1)

provides epidemiologic subject matter expertise and technical assistance for surveillance, prevention and control of respiratory and other syndromes caused by *Streptococcus pneumoniae*, group A and group B streptococci, and atypical respiratory bacteria (*Legionella*, *Mycoplasma*, and *Chlamydia* species), including outbreaks and antimicrobial-resistant infections, as well as community-acquired pneumonia, otitis media, and neonatal sepsis; (2) conducts surveillance and epidemiologic research for these diseases; (3) develops, implements, and evaluates prevention methods for these diseases, including vaccine and non-vaccine strategies; (4) supports development of vaccine policy through the ACIP process; (5) provides consultation and support to domestic and international partners on the use of vaccines and other prevention measures for bacterial respiratory diseases; (6) coordinates activities within and outside the division related to Active Bacterial Core surveillance with the Emerging Infections Program sites, and leverages other surveillance platforms that include bacterial respiratory diseases; and (7) collaborates with other CDC groups, other federal agencies, state, tribal, local, and territorial groups, ministries of health, WHO, private industry, academia, and other governmental and non-governmental organizations involved in public health.

Meningitis, Pertussis, and Diphtheria Epidemiology Branch (CJEC). (1) provides laboratory subject matter expertise and technical assistance for surveillance, prevention, and control of bacterial illness, including meningococcal disease, *Haemophilus influenzae* disease, diphtheria, pertussis, tetanus, and bacterial meningitis syndrome; (2) provides reference and diagnostic testing support for agents causing these diseases; (3) develops and evaluates new diagnostic methods for these bacterial pathogens; (4) develops, maintains, and implements genomic analyses of bacteria to enhance surveillance programs, outbreak investigations, and public health research; (5) provides leadership and expertise for the study of immunologic response to infection, vaccination, and therapeutic interventions against bacterial respiratory diseases; (6) ensures that the laboratory quality management system functions according to CDC policy and other regulatory requirements, *e.g.*, Clinical Laboratory Improvement Amendments (CLIA); maintains laboratory safety practices and provides guidance to ensure a safe work environment; (7) collaborates with other

CDC groups; other federal agencies; state, tribal, local, and territorial groups; ministries of health; WHO; private industry; academia; and other governmental and non-governmental organizations involved in public health; and (8) maintains World Health Organization Collaborating Center for Control and Prevention of Epidemic Meningitis.

Pneumonia and Streptococcus Laboratory Branch (CJED). (1) provides laboratory subject matter expertise and technical assistance for surveillance, prevention, and control of respiratory and other syndromes caused by *Streptococcus pneumoniae*, group A and group B streptococci, and atypical respiratory bacteria (*Legionella*, *Mycoplasma*, and *Chlamydia* species), including outbreaks and antimicrobial-resistant infections, as well as community-acquired pneumonia, otitis media, and neonatal sepsis; (2) provides reference and diagnostic testing support for bacterial respiratory diseases and for the identification of unknown gram-positive cocci; (3) develops and evaluates new diagnostic methods for bacterial respiratory pathogens; (4) develops, maintains, and implements genomic analyses of bacteria to enhance surveillance programs, outbreak investigations, and public health research; (5) maintains the World Health Organization Collaborating Center for Streptococcal Infections; (6) ensures that the laboratory quality management system functions according to CDC policy and other regulatory requirements, *e.g.*, CLIA; maintains laboratory safety practices and provides guidance to ensure a safe work environment; and (7) collaborates with other CDC groups; other federal agencies; state, tribal, local, and territorial groups; ministries of health; WHO; private industry; academia; and other governmental and non-governmental organizations involved in public health.

Meningitis, Pertussis, and Diphtheria Laboratory Branch (CJEE). (1) provides laboratory subject matter expertise and technical assistance for surveillance, prevention, and control of bacterial illness, including meningococcal disease, *Haemophilus influenzae* disease, diphtheria, pertussis, tetanus, and bacterial meningitis syndrome; (2) provides reference and diagnostic testing support for agents causing these diseases; (3) develops and evaluates new diagnostic methods for these bacterial pathogens; (4) develops, maintains, and implements genomic analyses of bacteria to enhance surveillance programs, outbreak investigations, and public health

research; (5) provides leadership and expertise for the study of immunologic response to infection, vaccination, and therapeutic interventions against bacterial respiratory diseases; (6) ensures that the laboratory quality management system functions according to CDC policy and other regulatory requirements, *e.g.* CLIA; maintains laboratory safety practices and provides guidance to ensure a safe work environment; (7) collaborates with other CDC groups; other federal agencies; state, tribal, local, and territorial groups, ministries of health, WHO, private industry, academia, and other governmental and non-governmental organizations involved in public health; and (8) maintains World Health Organization Collaborating Center for Control and Prevention of Epidemic Meningitis.

Delegations of Authority

All delegations and redelegations of authority made to officials and

employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.  
(Authority: 44 U.S.C. 3101)

**Robin D. Bailey,**  
*Chief Operating Officer, Centers for Disease Control and Prevention.*  
[FR Doc. 2024–16027 Filed 7–19–24; 8:45 am]  
**BILLING CODE 4163–18–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9149–N]

Medicare and Medicaid Programs;  
Quarterly Listing of Program  
Issuances—April Through June 2024

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

**ACTION:** Notice.

**SUMMARY:** This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published in the 3-month period, relating to the Medicare and Medicaid programs and other programs administered by CMS.

**FOR FURTHER INFORMATION CONTACT:** It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

Addenda	Contact	Phone No.
I CMS Manual Instructions .....	Ismael Torres .....	(410) 786–1864
II Regulation Documents Published in the <b>Federal Register</b> .....	Terri Plumb .....	(410) 786–4481
III CMS Rulings .....	Tiffany Lafferty .....	(410)786–7548
IV Medicare National Coverage Determinations .....	Wanda Belle, MPA .....	(410) 786–7491
V FDA-Approved Category B IDEs .....	John Manlove .....	(410) 786–6877
VI Collections of Information .....	William Parham .....	(410) 786–4669
VII Medicare-Approved Carotid Stent Facilities .....	Sarah Fulton, MHS .....	(410) 786–2749
VIII American College of Cardiology-National Cardiovascular Data Registry Sites.	Sarah Fulton, MHS .....	(410) 786–2749
IX Medicare’s Active Coverage-Related Guidance Documents .....	Lori Ashby, MA .....	(410) 786–6322
X One-time Notices Regarding National Coverage Provisions .....	JoAnna Baldwin, MS .....	(410) 786–7205
XI National Oncologic Positron Emission Tomography Registry Sites .....	David Dolan, MBA .....	(410) 786–3365
XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities.	David Dolan, MBA .....	(410) 786–3365
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities .....	Sarah Fulton, MHS .....	(410) 786–2749
XIV Medicare-Approved Bariatric Surgery Facilities .....	Sarah Fulton, MHS .....	(410) 786–2749
XV Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials .....	David Dolan, MBA .....	(410) 786–3365
All Other Information .....	Annette Brewer .....	(410) 786–6580

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners

(NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

**II. Format for the Quarterly Issuance Notices**

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the