TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2015–SEPTEMBER 30, 2016 (FISCAL YEAR 2016)—Continued

State	(1) Federal medical assistance percentages	(2) Enhanced federal medical assistance percentages for CHIP***	(3) Enhanced federal medical assistance percentages with ACA 23 pt increase for CHIP****
Iowa	54.91	68.44	91.44
Kansas	55.96	69.17	92.17
Kentucky	70.32	79.22	100.00
Louisiana	62.21	73.55	96.55
Maine	62.67	73.87	96.87
Maryland	50.00	65.00	88.00
Massachusetts	50.00	65.00	88.00
Michigan	65.60	75.92	98.92
Minnesota	50.00	65.00	88.00
Mississippi	74.17	81.92	100.00
Missouri	63.28	74.30	97.30
Montana	65.24	75.67	98.67
Nebraska	51.16	65.81	88.81
Nevada	64.93	75.45	98.45
New Hampshire	50.00	65.00	88.00
New Jersey	50.00	65.00	88.00
New Mexico	70.37	79.26	100.00
New York	50.00	65.00	88.00
North Carolina	66.24	76.37	99.37
North Dakota	50.00	65.00	88.00
Northern Mariana Islands*	55.00	68.50	91.50
Ohio	62.47	73.73	96.73
Oklahoma	60.99	72.69	95.69
Oregon	64.38	75.07	98.07
Pennsylvania	52.01	66.41	89.41
Puerto Rico*	55.00	68.50	91.50
Rhode Island	50.42	65.29	88.29
South Carolina	71.08	79.76	100.00
South Dakota	51.61	66.13	89.13
Tennessee	65.05	75.54	98.54
Texas	57.13	69.99	92.99
Utah	70.24	79.17	100.00
Vermont	53.90	67.73	90.73
Virgin Islands*	55.00	68.50	91.50
Virginia	50.00	65.00	88.00
Washington	50.00	65.00	88.00
West Virginia	71.42	79.99	100.00
Wisconsin	58.23	70.76	93.76
Wyoming	50.00	65.00	88.00

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum.

** The values for the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, the percentage for DC is 50.00, unless otherwise specified by law.

*** These eFMAP rates for CHIP are listed here for illustrative purposes only. They are superseded by the ACA 23 percentage point increase in column 3.

**** Section 2101(a) of the Affordable Care Act amended Section 2105(b) of the Social Security Act to increase the enhanced FMAP for states by 23 percentage points in CHIP, but not to exceed 100 percent, for the period that begins on October 1, 2015 and ends on September 30, 2019 (fiscal years 2016 through 2018).

Note: Both the normal eFMAP rates and the Affordable Care Act's increased eFMAP rates are displayed for comparison.

[FR Doc. 2014–28398 Filed 11–28–14; 11:15 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Advisory Committee on Children and Disasters

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) will be holding a meeting via teleconference. The meeting is open to the public.

DATES: The December 18, 2014, NACCD meeting is scheduled from 1:00 to 2:00 p.m. EST. The agenda is subject to change as priorities dictate. Please check the NACCD Web site, located at *www.phe.gov/naccd* for the most up-to-date information on the meeting.

ADDRESSES: To attend the meeting via teleconference, call toll-free 888–843–7185 pass-code 8233167. Please call 15 minutes prior to the beginning of the conference call to facilitate attendance. Pre-registration is required for public attendance. Individuals who wish to

attend the meeting should submit an inquiry via the NACCD Contact Form located at *www.phe.gov/NACCDComments.*

FOR FURTHER INFORMATION CONTACT: Please submit an inquiry via the NACCD Contact Form located at *www.phe.gov/NACCDComments.*

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), and section 2811A of the Public Health Service (PHS) Act (42 U.S.C. 300hh–10a), as added by section 103 of the Pandemic and All Hazards Preparedness Reauthorization Act of 2013 (Pub. L. 113–5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the National Advisory Committee on Children and Disasters (NACCD). The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters. The Office of the Assistant Secretary for Preparedness and Response (ASPR) provides management and administrative oversight to support the activities of the NACCD.

Background: This public meeting will be dedicated to the members voting to approve two task letters that the NACCD Chair received from the Assistant Secretary for Preparedness and Response.

Availability of Materials: The meeting agenda and materials will be posted on the NACCD Web site at: *www.phe.gov/naccd* prior to the meeting.

Procedures for Providing Public Input: All written comments must be received prior to December 17, 2014. Please submit comments via the NACCD Contact Form located at *www.phe.gov/NACCDComments.* Individuals who plan to attend and need special assistance should submit a request via the NACCD Contact Form located at *www.phe.gov/NACCDComments.*

Dated: November 25, 2014

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2014–28337 Filed 12–1–14; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–15FY]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

State Health Department Access to Electronic Health Record Data from Healthcare Facilities during a Healthcare-Associated Infection Outbreak: A Retrospective Assessment—New—National Center for Emerging and Zoonotic Infections Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Two years ago, contaminated steroid injections caused the largest fungal meningitis outbreak in the United States, affecting 20 states and resulting in 751 infections and 64 deaths. The subsequent healthcare-associated infection (HAI) outbreak response required significant collaboration between healthcare providers and facilities and public health departments (HDs). Following the outbreak response, HDs reported that various challenges with access to patient health information in electronic health records (EHRs) hindered the efficient and rapid identification of potential fungal meningitis cases in healthcare facilities. The fungal meningitis outbreak experience highlights the need to better understand the landscape of granting and using access to EHRs for outbreak investigations.

The Division of Healthcare Quality Promotion, the Office for State, Tribal, Local and Territorial Support, and the Office of Public Health Scientific Services at the Centers for Disease Control and Prevention (CDC) are partnering with Association of State and Territorial Health Officials and The Keystone Center to evaluate the challenges surrounding HDs access to EHRs in healthcare facilities' during an HAI outbreak investigation. The evaluation seeks to compile information across states from experts in the public and private sector to assess experiences, identify issues, and seek recommendations for improving HDs access to EHRs during future outbreaks. In addition to a study report, the insights from healthcare facility staff will be used to build a toolkit to help state HDs understand the perspectives and needs of the healthcare facilities related to EHR access. The toolkit will provide perceived barriers, recommendations to overcome those barriers, best practices that support EHR access, and practical tools such as templates, memorandums of understanding (MOUs), and policies. The toolkit will be distributed to HDs, healthcare facilities, and other