Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Robin Moseley, M.A.T., Designated Federal Officer, OID, CDC, 1600 Clifton Road NE., Mailstop D10, Atlanta, Georgia 30333, Telephone: (404) 639– 4461.

The Director, Management Analysis and Services Office 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.

#### Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2014–17739 Filed 7–28–14; 8:45 am] BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

#### Request for Nominations of Candidates To Serve on the Advisory Committee to the Director, Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for possible membership on the Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC). This committee consists of 15 experts in fields related to health policy, public health, global health, preparedness, preventive medicine, the faith-based and community-based sector, and allied fields who are selected by the Secretary of the U.S. Department of Health and Human Services (HHS). The committee advises the HHS Secretary and the CDC Director concerning policy and broad strategies that will enable CDC to fulfill its mission of protecting health through health promotion, prevention, and preparedness. The committee recommends ways to prioritize CDC's activities, improve results, and address health disparities. It also provides guidance to help CDC work more effectively with its various private and public sector constituents to make health protection a practical reality.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishment of the committee's mission. Nominees will be selected by the HHS Secretary or designee from

authorities knowledgeable in the fields of public health as well as from the general public. Members may be invited to serve for terms of up to four years.

The U.S. Department of Health and Human Services policy stipulates that committee membership shall be balanced in terms of professional training and background, points of view represented, and the committee's function. In addition to a broad range of expertise, consideration is given to a broad representation of geographic areas within the U.S., with diverse representation of both genders, ethnic and racial minorities, lesbian, gay, bisexual, and transgender and persons with disabilities. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government.

Candidates should submit the following items:

- Current *curriculum vitae*, including complete contact information (name, affiliation, mailing address, telephone number, email address);
- A letter of recommendation stating the qualifications of the candidate.

Nomination materials must be postmarked by August 31, 2014, and sent to: Gayle Hickman, Office of the Chief of Staff, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop D14, Atlanta, Georgia 30333, telephone (404) 639–7158.

The Director, Management Analysis and Services Office, 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.

#### Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval; Louisiana Medicaid State Plan Amendments (SPAs) 13–23, 13–25 and 13–28

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

**ACTION:** Notice of Hearing: Reconsideration of Disapproval.

**SUMMARY:** This notice announces an administrative hearing to be held on September 9, 2014, at the Department of Health and Human Services, Centers for Medicare & Medicaid Services, Division of Medicaid & Children's Health, Dallas Regional Office, 1301 Young Street, Room #801, 8th Floor Dallas, Texas 75202 to reconsider CMS' decision to disapprove Louisiana's Medicaid SPAs 13–23, 13–25 and 13–28.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by August 13, 2014.

### FOR FURTHER INFORMATION CONTACT: Benjamin R. Cohen, Presiding Officer, CMS, 2520 Lord Baltimore Drive, Suite

CMŚ, 2520 Lord Baltimore Drive, Suit L, Baltimore, Maryland 21244, Telephone: (410) 786–3169.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove the Louisiana Medicaid SPAs 13-23, 13-25 and 13-28. CMS received Louisiana SPAs 13-23 and 13-25 on June 27, 2013, and 13-28 on July 12, 2013 with proposed effective dates of June 24, 2013 and October 1, 2013, respectively. The amendments propose to provide for supplemental Medicaid inpatient hospital payments and disproportionate share hospital (DSH) payments to private hospitals participating in public-private partnerships. These SPAs were disapproved on May 2, 2014.

The issues to be considered at the hearing are:

 Whether the state established that Louisiana SPAs 13-23, 13-25 and 13-28 comply with section 1903(w) of the Social Security Act (the Act) which generally provides that state expenditures are not allowable to the extent that the state receives certain provider-related donations and taxes As set forth in implementing regulations at 42 Code of the **Federal Register** (CFR) 433.54, expenditures are not allowable, and federal financial participation (FFP) is not available, to the extent that the state receives provider-related donations and there is a "hold harmless arrangement" under which providers (or the provider class) could be effectively repaid for a provider-related tax or donation through any direct or indirect payment, offset, or waiver.

• Specifically, at issue is whether (1) the state established that certain payments from providers to the state (characterized by the state as advance lease payments) were not provider donations, when the state did not document such payments to be consistent with ordinary market business practices for leasing property;