

Item No.	Bureau	Subject
1	WIRELINE COMPETITION	<i>Title:</i> Enabling Text-to-988 (WC Docket No. 18–336). <i>Summary:</i> The Commission will consider a Second Report and Order that would require covered text providers to support text messaging to 988 by routing certain text messages sent to 988 to the National Suicide Prevention Hotline by July 16, 2022.
2	WIRELESS TELE-COMMUNICATIONS ..	<i>Title:</i> Enhanced Competition Incentive Program for Wireless Radio Services (WT Docket No. 19–38). <i>Summary:</i> The Commission will consider a Further Notice of Proposed Rulemaking proposing an Enhanced Competition Incentive Program (ECIP) and other rule changes intended to promote competition, access to spectrum by small carriers and Tribal Nations, and expanded rural wireless coverage.
3	MEDIA	<i>Title:</i> Updating FM Radio Directional Antenna Verification (MB Docket No. 21–422). <i>Summary:</i> The Commission will consider a Notice of Proposed Rulemaking to allow applicants proposing directional FM antennas the option of verifying the directional antenna pattern through computer modeling.
4	INTERNATIONAL	<i>Title:</i> Kinéis Low-Earth Orbit Satellites Market Access (IBFS File No. SAT–PDR–20191011–00113). <i>Summary:</i> The Commission will consider an Order and Declaratory Ruling on Kinéis’ petition to access the U.S. market using a low-earth orbit satellite system to provide connectivity for Internet of Things devices, as well as enhancements to maritime domain awareness through monitoring of maritime communications.

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The meeting will be webcast with open captioning at: www.fcc.gov/live. Open captioning will be provided as well as a text only version on the FCC website. Other reasonable accommodations for people with disabilities are available upon request. In your request, include a description of the accommodation you will need and a way we can contact you if we need more information. Last minute requests will be accepted but may be impossible to fill. Send an email to: fcc504@fcc.gov or call the Consumer & Governmental Affairs Bureau at 202–418–0530. Additional information concerning this meeting may be obtained from the Office of Media Relations, (202) 418–0500. Audio/Video coverage of the meeting will be broadcast live with open captioning over the internet from the FCC Live web page at www.fcc.gov/live.

Federal Communications Commission.

Marlene Dortch,

Office of the Secretary.

[FR Doc. 2021–25085 Filed 11–16–21; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL

[Docket No. AS21–07]

Appraisal Subcommittee; Notice of Meeting; Cancellation

AGENCY: Appraisal Subcommittee of the Federal Financial Institutions Examination Council.

ACTION: Notice of meeting; cancellation.

The Open Meeting, which was published in accordance with Section 1104(b) of Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989, as amended, at 86 FR 62168, November 9, 2021 and scheduled for Wednesday, November 17, 2021 at 10:00 a.m. ET, has been cancelled.

James R. Park,

Executive Director.

[FR Doc. 2021–25078 Filed 11–16–21; 8:45 am]

BILLING CODE 6700–01–P

FEDERAL MARITIME COMMISSION

[Docket No. 21–09]

Hapag-Lloyd, A.G. and Hapag-Lloyd (America) LLC.—Possible Violations; Order of Investigation and Hearing

AGENCY: Federal Maritime Commission.

DATES: The Order of Investigation and Hearing was served November 10, 2021.

ACTION: Notice of order of investigation and hearing.

SUPPLEMENTARY INFORMATION: On November 10, 2021, the Federal Maritime Commission instituted an Order of Investigation and Hearing entitled Hapag-Lloyd, A.G. and Hapag-Lloyd (America) LLC Possible Violations of 46 U.S.C. 41102(c). Acting pursuant to Section 41302 of Title 46 of the United States Code, that investigation is instituted to determine:

(1) Whether Hapag-Lloyd, A.G. and Hapag-Lloyd (America) LLC. are violating or have violated section 41102(c) of the Shipping Act by failing to establish, observe, and enforce just

and reasonable regulations and practices relating to its assessment of charges on containers when return locations with corresponding appointments were unavailable.

The Order may be viewed in its entirety at <http://www.fmc.gov/21-09>.

Authority: 46 U.S.C. 41302.

Rachel Dickon,

Secretary.

[FR Doc. 2021–25098 Filed 11–16–21; 8:45 am]

BILLING CODE 6730–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1760–N]

Medicare Program; Virtual Public Meetings in December 2021 for New Revisions to the Healthcare Common Procedure Coding System (HCPCS) Code Set

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

ACTION: Notice.

SUMMARY: This notice announces the dates and times of virtual Healthcare Common Procedure Coding System (HCPCS) public meetings to be held in December 2021 to discuss our preliminary coding recommendations for new revisions to the HCPCS Level II code set, as well as how to register for those meetings.

DATES:

Virtual meeting dates: Wednesday, December 1, 2021, 9 a.m. to 5 p.m.,

eastern standard time (e.s.t.), Thursday, December 2, 2021, 9 a.m. to 5 p.m., e.s.t.

Deadline for primary speaker registrations and presentation materials: The deadline for primary speakers to register and submit any supporting PowerPoint presentation, as well as any relevant studies published after the date the applicant submitted its HCPCS code application, is 5 p.m., e.s.t., Wednesday, November 17, 2021.

Deadline for 5-minute speaker registrations: The deadline for registering to be a 5-minute speaker is 5 p.m., e.s.t., Wednesday, November 17, 2021.

Deadline for registration for all other attendees: All individuals who plan to attend the virtual public meetings to listen, but do not plan to speak, must register to attend. Attendees can attend more than one meeting. Except for individuals who require special assistance, the deadline to register for each public meeting is the date of that public meeting. Individuals who plan to attend one or both of the virtual public meetings and require special assistance must register and request special assistance services by 5 p.m., e.s.t., Wednesday, November 17, 2021.

Registration Link: The registration link is posted on the CMS website at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings>. The same website also contains detailed information on how attendees can join the virtual public meetings using Zoom, including dial-in information for primary speakers, 5-minute speakers, and all other attendees.

Deadline for submission of written comments: In addition to primary speaker presentation materials noted above, CMS will accept written comments from any stakeholder pertaining to a HCPCS code application scheduled for discussion at the public meetings. The deadline for submission of written comments pertaining to a specific HCPCS code application is 5 p.m., e.s.t., on the date of the virtual public meeting at which the applicable HCPCS code application is scheduled for discussion. As part of CMS' response to the COVID-19 public health emergency (PHE), written comments will only be accepted when emailed to HCPCS_Level_II_Code_Applications@cms.hhs.gov.

ADDRESSES: *Virtual meeting location:* The December 1 and 2, 2021 HCPCS public meetings will be held virtually via Zoom only. The public meeting agendas (including the specific HCPCS code applications that will be discussed), meetings guidelines and the

information to join these meetings are published at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings>.

FOR FURTHER INFORMATION CONTACT: Kimberlee Combs, (410) 786-6707, or Kimberlee.Combsmiller@cms.hhs.gov; Irina Akelaitis, (410) 786-4602, or Irina.Akelaitis@cms.hhs.gov; Felicia Kyeremeh, (410) 786-1898, or Felicia.Kyeremeh@cms.hhs.gov; William Walker, (410) 786-5023, or William.Walker@cms.hhs.gov; Constantine Markos, (410) 786-0911, Constantine.Markos@cms.hhs.gov, or HCPCS_Level_II_Code_Applications@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, Congress enacted the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554). Section 531(b) of BIPA mandated that the Secretary establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). In the November 23, 2001, **Federal Register** (66 FR 58743), we published a notice providing information regarding the establishment of the annual public meeting process for DME.

In 2020, we implemented changes to our HCPCS coding procedures, including the establishment of quarterly coding cycles for drugs and biological products and bi-annual coding cycles for non-drug and non-biological items and services.

II. Virtual Meeting Registration

Because of the "Notice of the Continuation of the National Emergency Concerning the Coronavirus Disease 2019 (COVID-19) Pandemic"¹ issued on February 24, 2021, there will not be an in-person meeting. The December 1 and 2, 2021 HCPCS public meetings will be virtual and available for remote audio attendance and participation only via Zoom.

A. Required Information for Registration

The following information must be provided when registering online to attend:

- Name;
- Company name and address (if applicable);

¹ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/24/notice-on-the-continuation-of-the-national-emergency-concerning-the-coronavirus-disease-2019-covid-19-pandemic/>.

- Direct-dial telephone;
- Email address;
- Any special assistance requests (which, as stated above, will be considered if the registration is submitted by 5:00 p.m., e.s.t., Wednesday, November 17, 2021); and
- Whether the registrant is a primary speaker or a 5-minute speaker for an agenda item.

B. Additional Information

1. Primary Speakers

Each applicant that submitted a HCPCS code application that will be discussed at the virtual public meetings is permitted to designate a primary speaker. As stated above, we will accept PowerPoint presentations and relevant studies if those materials are emailed to HCPCS_Level_II_Code_Applications@cms.hhs.gov by 5 p.m., e.s.t., Wednesday, November 17, 2021. Due to the timeframe needed for planning and coordination of the HCPCS virtual public meetings, materials that are not submitted in accordance with these deadlines cannot be accommodated.

All PowerPoint presentation materials must not exceed 10 pages (each side of a page counts as 1 page). Newly relevant studies are not subject to this page limit.

Fifteen minutes is the total time interval for each presentation. In establishing the public meeting agenda, we may group multiple, related code requests under the same agenda item.

On the day of the virtual meeting that the primary speaker attends and speaks on a HCPCS code application, before 5 p.m., e.s.t., the primary speaker must email a brief written summary (one paragraph) of their comments and conclusions to HCPCS_Level_II_Code_Applications@cms.hhs.gov.

Every primary speaker must also declare at the beginning of their presentation at the meeting, as well as in their written summary, whether they have any financial involvement with the manufacturer of the item that is the subject of the HCPCS code application that the primary speaker presented, or any competitors of that manufacturer with respect to the item. This includes any payment, salary, remuneration, or benefit provided to that speaker by the applicant.

2. 5-Minute Speakers

As noted above, the deadline for registering to be a 5-minute speaker is 5 p.m., e.s.t., Wednesday, November 17, 2021.

On the day of the virtual meeting that the 5-minute speaker attends and speaks on a HCPCS code application, before 5 p.m., e.s.t., the 5-minute speaker must

email a brief written summary of their comments and conclusions to HCPCS_Level_II_Code_Applications@cms.hhs.gov. CMS will not accept any other written materials from a 5-minute speaker.

Every 5-minute speaker must also declare at the beginning of their presentation at the meeting, as well as in their written summary, whether they have any financial involvement with the manufacturer of the item that is the subject of the HCPCS code application that the 5-minute speaker presented, or any competitors of that manufacturer with respect to the item. This includes any payment, salary, remuneration, or benefit provided to that speaker by the applicant.

C. Additional Virtual Meeting/Registration Information

Prior to registering to attend a virtual public meeting, all potential participants and other stakeholders are advised to review the public meeting agendas at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings> which identify our preliminary coding recommendations, and the date each item will be discussed. All potential participants and other stakeholders are also encouraged to regularly check the HCPCS section of the CMS website at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings> for publication of the draft agendas, including a summary of each HCPCS code application and our preliminary recommendations.

The HCPCS section of the CMS website also includes details regarding the public meeting process for new revisions to the HCPCS code set, including information on how to join the meeting remotely, and guidelines for an effective presentation. The HCPCS section of the CMS website also contains a document titled "Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures," which is a description of the HCPCS coding process, including a detailed explanation of the procedures CMS uses to make HCPCS coding determinations.

III. Written Comments From Meeting Attendees Who Are Not Speakers

Written comments from anyone who is not a primary speaker or 5-minute speaker will only be accepted when emailed to HCPCS_Level_II_Code_Applications@cms.hhs.gov before 5 p.m., e.s.t., on the date of the virtual public meeting at which the HCPCS code application that is the subject of the comments is discussed.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: November 12, 2021.

Lynette Wilson,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2021-25132 Filed 11-15-21; 11:15 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-8079-N]

RIN 0938-AU48

Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rates, and Annual Deductible Beginning January 1, 2022

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces the monthly actuarial rates for aged (age 65 and over) and disabled (under age 65) beneficiaries enrolled in Part B of the Medicare Supplementary Medical Insurance (SMI) program beginning January 1, 2022. In addition, this notice announces the monthly premium for aged and disabled beneficiaries, the deductible for 2022, and the income-related monthly adjustment amounts to be paid by beneficiaries with modified adjusted gross income above certain threshold amounts. The monthly actuarial rates for 2022 are \$334.20 for aged enrollees and \$368.90 for disabled enrollees. The standard monthly Part B premium rate for all enrollees for 2022 is \$170.10, which is equal to 50 percent of the monthly actuarial rate for aged enrollees (or approximately 25 percent of the expected average total cost of Part B coverage for aged enrollees) plus the \$3.00 repayment amount required under current law. (The 2021 standard premium rate was \$148.50, which included the \$3.00 repayment amount.) The Part B deductible for 2022 is \$233.00 for all Part B beneficiaries. (The 2021 Part B deductible was \$203.00.) If a beneficiary has to pay an income-related monthly adjustment, he or she will have to pay a total monthly

premium of about 35, 50, 65, 80, or 85 percent of the total cost of Part B coverage plus a repayment amount of \$4.20, \$6.00, \$7.80, \$9.60, or \$10.20, respectively.

DATES: The premium and related amounts announced in this notice are effective on January 1, 2022.

FOR FURTHER INFORMATION CONTACT: M. Kent Clemens, (410) 786-6391.

SUPPLEMENTARY INFORMATION:

I. Background

Part B is the voluntary portion of the Medicare program that pays all or part of the costs for physicians' services; outpatient hospital services; certain home health services; services furnished by rural health clinics, ambulatory surgical centers, and comprehensive outpatient rehabilitation facilities; and certain other medical and health services not covered by Medicare Part A, Hospital Insurance. Medicare Part B is available to individuals who are entitled to Medicare Part A, as well as to U.S. residents who have attained age 65 and are citizens and to aliens who were lawfully admitted for permanent residence and have resided in the United States for 5 consecutive years. Part B requires enrollment and payment of monthly premiums, as described in 42 CFR part 407, subpart B, and part 408, respectively. The premiums paid by (or on behalf of) all enrollees fund approximately one-fourth of the total incurred costs, and transfers from the general fund of the Treasury pay approximately three-fourths of these costs.

The Secretary of the Department of Health and Human Services (the Secretary) is required by section 1839 of the Social Security Act (the Act) to announce the Part B monthly actuarial rates for aged and disabled beneficiaries as well as the monthly Part B premium. The Part B annual deductible is included because its determination is directly linked to the aged actuarial rate.

The monthly actuarial rates for aged and disabled enrollees are used to determine the correct amount of general revenue financing per beneficiary each month. These amounts, according to actuarial estimates, will equal, respectively, one-half of the expected average monthly cost of Part B for each aged enrollee (age 65 or over) and one-half of the expected average monthly cost of Part B for each disabled enrollee (under age 65).

The Part B deductible to be paid by enrollees is also announced. Prior to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173), the Part