

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Lead Exposure and Prevention Advisory Committee (LEPAC)

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

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Lead Exposure and Prevention Advisory Committee (LEPAC). This is a virtual meeting and is open to the public. Advance registration by April 28, 2022, is needed to receive the information to join the meeting. The registration link is provided in the **ADDRESSES** section below.

**DATES:** The meeting will be held on May 12, 2022, from 9:00 a.m. to 4:30 p.m., EDT.

**ADDRESSES:** Register in advance at [https://www.zoomgov.com/webinar/register/WN\\_JpapSgFXRkmeHVU9hW4jVQ](https://www.zoomgov.com/webinar/register/WN_JpapSgFXRkmeHVU9hW4jVQ) to receive information to join the meeting.

**FOR FURTHER INFORMATION CONTACT:** Alexis Pullia, M.P.H., C.P.H., Committee Management Specialist, National Center for Environmental Health, CDC, 4770 Buford Highway, Atlanta, Georgia 30341, Telephone: 770-488-3300; Email: [LEPAC@cdc.gov](mailto:LEPAC@cdc.gov).

#### SUPPLEMENTARY INFORMATION:

**Background:** The Lead Exposure and Prevention Advisory Committee was established under Section 2203 of Public Law 114-322, the Water Infrastructure Improvements for the Nation Act; 42 U.S.C. 300j-21, Registry for Lead Exposure and Prevention Advisory Committee.

**Purpose:** The LEPAC is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), and the Director, CDC and Administrator, ATSDR, on (1) reviewing Federal programs and services available to individual communities exposed to lead; (2) reviewing current research on lead exposure to identify additional research needs; (3) reviewing and identifying best practices, or the need for best practices regarding lead screening and the prevention of lead poisoning; (4) identifying effective services, including services relating to healthcare, education, and nutrition for individuals and communities affected by lead exposure and lead poisoning,

including in consultation with, as appropriate, the lead exposure registry as established in Section 2203(b) of Public Law 114-322; and 5) undertaking any other review or activities that the Secretary determines to be appropriate.

**Matters To Be Considered:** The agenda will include updates on the Flint Lead Registry and lead-related activities from LEPAC Members; information on lead exposure in Clarksburg, West Virginia; and discussions on the following: Infrastructure initiatives related to lead; lead in air, soil, and blood; navigating multiple funding streams at the local level; and policy approaches to improve childhood blood lead testing rates. Agenda items are subject to change as priorities dictate.

#### Public Participation

**Oral Public Comment:** The public comment period is scheduled on May 12, 2022, from 12:00 p.m. until 12:15 p.m., EDT. Individuals wishing to make a comment during the public comment period, please email your name, organization, and phone number by April 28, 2022, to [LEPAC@cdc.gov](mailto:LEPAC@cdc.gov).

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3416-FN]

#### Medicare and Medicaid Programs; Continued Approval of the American Association for Accreditation of Ambulatory Surgery Facilities' Rural Health Clinic Accreditation Program

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

**ACTION:** Final notice.

**SUMMARY:** This final notice announces our decision to approve the American Association for Accreditation of

Ambulatory Surgery Facilities (AAAASF) for continued recognition as a national accrediting organization for Rural Health Clinics (RHCs) that wish to participate in the Medicare or Medicaid programs.

**DATES:** The decision in this final notice is effective March 23, 2022, through March 23, 2026.

**FOR FURTHER INFORMATION CONTACT:** Lillian Williams, (410) 786-8636, or Shonte Carter, (410) 786-3532.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

A healthcare provider may enter into an agreement with Medicare to participate in the program as a Rural Health Clinic (RHC) provided certain requirements are met. Section 1861(aa)(2) and 1905(l)(1) of the Social Security Act (the Act), establish distinct criteria for facilities seeking designation as RHCs for Medicare and Medicaid, respectively. Regulations concerning Medicare provider agreements are at 42 CFR part 489 and those pertaining to the survey and certification for Medicare participation of certain providers and suppliers are at 42 CFR part 488. The regulations at 42 CFR part 491 specify the conditions that a facility must meet to participate in the Medicare program as an RHC.

Generally, to enter into a Medicare provider agreement, an RHC must first be certified by a State survey agency as complying with the conditions set forth in part 491 of our Medicare regulations. Thereafter, the RHC is subject to periodic surveys by a State survey agency to determine whether it continues to meet these conditions. However, there is an alternative to certification surveys by State agencies. Accreditation by an approved, nationally recognized Medicare accreditation program may substitute for both initial and ongoing review.

Section 1865(a)(1) of the Act provides that, if the Secretary of the Department of Health and Human Services finds that accreditation of a provider entity by an approved national accreditation organization demonstrates that all applicable Medicare conditions or requirements are met or exceeded, we will deem those provider entities as having met such requirements. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

Subpart A of part 488 requires in part that a national accrediting organization applying for approval of its Medicare accreditation program provide us with reasonable assurance that the accrediting organization requires its