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Livagh Chapman Jr.,

Deputy Assistant General Counsel, Office of Aviation Consumer Protection.

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BILLING CODE 4910-9X-C

DEPARTMENT OF THE TREASURY

Community Development Financial Institutions Fund

Open Meeting: Community Development Advisory Board

ACTION: Notice of open meeting.

SUMMARY: This notice announces an open meeting of the Community Development Advisory Board (the Advisory Board), which provides advice to the Director of the Community Development Financial Institutions Fund (CDFI Fund). This meeting will be conducted virtually. A link to view the meeting will be posted under the date of the meeting at www.cdfifund.gov/cdab.

DATES: The meeting will be held from 2 p.m. to 4 p.m. eastern time on Tuesday, November 28, 2023.

Submission of Written Statements: Participation in the discussions at the meeting will be limited to Advisory Board members, Department of the Treasury staff, and certain invited guests. Anyone who would like to have the Advisory Board consider a written statement must submit it by 5 p.m. eastern time on Monday, November 20, 2023. Send electronic statements to AdvisoryBoard@cdfi.treas.gov.

In general, the CDFI Fund will make all statements available in their original format, including any business or personal information provided such as names, addresses, email addresses, or telephone numbers, for virtual public inspection and copying. The CDFI Fund is open on official business days between the hours of 9 a.m. and 5 p.m. eastern time. You can make arrangements to virtually inspect statements by emailing AdvisoryBoard@cdfi.treas.gov. All statements received, including attachments and other supporting materials, are part of the public record and subject to public disclosure. You should only submit information that you wish to make publicly available.

FOR FURTHER INFORMATION CONTACT: Bill Luecht, Senior Advisor, Office of Legislative and External Affairs, CDFI Fund; (202) 653-0322 (this is not a toll-free number); or AdvisoryBoard@cdfi.treas.gov. Other information regarding the CDFI Fund and its

programs may be obtained through the CDFI Fund's website at <https://www.cdfifund.gov>.

SUPPLEMENTARY INFORMATION: Section 104(d) of the Riegle Community Development and Regulatory Improvement Act of 1994 (Pub. L. 103-325), which created the CDFI Fund, established the Advisory Board. The charter for the Advisory Board has been filed in accordance with the Federal Advisory Committee Act, as amended (5 U.S.C. 1001 *et seq.*), and with the approval of the Secretary of the Treasury.

The function of the Advisory Board is to advise the Director of the CDFI Fund (who has been delegated the authority to administer the CDFI Fund) on the policies regarding the activities of the CDFI Fund. The Advisory Board is not a governing board, and it does not advise the CDFI Fund on approving or declining any particular application for monetary or non-monetary awards.

In accordance with section 10(a) of the Federal Advisory Committee Act, 5 U.S.C. 1009 and the regulations thereunder, Bill Luecht, Designated Federal Officer of the Advisory Board, has ordered publication of this notice that the Advisory Board will convene an open meeting, which will be conducted virtually, from 2 p.m. to 4 p.m. eastern time on Tuesday, November 28, 2023. Members of the public who wish to view the virtual meeting will be required to register upon entering into the virtual meeting, which can be accessed 30 minutes prior to its scheduled start time. The link to view the meeting will be posted under the date of the meeting at <https://www.cdfifund.gov/cdab>.

The Advisory Board meeting will include an update from Acting Director Sigal on the CDFI Fund's programs and CDFI Certification.

Authority: 12 U.S.C. 4703.

Marcia Sigal,

Acting Director, Community Development Financial Institutions Fund.

[FR Doc. 2023-24942 Filed 11-9-23; 8:45 am]

BILLING CODE 4810-70-P

DEPARTMENT OF VETERANS AFFAIRS

Annual Pay Ranges for Physicians, Dentists and Podiatrists of the Veterans Health Administration

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: VA is hereby giving notice of annual pay ranges, which is the sum of

the base pay rate and market pay for VHA physicians, dentists and podiatrists as prescribed by the Secretary for Department-wide applicability. These annual pay ranges are intended to enhance the flexibility of the Department to recruit, develop and retain the most highly qualified providers to serve the Nation's Veterans and maintain a standard of excellence in the VA health care system.

DATES: Annual pay ranges are applicable on January 14, 2024.

FOR FURTHER INFORMATION CONTACT:

Leah Brady, Supervisory Human Resources (HR) Specialist, Human Resources Center of Expertise, VHA Workforce Management and Consulting (10A2A), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, 842-288-7894. This is not a toll-free number.

SUPPLEMENTARY INFORMATION: Under 38 U.S.C. 7431(e)(1)(A), not less often than once every 2 years, the Secretary must prescribe for Department-wide applicability the minimum and maximum amounts of annual pay that may be paid to VHA physicians, dentists and podiatrists. 38 U.S.C. 7431(e)(1)(B) allows the Secretary to prescribe separate minimum and maximum amounts of annual pay for a specialty or assignment. Pursuant to 38 U.S.C. 7431(e)(1)(C), amounts prescribed under section 7431(e) shall be published in the **Federal Register** and shall not take effect until at least 60 days after the date of publication.

In addition, under 38 U.S.C. 7431(e)(4), the total amount of compensation paid to a physician, dentist or podiatrist under title 38 of the United States Code cannot exceed, in any year, the amount of annual compensation (excluding expenses) of the President. For the purposes of section 7431(e)(4), "the total amount of compensation" includes base pay, market pay, performance pay, and fee basis earnings, but excludes recruitment, relocation, retention incentives,¹ awards for performance and special contributions from total compensation calculations.

Background

The "Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004" (Pub. L. 108-445) was signed by the President on December 3, 2004.

¹ In accordance with title IX, section 906 of the "Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022" (Pub. L. 117-168, dated August 10, 2022), recruitment, relocation and retention incentives, along with performance awards, shall not be considered in calculating the limitation under 38 U.S.C. 7431(e)(4).

The law’s major provisions established a new pay system for VHA physicians and dentists consisting of base pay, market pay and performance pay. These three components create a system of pay that is driven by both market indicators and employee performance, while recognizing employee tenure in VHA. While the base pay component is set by statute, market pay is intended to reflect the recruitment and retention needs for the specialty or assignment of a particular physician or dentist at a facility. Further, performance pay is intended to recognize the achievement of specific goals and performance objectives prescribed annually.

On April 8, 2019, the President signed Public Law 116–12, which amended 38 U.S.C. 7431 to include podiatrists within the physician and dentist pay system, authorizing podiatrists to receive base pay, market pay and performance pay. With the amendment, podiatrists are also subject to the same limitations and requirements as physicians and dentists under section 7431.

VA will consolidate pay table 1 and 2, resulting in the elimination of a pay table. Changes to the minimum and maximum amounts for the revised pay tables 1 and 2 have been made. The maximum amount for the former pay table 3 (now pay table 2) remains unchanged since the 2016 publication in the **Federal Register**. Pay tables 1 and 2 will cover the clinical specialties, with pay tables 3 and 4 covering the executive assignments.

Discussion

VA identified and utilized salary survey data sources which most closely represent VA comparability in the areas of practice setting, employment environment and hospital/health care systems. The Association of American Medical Colleges, Sullivan Cotter and Associates, Medical Group Management Association, Korn Ferry Healthcare National and Executive Report, Mercer Integrated Health Networks and the Survey of Dental Practice published by the American Dental Association were collectively utilized as benchmarks to prescribe annual pay ranges across the scope of assignments/specialties within the Department. While aggregating the data, a preponderance of weight was given to those surveys which most directly resembled the environment of the Department.

VA continued the practice of grouping specialties into consolidated pay ranges to accommodate the more than 40 specialties that currently exist in the VA system. This allows VA to use multiple

salary survey data sources to minimize disparities and aberrations that may surface from data involving smaller samples that change from year to year. Aggregating multiple survey sources into like groupings results in greater confidence that the average compensation reported is truly representative. The aggregation of data provides for a large enough sample size to provide maximum flexibility for pay setting for VHA physicians, dentists and podiatrists.

In developing the annual pay ranges, distinctive principles were factored into the compensation analysis of the data. The first principle is to ensure that the minimum and maximum salaries are at a level that accommodates special employment situations from fellowships and medical research career development awards to Nobel Laureates; high-cost areas; and internationally renowned clinicians. The second principle provides ranges large enough to accommodate career progression, geographic differences, sub-specialization and other special factors.

Clinical specialties were reviewed against available, relevant private sector data. The specialties are grouped into two (formerly three) clinical pay ranges that reflect comparable complexity in salary, recruitment and retention considerations. The Steering Committee recommendations included consolidating the former pay tables 1 and 2, designating two clinical pay ranges (pay tables 1 and 2) for the varying clinical specialties and designating pay tables 3 and 4 for executive assignments. The Steering Committee also made recommendations to add new and realign existing specialties to different clinical pay ranges, as well as changes to the minimum and maximum pay ranges.

Tier level	Minimum	Maximum
Pay Table 1—Clinical Specialty		
Tier 1	\$115,587	\$300,000
Tier 2	145,000	320,000
Tier 3	165,000	336,000

Pay Table 1—Covered Clinical Specialties		
Allergy and Immunology, Endocrinology, Endodontics, Family Medicine, General Practice—Dentistry, Geriatrics, Health Informatics, Hospitalist, Infectious Diseases, Internal Medicine, Neurology, Nocturnist, Palliative Care, Periodontics, Physical Medicine & Rehabilitation/Spinal Cord Injury, Podiatry (General), Preventive Medicine, Primary Care, Prosthodontics, Psychiatry, Rheumatology, Sleep Medicine, All other specialties or assignments.		

Pay Table 2—Clinical Specialty		
Tier level	Minimum	Maximum
Tier 1	\$115,587	\$400,000
Tier 2	200,000	400,000

Pay Table 2—Covered Clinical Specialties		
Anatomic Pathology, Anesthesiology, Cardiology (Invasive/Non-Interventional), Cardiology (Non-Invasive), Cardio-Thoracic Surgery, Critical Care, Dermatology, Dermatology (Mohs), Emergency Medicine, Gastroenterology, General Surgery, Gynecology, Hematology—Oncology, Interventional Cardiology, Interventional Radiology, Nephrology, Neurosurgery, Nuclear Medicine, Ophthalmology, Oral Surgery, Orthopedic Surgery, Otolaryngology, Pain Management (Interventional & Non-Operating Room Anesthesiology), Pain Management (PM&R), Pathology, Plastic Surgery, Podiatry (Surgery-Forefoot, Rearfoot/Ankle, Advanced Rearfoot/Ankle), Pulmonary, Radiology (Diagnostic), Radiation Oncology, Urology, Vascular Surgery.		

Pay Table 3—Chief Medical Officer Assignments		
Tier level	Minimum	Maximum
Tier 1	\$150,000	\$400,000
Tier 2	147,000	375,000
Tier 3	145,000	350,000
Tier 4	140,000	325,000

Pay Table 3—Covered Assignments		
The recommendation is to decouple VHA Chiefs of Staff and Network Chief Medical Officers Tier assignments for Chiefs of Staff from their complexity levels to address recruitment and retention issues. By decoupling the provider from their facility, this allows individual qualifications to be acknowledged.		
Tier 1—Network Chief Medical Officer.		
Tier 2—Chief of Staff.		
Tier 3—Deputy Network Chief Medical Officer and Deputy Chief of Staff.		
Tier 4—Associate Chief of Staff.		

Pay Table 4—Executive Assignments		
Tier level	Minimum	Maximum
Tier 1	\$145,000	\$310,000
Tier 2	145,000	295,000
Tier 3	145,000	285,000

No discussions took place regarding pay table 4 (formerly pay table 5) other than the pay table number changing due to combining of other pay tables.

Tier level		
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Pay Table 4—Covered Assignments

Deputy Under Secretary for Health; Assistant Under Secretaries for Health; Associate Deputy Under Secretary for Health; Assistant Deputy Under Secretary for Health; Chief Officers (VHA Central Office (CO)); Network Directors; Medical Center Directors; Executive Directors (VHA CO); Deputy to the Assistant Under Secretaries for Health; Chief Consultants (VHA CO); Deputy Chief Officers (VHA CO); Deputy Network Directors; Deputy Medical Center Directors; Deputy Chief Consultants (VHA CO); Deputy to the Executive Directors (VHA CO); VHA CO physicians, dentists or podiatrists (non-Senior Executive Service equivalents) with an administrative/executive role for more than 50% of their full-time equivalent.

Signing Authority

Denis McDonough, Secretary of Veterans Affairs, approved and signed this document on October 24, 2023, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

Luvenia Potts,

Regulation Development Coordinator, Office of Regulation Policy & Management, Office of General Counsel, Department of Veterans Affairs.

[FR Doc. 2023–24893 Filed 11–9–23; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–NEW]

Agency Information Collection
Activity: Monthly Progress Report-Veteran Readiness and Employment

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Veterans Benefits Administration, Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed new collection, and allow 60 days for public comment in response to the notice.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before January 12, 2024.

ADDRESSES: Submit written comments on the collection of information through Federal Docket Management System (FDMS) at www.Regulations.gov or to Nancy J. Kessinger, Veterans Benefits Administration (20M33), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420 or email to nancy.kessinger@va.gov. Please refer to “OMB Control No. 2900–NEW” in any correspondence. During the comment period, comments may be viewed online through FDMS.

FOR FURTHER INFORMATION CONTACT:

Maribel Aponte, Office of Enterprise and Integration, Data Governance Analytics (008), 810 Vermont Ave. NW, Washington, DC 20420, (202) 266–4688 or email maribel.aponte@va.gov. Please refer to “OMB Control No. 2900–NEW” in any correspondence.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995, Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites

comments on: (1) whether the proposed collection of information is necessary for the proper performance of VBA’s functions, including whether the information will have practical utility; (2) the accuracy of VBA’s estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Authority: 38 U.S.C 3116 and 3117.

Title: Monthly Progress Report-Veteran Readiness and Employment.

OMB Control Number: 2900–NEW.

Type of Review: New collection.

Abstract: VA Form 28–10289 is primarily used to gather information to determine the Veteran’s monthly employment progress as outlined in his or her Individualized Employment Assistance Plan. Without this information, VR&E service is unable to ensure that program participants are receiving the necessary employment services to ensure the successful completion of their rehabilitation program.

Affected Public: Individuals and households.

Estimated Annual Burden: 3,897 hours.

Estimated Average Burden per Respondent: 15 minutes.

Frequency of Response: Monthly.

Estimated Number of Respondents: 15,586.

By direction of the Secretary.

Maribel Aponte,

VA PRA Clearance Officer, Office of Enterprise and Integration/Data Governance Analytics, Department of Veterans Affairs.

[FR Doc. 2023–24918 Filed 11–9–23; 8:45 am]

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