pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than February 7, 2024.

A. Federal Reserve Bank of Atlanta (Erien O. Terry, Assistant Vice President) 1000 Peachtree Street NE, Atlanta, Georgia 30309; Comments can also be sent electronically to *Applications.Comments@atl.frb.org*]:

1. *Eureka Investor Group, Inc., Birmingham, Alabama;* to become a bank holding company by acquiring Eureka Homestead Bancorp, Inc., a savings and loan holding company, and thereby indirectly acquire Eureka Homestead, a savings association subsidiary, both of Metairie, Louisiana. In addition, Eureka Homestead Bancorp, Inc. will convert from a savings and loan holding company to a bank holding company in connection with Eureka Homestead's conversion from a savings association to a national bank.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2024–00166 Filed 1–8–24; 8:45 am]

BILLING CODE P

GOVERNMENT ACCOUNTABILITY OFFICE

Request for Medicare Payment Advisory Commission (MedPAC) Nominations

AGENCY: U.S. Government Accountability Office.

ACTION: Request for letters of nomination and resumes.

SUMMARY: The Balanced Budget Act of 1997 established the Medicare Payment Advisory Commission (MedPAC) and gave the Comptroller General responsibility for appointing its members. The U.S. Government Accountability Office (GAO) is now accepting nominations for MedPAC appointments that will be effective in May 2024. Nominations should be sent to the email address listed below. Acknowledgement of receipt will be provided within a week of submission.

DATES: Letters of nomination and resumes should be submitted no later than February 9, 2024, to ensure adequate opportunity for review and consideration of nominees prior to appointment.

ADDRESSES: Submit letters of nomination and resumes to *MedPACappointments@gao.gov.*

FOR FURTHER INFORMATION CONTACT: Gregory Giusto at (202) 512–8268 or *giustog@gao.gov* if you do not receive an acknowledgement or need additional information. For general information, contact GAO's Office of Public Affairs at (202) 512–4800.

Authority: 42 U.S.C. 1395b–6.

Gene L. Dodaro,

Comptroller General of the United States.

[FR Doc. 2024–00181 Filed 1–8–24; 8:45 am]

BILLING CODE 1610–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to 5 U.S.C. 1009(d), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)–RFA–PS–24–040, Understanding Infant Feeding Preferences, Practices, and Outcomes for Mothers and other Parents with HIV in the United States.

Date: March 28, 2024.

Time: 10 a.m.–5 p.m., EDT.

Place: Videoconference.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Seraphine Pitt Barnes, Ph.D., M.P.H., C.H.E.S., Scientific Review Officer, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H24–6, Atlanta, Georgia 30329–4027. Telephone: (770) 488–6115; Email: *SPittBarnes@cdc.gov.*

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

[FR Doc. 2024–00214 Filed 1–8–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10398 #43, #45, and #48]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Comment Request

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

ACTION: Notice.

SUMMARY: On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance related to the ''generic'' clearance process. Generally, this is an expedited process by which agencies may obtain OMB's approval of collection of information requests that are ''usually voluntary, low-burden, and uncontroversial collections,'' do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. On October 23, 2011, OMB approved our initial request to use the generic clearance process under control number 0938–1148 (CMS–10398). It was last approved on April 26, 2021, via the standard PRA process which included the publication of 60- and 30-day **Federal Register** notices. The scope of the April 2021 umbrella accounts for Medicaid and CHIP State plan amendments, waivers, demonstrations, and reporting. This **Federal Register** notice seeks public comment on one or more of our collection of information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit comments regarding our burden estimates or any other aspect of this collection of information, including: the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by January 23, 2024.

ADDRESSES: When commenting, please reference the applicable form number (CMS–10398 #see below) and the OMB control number (0938–1148). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: CMS–10398 (#____)/OMB control number: 0938–1148, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRAListing.*

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collections

1. Title of Information Collection: Certified Community Behavioral Health Clinic (CCBHC) Cost Report; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* The CCBHC cost report allows clinics in the demonstration to calculate Prospective Payment System (PPS) rates using clinic-specific cost and visit data associated with delivery of the nine statutory services as outlined under the authorizing Protecting Access to Medicare Act (PAMA) (Pub. L. 113–93) at section 223(D) Scope of Services. Currently CCBHCs use the cost report to calculate rates based on the existing CC PPS–1 daily, or CC PPS–2 monthly rate that do not include separate crisis rate options. Calculation of the new daily and monthly special crisis services PPS rates required CMS to revise the existing CCBHC cost report to include addition worksheets to address the new crisis rate offerings being finalized in the CCBHC Technical Guide. SCS rates would be effective beginning January 1, 2024, for any existing states that may be interested in implementing either CC PPS–3 or CC PPS–4, and new states entering the program by July 2024 will have the option to choose from among the four PPS rate options made available under the updated Technical Guide and CCBHC cost report.

States and clinics selecting either the CC PPS–3 or CC PPS–4 crisis rate methodology will require additional time to separate costs and visit data for up to three special crisis services rates. CCBHCs in states that choose CC PPS–2 rate methodology will require additional time to gather data for special populations and account for outlier thresholds.

Because use of this cost report involves participation in the CCBHC demonstration program, the information is expected to be collected annually, assuming rates are trended forward for the second year of the program using the Medicare Economic Index (MEI), rebased in the third year of the demonstration and trended forward for the fourth year of the demonstration using the MEI. However, if the state requires CCBHCs to rebase rates for other years of the demonstration using CCBHC cost report data, the provider would be required to complete the cost report each time the state rebases the rate. CMS does also require CCBHC demonstration states to submit cost reports in trended years although rates may only reflect changes based on MEI adjustment for inflationary changes. *Form Number:* CMS–10398 #43 (OMB control number: 0938–1148); *Frequency:* Annual; *Affected Public:* Private Sector (Businesses or other for profits and Not for profit institutions) and State, Local, or Tribal Governments; *Number of Respondents:* 60; *Total Annual Responses:* 60; *Total Annual Hours: 3,389.* (For policy questions regarding this collection contact: Beverly Boston at 410–786–4186.)

2. Title of Information Collection: Certified Community Behavioral Health Clinic (CCBHC) 2024 State Proposal Demonstration Application; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Based on recent extension and expansion of the CCBHC Demonstration under section 11001 of Bipartisan Safer Communities Act [1] (BSCA) of 2022, the State Proposal Demonstration Application is required to be completed by existing CCBHC grantee states and submitted to the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to determine state readiness and eligibility to be selected as one of the 10 new states added to the CCBHC demonstration in 2024 and every two years thereafter per the BSCA legislation. The awarding of Planning Grants to states was the first phase of a two-phase process. Phase II will consist of participation in the demonstration. *Form Number:* CMS–10398 #45 (OMB control number: 0938–1148); *Frequency:* One time and On occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 30; *Total Annual*

[1] Bipartisan Safer Communities Act.

Responses: 30; *Total Annual Hours: 1,790.* (For policy questions regarding this collection contact: Beverly Boston at 410–786–4186.)

3. Title of Information Collection: Behavioral Health Clinic Quality Data Reporting; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* This Information Collection concerns the Behavioral Health Clinic Quality Data Reporting Template (hereinafter ''Reporting Template'' or ''Template''), developed in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Assistant Secretary for Planning and Evaluation (ASPE) (collectively, ''the Agencies''). The Reporting Template is designed to collect quality measure data and to report at the clinic level. The Agencies developed the Template to provide states and clinics with a streamlined and structured tool to report quality measures data. The Reporting Template aims to eliminate the time required for states or clinics to develop their own reporting templates for quality measure data reporting and minimizes inconsistencies in reporting. Furthermore, the Reporting Template, with its accompanying instructions, support an innovative approach to improve behavioral health, a key focus of health care reform. *Form Number:* CMS–10398 (#48) (OMB control number: 0938–1148); *Frequency:* Annual; *Affected Public:* Private Sector (Businesses or other for profits and Not for profit institutions) and State, Local, or Tribal Governments; *Number of Respondents:* 429; *Total Annual Responses:* 1,009; *Total Annual Hours: 6,814.* (For policy questions regarding this collection contact: Beverly Boston at 410–786–4186.)

Dated: January 4, 2024.

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2024–00205 Filed 1–8–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2020–N–0026]

Issuance of Priority Review Voucher; Rare Pediatric Disease Product

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the issuance of a priority review voucher to the sponsor of a rare pediatric disease product application. The Federal Food, Drug, and Cosmetic Act (FD&C Act) authorizes FDA to award priority review vouchers to sponsors of approved rare pediatric disease product applications that meet certain criteria. FDA is required to publish notice of the award of the priority review voucher. FDA has determined that CASGEVY (exagamglogene autotemcel), manufactured by Vertex Pharmaceuticals, Inc., meets the criteria for a priority review voucher.

FOR FURTHER INFORMATION CONTACT: Myrna Hanna, Center for Biologics Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 71, Rm. 7301, Silver Spring, MD 20993–0002, 240–402–7911.

SUPPLEMENTARY INFORMATION: FDA is announcing the issuance of a priority review voucher to the sponsor of an approved rare pediatric disease product application. Under section 529 of the FD&C Act (21 U.S.C. 360ff), FDA will award priority review vouchers to sponsors of approved rare pediatric disease product applications that meet certain criteria. FDA has determined that CASGEVY (exagamglogene autotemcel), manufactured by Vertex Pharmaceuticals, Inc., meets the criteria for a priority review voucher.

CASGEVY (exagamglogene autotemcel) is indicated for treatment of sickle cell disease in patients 12 years of age and older with recurrent vaso-occlusive crises.

For further information about the Rare Pediatric Disease Priority Review Voucher Program and for a link to the full text of section 529 of the FD&C Act, go to *https://www.fda.gov/industry/developing-products-rare-diseases-conditions/rare-pediatric-disease-rpd-designation-and-voucher-programs.* For further information about CASGEVY (exagamglogene autotemcel), go to the Center for Biologics Evaluation and Research's Approved Cellular and Gene Therapy Products website at *https://www.fda.gov/vaccines-blood-biologics/cellular-gene-therapy-products/approved-cellular-and-gene-therapy-products.*

Dated: January 4, 2024.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2024–00263 Filed 1–8–24; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–N–0987]

Agency Information Collection Activities; Proposed Collection; Comment Request; Generic Clearance for the Collection of Qualitative Data on Tobacco Products and Communications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the collection of qualitative data on tobacco products and communications.

DATES: Either electronic or written comments on the collection of information must be submitted by March 11, 2024.

ADDRESSES: You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of March 11, 2024. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such