conference login information and the agenda to registrants from the *CPSTF@cdc.gov* mailbox approximately two weeks before the meeting start date.

To register for the meeting, individuals should send an email to *CPSTF@cdc.gov* and include the following information: name, title, organization name, organization address, phone, and email.

Public Comment: Individuals who would like to make public comments during the April meeting must state their desire to do so in an email to the *CPSTF@cdc.gov* mailbox no later than April 10, 2024. The request should include name, organizational affiliation, and topic to be addressed. Public comment must be relevant to one of the topics proposed for the meeting. The requestor will receive instructions related to the public comment process for this meeting after the request is received. A public comment period follows the CPSTF's discussion of each systematic review and will be limited to no more than three minutes per person. Public comments may be used to inform task force discussions and will be included in the meeting summary.

Background on the CPSTF: The CPSTF is an independent, nonfederal panel whose members are appointed by the CDC Director. CPSTF members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health. The CPSTF was convened in 1996 by HHS to identify community preventive programs, services, and policies that increase health and longevity, save lives and dollars, and improve Americans' quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the CPSTF. During its meetings, the CPSTF considers the findings of systematic reviews of existing research and practice-based evidence, and issues recommendations. CPSTF recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and affected community members can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The CPSTF's recommendations, along with the systematic reviews of the evidence on which they are based, are compiled on the Community Guide website (*www.thecommunityguide.org*).

Matters proposed for discussion: The agenda will consist of deliberation on systematic reviews of literature. Topics proposed for the April 2024 meeting include substance use, public health emergency preparedness and response, oral health, and social determinants of health. Changes regarding the start and end times for each day, and any updates to agenda topics, will be available on the Community Guide website (*www.thecommunityguide.org*) closer to the date of the meeting.

The meeting agenda is subject to change without notice.

Noah Aleshire,

Chief Regulatory Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–04779 Filed 3–5–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2024–0017]

Human West Nile Virus Vaccine Meeting and Request for Information

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

ACTION: Notice of public teleconference and request for information.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is announcing a meeting and opportunity to comment on a human West Nile virus (WNV) vaccine. The primary purpose of the meeting is to inform critical next steps toward the deployment of a human WNV vaccine.

DATES: The meeting will be held on April 5, 2024, from 8 a.m. to 5 p.m., eastern time.

Written comments must be received on or before April 4, 2024.

ADDRESSES: You may submit written comments, identified by docket number CDC–2024–0017, by either of the following two methods listed below. CDC does not accept comments by email.

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Randall Nett, MD, MPH, Centers for Disease Control and Prevention, 3156 Rampart Road, MS P02, Fort Collins, CO 80521.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC–2024–0017]. All relevant comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided. This will be an in-person and virtual meeting with a limited number of available Zoom lines. The in-person gathering will be by invitation only and held at Constitution Center, 400 7th St. SW, Washington, DC.

Accessibility: For information on access or services for individuals with disabilities, or to request accommodations for a disability, please contact Shawna Zuck by email at *wnv.vaccine@cdc.gov,* or by phone at (970) 221–6400, preferably at least 10 days before the meeting to allow as much time as possible to process your request.

FOR FURTHER INFORMATION CONTACT: Randall J. Nett, MD MPH, Chief, Arboviral Diseases Branch, 3156 Rampart Road, MS P02, Fort Collins, CO 80521; telephone number: (970) 221–6400; email address *wnv.vaccine@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: WNV is a disease spread by mosquitoes that continues to cause illness and deaths each year in the United States and other areas of the world. Current mosquito control measures have been unsuccessful at decreasing the number of WNV disease cases. An approved human WNV vaccine could reduce the public health impact of WNV disease.

Purpose: The primary purpose of the meeting and public comment period is to inform critical next steps toward the development of a human WNV vaccine that is approved for use.

Attending the meeting: The meeting will be open to the general public. The meeting agenda and information on how to register for and attend the meeting online will be provided on request. If interested in attending the meeting online, please email *wnv.vaccine@cdc.gov.* This meeting is open to the public, limited only by the number of Zoom lines. The Zoom line will accommodate up to 500 participants and be available on a first come-first serve basis.

Public Participation

Interested persons or organizations are invited to participate by submitting written views, recommendations, and data. Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on *https://www.regulations.gov.* Therefore, do not include any information in your comment or

supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact or withhold submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near-duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted into the docket.

Oral Statements: CDC will allocate 15 minutes for the public to present oral comments during the meeting. Oral statements will be limited to three minutes per person during the public comment period. It is preferred that only one person present a statement on behalf of a group or organization. Persons interested in presenting an oral statement should send an email to *wnv.vaccine@cdc.gov* by 12 p.m., eastern time, on March 29, 2024. A limited number of time slots are available and will be assigned on a first come-first served basis.

Written Public Comment: Written comments will also be accepted per the instructions provided in the addresses section above. Comments should be submitted on or before April 4, 2024.

Noah Aleshire,

Chief Regulatory Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–04745 Filed 3–5–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3448–N]

Medicare Program; Announcement of the Re-Approval of COLA Under the Clinical Laboratory Improvement Amendments of 1988

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

ACTION: Notice.

SUMMARY: This notice announces the application of COLA for re-approval as an accreditation organization for clinical laboratories under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) program for the following specialty and subspecialty areas under CLIA: Microbiology, including Bacteriology, Mycobacteriology, Mycology, Parasitology, and Virology; Diagnostic Immunology, including Syphilis Serology, and General Immunology; Chemistry, including Routine Chemistry, Toxicology, and Endocrinology; Hematology, including routine hematology and coagulation; Immunohematology, including ABO Group, D (Rho) typing, Unexpected Antibody Detection, Compatibility Testing, and Antibody Identification; Pathology, including Histopathology, Oral Pathology, and Cytology. We have determined that COLA meets or exceeds the applicable CLIA requirements. We are announcing the re-approval and grant COLA deeming authority for a period of 6 years.

DATES: *Effective Date:* This notice is effective from March 6, 2024 to March 6, 2030.

FOR FURTHER INFORMATION CONTACT: Jelani Sanaa, (410) 786–1139.

SUPPLEMENTARY INFORMATION:

I. Background and Legislative Authority

On October 31, 1988, the Congress enacted the Clinical Laboratory Improvement Amendments of 1988 (Pub. L. 100–578) (CLIA). CLIA amended section 353 of the Public Health Service Act. We issued a final rule implementing the accreditation provisions of CLIA on July 31, 1992 (57 FR 33992). Under those provisions, we may grant deeming authority to an accreditation organization if its requirements for laboratories accredited under its program are equal to or more stringent than the applicable CLIA program requirements in 42 CFR part 493 (Laboratory Requirements). Subpart E of part 493 (Accreditation by a Private, Nonprofit Accreditation Organization or Exemption Under an Approved State Laboratory Program) specifies the requirements an accreditation organization must meet to be approved by CMS as an accreditation organization under CLIA.

II. Notice of Re-Approval of COLA as an Accreditation Organization

In this notice, we approve COLA as an organization that may accredit laboratories for purposes of establishing their compliance with CLIA requirements for the following specialty and subspecialty areas under CLIA:

- Microbiology, including Bacteriology, Mycobacteriology, Mycology, Parasitology, and Virology.
- Diagnostic Immunology, including Syphilis Serology, and General Immunology.
- Chemistry, including Routine Chemistry, Toxicology, and Endocrinology.
- Hematology, including routine hematology and coagulation.
- Immunohematology, including ABO Group, D (Rho) typing, Unexpected Antibody Detection, Compatibility Testing, and Antibody Identification.
- Pathology, including Histopathology, Oral Pathology, and Cytology.

We have examined the initial COLA application and all subsequent submissions to determine its accreditation program's equivalency with the requirements for re-approval of an accreditation organization under subpart E of part 493. We have determined that COLA meets or exceeds the applicable CLIA requirements. We have also determined that COLA will ensure that its accredited laboratories will meet or exceed the applicable requirements in subparts H, I, J, K, M, Q, and the applicable sections of R. Therefore, we grant COLA re-approval as an accreditation organization under subpart E of part 493, for the period stated in the **DATES** section of this notice for the submitted specialty and subspecialty areas under CLIA. As a result of this determination, any laboratory that is accredited by COLA during the time period stated in the **DATES** section of this notice will be deemed to meet the CLIA requirements for the listed subspecialties and specialties, and therefore, will generally not be subject to routine inspections by a State survey agency to determine its compliance with CLIA requirements. The accredited laboratory, however, is subject to validation and complaint investigation surveys performed by CMS, or its agent(s).

III. Evaluation of COLA's Request for Re-Approval as an Accreditation Organization Under CLIA

The following describes the process we used to determine that COLA's accreditation program meets the necessary requirements to be approved by CMS and that, as such, CMS may approve COLA as an accreditation program with deeming authority under the CLIA program. COLA formally applied to CMS for re-approval as an accreditation organization under CLIA for the following specialties and subspecialties:

- Microbiology, including Bacteriology, Mycobacteriology, Mycology, Parasitology, and Virology.
- Diagnostic Immunology, including Syphilis Serology, and General Immunology.