

that the Advisory Committee on Minority Health (ACMH) will hold a meeting conducted as a webcast on April 18, 2024. This virtual meeting will be open to the public. Registration is required for the public to attend the meeting, provide comment, and/or distribute material(s) to ACMH members. Any individual who wishes to participate in the virtual meeting should register using the Zoom registration link provided below by 5:00 p.m. EDT on April 12, 2024. Instructions regarding participating in the call and providing written or verbal public comments will be provided after meeting registration occurs. Information about the meeting will be posted on the HHS Office of Minority Health (OMH) website: www.minorityhealth.hhs.gov. Information about ACMH activities can be found on the OMH website under the heading *About OMH, Committees and Working Groups*.

DATES: The ACMH meeting will be held on April 18, 2024 from 9:00 a.m. to 10:30 a.m. EDT. If the Committee completes its work before 10:30 a.m., the meeting will adjourn early.

ADDRESSES: The meeting will be held virtually and will be accessible by webcast. Instructions regarding webcast access and providing written or verbal public comments will be given after meeting registration occurs.

FOR FURTHER INFORMATION CONTACT: Violet Woo, Designated Federal Officer, Advisory Committee on Minority Health, OMH, HHS, Tower Building, 1101 Wootton Parkway, Suite 100, Rockville, Maryland 20852. Phone: 240-453-6816; email: OMH-ACMH@hhs.gov.

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105-392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health on the development of goals and program activities related to OMH's duties.

The topics to be discussed during the virtual meeting include finalizing: (1) meeting notes of the February 13-14, 2024 ACMH meeting; and (2) recommendations on how OMH and HHS can support community awareness, education and engagement on HHS efforts to implement revised Office of Management and Budget (OMB) Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). The final recommendations will be given to the Deputy Assistant Secretary for Minority Health to inform efforts related to implementation of the revised OMB standards. Information on OMB's Interagency Technical Working Group

on Race and Ethnicity Standards can be found on this website: spd15revision.gov.

Any individual who wishes to attend the meeting must register via the Zoom registration link, https://www.zoomgov.com/meeting/register/vJltce2spj0jHw9b9h15hNrFezljtnit0_g, by 5:00 p.m. EDT on April 12, 2024. Each registrant should provide their name, affiliation, phone number, email address, if they plan to provide either written or verbal comment, and whether they have requests for special accommodations, including sign language interpretation. After registering, registrants will receive an automated email response with the meeting connection link. The meeting connection link is unique to each registrant and should not be shared.

Members of the public will have an opportunity to provide comments at the meeting. Individuals should indicate during registration whether they intend to provide written or verbal comment. Public comments will be limited to two minutes per speaker during the time allotted. Written statements are limited to two pages. If the two-page limit is exceeded, the full statement will not be included. Registered members of the public who plan to submit and distribute electronic or printed public statements or material(s) related to this meeting's topic should email the material to OMH-ACMH@hhs.gov at least five (5) business days prior to the meeting.

Dated: March 25, 2024.

Violet Woo,

Designated Federal Officer, Advisory Committee on Minority Health.

[FR Doc. 2024-06855 Filed 4-1-24; 8:45 am]

BILLING CODE 4150-29-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Purchased/Referred Care Delivery Area Redesignation for the Mashantucket Pequot Tribal Nation in the State of Connecticut

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) has decided to expand the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) for the Mashantucket Pequot Tribal Nation to include the counties of Fairfield,

Hartford, Litchfield, Middlesex, New Haven, Tolland, and Windham in the State of Connecticut. The final PRCDA for the Mashantucket Pequot Tribal Nation now includes the Connecticut counties of Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham. The sole purpose of this expansion is to authorize additional Mashantucket Pequot Tribal Nation members and eligible IHS beneficiaries to receive purchased/referred care (PRC) services.

DATES: This expansion is effective as of the publication date of this notice.

ADDRESSES: This notice can be found at <https://www.federalregister.gov>. Written requests for information should be delivered to: CAPT John Rael, Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 10E85C, Rockville, MD 20857, or by phone at (301) 443-0969 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A-C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria must be considered before any

redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the Tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the Tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any redesignation of a PRCDA must be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS published a proposed notice of redesignation and requested public comments on January 19, 2024 (89 FR 3669). The IHS did not receive any comments in response to the notice of proposed expansion.

In support of this expansion, the IHS makes the following findings:

1. By expanding the PRCDA to include Fairfield, Hartford, Litchfield, Middlesex, New Haven, Tolland, and Windham Counties, the Mashantucket Pequot Tribal Nation's eligible population will increase by an estimated 32 Tribal members and AI/AN employees.

2. The Mashantucket Pequot Tribal Nation has stated that these 32 individuals are socially and economically affiliated with MPTN.

3. The expanded PRCDA counties form a contiguous area with the existing PRCDA. In addition to their AI/AN employees, MPTN's members reside in each of the expansion counties. For these reasons, the IHS has determined that the expansion counties are geographically proximate, meaning "on or near", to the existing PRCDA.

4. The MPTN will use its existing Federal allocation for PRC funds to provide services to the expanded population. No additional financial resources will be allocated by the IHS to MPTN to provide services to its PRC-eligible population.

An updated listing of the PRCDA's for all federally-recognized Tribes may be accessed via a link on the IHS PRCDA Expansion website (<https://www.ihs.gov/prc/prcda-expansion>).

Public Comments: The IHS did not receive any comments in response to the notice of proposed expansion.

Roselyn Tso,

Director, Indian Health Service.

[FR Doc. 2024-06904 Filed 4-1-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Update to the Purchased/ Referred Care Delivery Area for the Mississippi Band of Choctaw Indians

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) has updated the geographic boundaries of the purchased/referred care delivery area (PRCDA) for the Mississippi Band of Choctaw Indians to include the counties of Carroll and Jackson in the State of Mississippi and the county of Lauderdale in the State of Tennessee. The PRCDA for the Mississippi Band of Choctaw Indians now comprises the Mississippi counties of Attala, Carroll, Jackson, Jasper, Jones, Kemper, Leake, Neshoba, Newton, Noxubee, Scott, and Winston, and the Tennessee county of Lauderdale. The sole purpose of this expansion is to authorize additional Mississippi Band of Choctaw Indians members and beneficiaries to receive purchased/referred care (PRC) services.

DATES: This update is effective as of April 2, 2024.

ADDRESSES: This notice can be found at <https://www.federalregister.gov>. Written requests for information should be delivered to: CAPT John Rael, Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 10E85C, Rockville, MD 20857, or by phone at (301) 443-0969 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A-C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian

health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). Under the Act of June 29, 2000, Public Law 106-228 at 1(a)(1), "all land taken in trust by the United States for the benefit of the Mississippi Band of Choctaw Indians on or after December 23, 1944, shall be part of the Mississippi Choctaw Indian Reservation." (114 Stat. 462). A **Federal Register** Notice published by the Bureau of Indian Affairs on April 3, 2007, further provides that ". . . when additional lands are taken into trust by the United States for the Mississippi Band of Choctaw Indians . . . each such additional land parcel shall automatically become a part of the Mississippi Choctaw Indian Reservation without the need for any other formal declaration to that effect. . .". 72 FR 15899. In 2012 and 2013, parcels of land in Carroll and Jackson Counties, Mississippi and Lauderdale County, Tennessee were taken into trust by the United States for the benefit of the MBCI. Once taken into trust, these parcels automatically became a part of the MBCI reservation. Accordingly, and at the request of the MBCI, the IHS is now updating the MBCI's PRCDA to include these three counties.

There are no other counties which share a common boundary with the new reservation lands, nor is the MBCI requesting to include in their PRCDA any additional counties which do not hold reservation lands. No existing PRCDA's overlap with the MBCI's updated PRCDA. The MBCI estimates that updating the Tribe's PRCDA will allow an additional 327 individuals, including tribal members, persons of Indian descent residing on the reservation, and other eligible individuals with close social and economic ties to the MBCI to become PRC-eligible. The MBCI further estimates that a significant portion of the newly PRC-eligible individuals have third-party insurance, which will help