this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be emailed to *nchhstppolicy@cdc.gov* with the subject line "CHAC 2025 Nomination."

FOR FURTHER INFORMATION CONTACT:

Marah Condit, M.S., Committee Management Lead, Office of Policy, Planning, and Partnerships, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop US8–6, Atlanta, Georgia 30329–4027. Telephone: (404) 639–3423; Email: nchhstppolicy@ cdc.gov.

SUPPLEMENTARY INFORMATION: The Secretary, Department of Health and Human Services (HHS), and by delegation, the Director, Centers for Disease Control and Prevention (CDC), and the Administrator, Health **Resources and Services Administration** (HRSA), are authorized by the Public Health Service Act to: (1) conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and other impairments; (2) assist states and their political subdivisions in preventing, suppressing, and treating communicable diseases and other preventable conditions and in promoting health and well-being; (3) assist public and non-profit private entities in preventing, controlling and treating sexually transmitted diseases (STDs), including the human immunodeficiency virus (HIV); (4) improve health and achieve health equity through access to quality services and a skilled health workforce and innovative programs; (5) support healthcare services to persons with or who experience risk for HIV, viral hepatitis, and other STDs; (6) advance the education of health professionals and the public about HIV, viral hepatitis, and other STDs; and (7) improve adolescent and school health as it pertains to HIV, viral hepatitis, and STDs.

The CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC) meets at least two times each calendar year, or at the discretion of the Designated Federal Officers in consultation with the CHAC co-chairs.

HHS policy stipulates that committee membership be balanced in terms of points of view represented and the

committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. The CHAC charter stipulates that the Committee must include at least four members who are persons with HIV. The Committee may also include representation from persons with lived experience, such as those who have experienced viral hepatitis, STDs, and drug use; state and local health and education agencies; HIV/viral hepatitis/STD communitybased organizations; and the ethics or faith-based community.

Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. Individuals who are selected for appointment will be required to provide detailed information regarding their financial interests and, for example, any work they do for the federal government through research grants or contracts. Disclosure of this information is required in order for CDC ethics officials to determine whether there is a conflict between the SGE's public duties as a member of CHAC and the SGE's private interests, including an appearance of a loss of impartiality as defined by Federal laws and regulations, and to identify any required remedial action needed to address the potential conflict.

CDC and HRSA review potential candidates for CHAC membership when a vacancy arises and provide a slate of nominees for consideration to the Secretary of HHS for final selection. CDC and HRSA each publish a Federal **Register** notice and will be using a joint process to nominate nominees on a rolling basis; thus, applications received by CDC will be shared with HRSA for consideration. Therefore, potential candidates need only apply in response to one of the **Federal Register** notices. HHS notifies selected candidates of their appointment near the start of the term in December 2025, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Candidates should submit the following items:

• A letter of interest or personal statement from the nominee stating how the nominee's expertise would inform the work of CHAC

• A biographical sketch of the nominee (500 words or fewer)

• Current curriculum vitae or resume, including complete contact information (telephone numbers, mailing address, and email address)

• At least one letter of recommendation from person(s) not employed by HHS. Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (*e.g.,* CDC, National Institutes of Health, Food and Drug Administration).

Nominations may be submitted by the candidate or by the person/organization recommending the candidate. CDC and HRSA will collect and retain nominations received for up to two years to create a pool of potential CHAC nominees. When a vacancy occurs, CDC and HRSA will review nominations and may contact nominees at that time.

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. 2024–08447 Filed 4–19–24; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Board of Scientific Counselors, Office of Readiness and Response

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 Centers for Disease Control and Prevention (CDC) announces the following meeting for the Board of Scientific Counselors, Office of Readiness and Response, (BSC, ORR). This virtual meeting is open to the public. Time will be available for public comment.

DATES: The meeting will be held on May 23, 2024, from 10 a.m. to 4:30 p.m., EDT.

ADDRESSES: Zoom virtual meeting. If you wish to attend the meeting, please register in advance by accessing the link at *https://cdc.zoomgov.com/webinar/ register/WN_kNZWpr8KRVGTGN0ERE_ 1Cg#/registration.* Instructions to access the meeting will be provided following registration.

FOR FURTHER INFORMATION CONTACT:

Dometa Ouisley, Public Health Analyst, Office of Science and Laboratory Readiness, Office of Readiness and Response, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21–6, Atlanta, Georgia 30329–4027. Telephone: (404) 639– 7450; Email: DOuisley@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: The Board of Scientific Counselors, Office of Readiness and Response provides advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Assistant Secretary for Health, HHS; the Director, Centers for Disease Control and Prevention (CDC); and the Director, Office of Readiness and Response (ORR), CDC. The Board recommends strategies and goals for readiness and response activities pertaining to programs and research within the agency and the ORR divisions and monitors the overall strategic direction and focus of the ORR divisions and offices. The Board may also perform second-level peer review of applications for grants-in-aid for research and research training activities, cooperative agreements, and research contract proposals relating to the broad areas within the center. For additional information about the Board, please visit https://www.cdc.gov/orr/bsc/ index.htm.

Matters to be Considered: Agenda topics for the meeting include: (1) ORR Updates, (2) ORR Division Directors Follow-up Discussion, (3) Polio Containment Working Group Updates, (4) Health Equity Working Group Updates, and (5) ORR Science Agenda Presentation and Discussion. Agenda items are subject to change as priorities dictate.

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. 2024–08448 Filed 4–19–24; 8:45 am] BILLING CODE 4163–18–P

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1821-N]

Medicare Program Public Meeting for New Revisions to the Healthcare Common Procedure Coding System (HCPCS) Coding—May 28–30, 2024

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

SUMMARY: This notice announces the dates and times of the virtual Healthcare Common Procedure Coding System (HCPCS) public meeting to be held from May 28, 2024, through May 30, 2024, to discuss CMS' preliminary coding, Medicare benefit category, and payment determinations, if applicable, for new revisions to the HCPCS Level II code set for non-drug and non-biological items and services, as well as how to register for those meetings.

DATES: Virtual Meeting Dates: Tuesday, May 28, 2024, 9 a.m. to 5 p.m. Eastern Time (ET); Wednesday, May 29, 2024, 9 a.m. to 5 p.m. ET; and Thursday, May 30, 2024, 9 a.m. to 5 p.m. ET.

ADDRESSES: *Virtual Meeting Location:* The HCPCS public meetings will be held virtually via Zoom only.

FOR FURTHER INFORMATION CONTACT: Sundus Ashar, (410) 786–0750, Sundus.ashar1@cms.hhs.gov, or HCPCS@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, Congress enacted the Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554). Section 531(b) of BIPA mandated that the Secretary establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). In the November 23, 2001, **Federal Register** (66 FR 58743), we published a notice providing information regarding the establishment of the annual public meeting process for DME.

In 2020, we implemented changes to our HCPCS Level II coding procedures, including the establishment of quarterly coding cycles for drugs and biological products and biannual coding cycles for non-drug and non-biological items and services.

In the December 28, 2021, **Federal Register** (86 FR 73860), we published a final rule that established procedures for making Medicare benefit category and payment determinations for new items and services that are DME, prosthetic devices, orthotics and prosthetics, therapeutic shoes and inserts, surgical dressings, or splints, casts, and other devices used for reductions of fractures and dislocations under Medicare Part B.

II. Public Meeting Agendas

Prior to registering to attend a virtual public meeting, all potential participants and other attendees are advised to review the public meeting agendas at https://www.cms.gov/ Medicare/Coding/MedHCPCSGenInfo/ HCPCSPublicMeetings, which identify CMS' preliminary coding, Medicare benefit category, and payment determinations, if applicable, and the date each item will be discussed. In establishing the public meeting agendas, CMS may group multiple, related code applications under the same agenda item.

III. Virtual Meeting Registration

The May 28, 2024, through May 30, 2024, HCPCS public meetings will be virtual and available for remote audio attendance and participation only via Zoom. The Zoom link and registration instructions will be posted in the Guidelines for Participation in HCPCS Public Meetings document on the CMS website at https://www.cms.gov/ Medicare/Coding/MedHCPCSGenInfo/ HCPCSPublicMeetings and in an announcement on the HCPCS General Information page at *https://* www.cms.gov/medicare/coding-billing/ healthcare-common-procedure-system. The same website also contains detailed information on how attendees can join the virtual public meetings using Zoom, including dial-in information. All individuals who plan to speak (15 or 5 minutes) at the virtual public meetings must register by 5 p.m. ET on Friday, May 17, 2024. All participants and other