FEDERAL COMMUNICATIONS COMMISSION

Federal Advisory Committee Act; Communications Security, Reliability, and Interoperability Council

AGENCY: Federal Communications Commission.

ACTION: Notice of public meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice advises interested persons that the Federal Communications Commission's (FCC or Commission) Communications Security, Reliability, and Interoperability Council (CSRIC) VII will hold its first meeting.

DATES: July 19, 2019.

ADDRESSES: Federal Communications Commission, Room TW–C305 (Commission Meeting Room), 445 12th Street SW, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Suzon Cameron, Designated Federal Officer, (202) 418–1916 (voice) or *Suzon.cameron@fcc.gov* (email); or, Guy Benson, Deputy Designated Federal Officer, (202) 418–2946 (voice) or *guy.benson@fcc.gov* (email).

SUPPLEMENTARY INFORMATION: The meeting will be held on July 19, 2019, from 1:00 p.m. to 5:00 p.m. in the Commission Meeting Room of the Federal Communications Commission, Room TW–C305, 445 12th Street SW, Washington, DC 20554.

The CSRIC is a Federal Advisory Committee that will provide recommendations to the FCC regarding best practices and actions the FCC can take to help ensure the security, reliability, and interoperability of communications systems. On March 15, 2019, the FCC, pursuant to the Federal Advisory Committee Act, renewed the charter for the CSRIC for a period of two years through March 14, 2021. The meeting on July 19, 2019, will be the first meeting of the CSRIC under the current charter. The FCC will attempt to accommodate as many attendees as possible; however, admittance will be limited to seating availability. The Commission will provide audio and/or video coverage of the meeting over the internet from the FCC's web page at *http://www.fcc.gov/live*. The public may submit written comments before the meeting to Suzon Cameron, CSRIC Designated Federal Officer, by email *suzon.cameron@fcc.gov* or U.S. Postal Service Mail to Suzon Cameron, Senior Attorney, Cybersecurity and Communications Reliability Division, Public Safety and Homeland Security Bureau, Federal Communications Commission, 445 12th Street SW, Room 7–B458, Washington, DC 20554.

Open captioning will be provided for this event. Other reasonable accommodations for people with disabilities are available upon request. Requests for such accommodations should be submitted via email to *fcc504@fcc.gov* or by calling the Consumer & Governmental Affairs Bureau at (202) 418–0530 (voice), (202) 418–0432 (tty). Such requests should include a detailed description of the accommodation needed. In addition, please include a way the FCC can contact you if it needs more information. Please allow at least five days' advance notice; last-minute requests will be accepted but may be impossible to fill.

Federal Communications Commission.

Marlene Dortch,

Secretary.

[FR Doc. 2019–13785 Filed 6–27–19; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL

[Docket No. AS19–05]

Appraisal Subcommittee Notice of Meeting

AGENCY: Appraisal Subcommittee of the Federal Financial Institutions Examination Council.

ACTION: Notice of Special Meeting.

Description: In accordance with Section 1104(b) of Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989, as amended, notice is hereby given that the Appraisal Subcommittee (ASC) will meet in open session for a Special Meeting:

Location: Partnership for Public Service, 1100 New York Avenue NW, Suite 200 East, Room 2AB, Washington, DC 20005.

Date: July 9, 2019.

Time: 10:00 a.m.

Status: Open.

Action and Discussion Items: North Dakota Temporary Waiver Request.

How to Attend and Observe an ASC meeting: If you plan to attend the ASC Meeting in person, we ask that you send an email to *meetings@asc.gov*. You may register until close of business July 5, 2019. The meeting space is intended to accommodate public attendees. However, if the space will not accommodate all requests, the ASC may refuse attendance on that reasonable basis. The use of any video or audio tape recording device, photographing device, or any other electronic or mechanical device designed for similar purposes is prohibited at ASC meetings.

Dated: June 25, 2019.

James R. Park,

Executive Director.

[FR Doc. 2019–13912 Filed 6–27–19; 8:45 am]

BILLING CODE 6700–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS–3379–PN]

Medicare and Medicaid Programs: Application by Accreditation Commission for Health Care for Continued CMS-Approval of Its Hospice Accreditation Program

AGENCY: Centers for Medicare and Medicaid Services, HHS.

ACTION: Proposed notice.

SUMMARY: This proposed notice acknowledges the receipt of an application from the Accreditation Commission for Health Care for continued recognition as a national accrediting organization for hospices that wish to participate in the Medicare or Medicaid programs. The statute requires that within 60 days of receipt of an organizations complete application, the Centers for Medicare & Medicaid Services publish a notice that identifies the national accrediting body making the request, describes the nature of the request, and provides at least a 30-day public comment period.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on July 30, 2019.

ADDRESSES: In commenting, please refer to file code CMS–3379–PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on specific issues in this regulation to *http://www.regulations.gov.* Follow the ''submit a comment'' instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY:

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3379–

PN, P.O. Box 8010, Baltimore, MD 21244–8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY:

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3379–PN, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

FOR FURTHER INFORMATION CONTACT:

Lillian Williams, (410) 786–8636.

Joy Webb, (410) 786–1667.

Karen Tritz, (410) 786–0821.

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: *http://www.regulations.gov.* Follow the search instructions on that website to view public comments.

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in a hospice provided certain requirements are met by the hospice. Sections 1861(dd) of the Social Security Act (the Act) establish distinct criteria for facilities seeking designation as a hospice. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities related to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 418, specify the conditions that a hospice must meet in order to participate in the Medicare program, the scope of covered services and the conditions for Medicare payment for hospices.

Generally, to enter into an agreement, a hospice must first be certified by a State survey agency as complying with the conditions or requirements set forth in part 418. Thereafter, the hospice is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements.

However, there is an alternative to surveys by state agencies. Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through accreditation by an approved national accrediting organization that all applicable Medicare conditions are met or exceeded, we will deem those provider entities as having met the requirements. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

If an accrediting organization is recognized by the Secretary of the Department of Health and Human Services as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national accrediting organization applying for deeming authority under part 488, subpart A, must provide us with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the reapproval of accrediting organizations are set forth at § 488.5. The regulations at § 488.5(e)(2)(i) require accrediting organizations to reapply for continued deeming authority every 6 years or sooner as determined by Centers for Medicare and Medicaid Services (CMS).

The Accreditation Commission for Health Care's (ACHC's) term of approval for its hospice accreditation program expires November 27, 2019.

II. Approval of Deeming Organizations

Section 1865(a)(2) of the Act and our regulations at § 488.5 require that our findings concerning review and approval of a national accrediting organization's requirements consider, among other factors, the applying accrediting organization's requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide CMS with the necessary data for validation.

Section 1865(a)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accrediting body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

The purpose of this proposed notice is to inform the public of ACHC's request for continued CMS approval of its hospice accreditation program. This notice also solicits public comment on whether ACHC's requirements meet or exceed the Medicare conditions for participation for hospices.

III. Evaluation of Deeming Authority Request

ACHC submitted all the necessary materials to enable us to make a determination concerning its request for continued approval of its hospice accreditation program. This application was determined to be complete on May 1, 2019. Under Section 1865(a)(2) of the Act and our regulations at § 488.5 (Application and re-application procedures for national organizations), our review and evaluation of ACHC will be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of ACHC's standards for hospices as compared with CMS' hospice conditions of participation.
- ACHC's survey process to determine the following:

++ ACHC's composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

++ ACHC's processes compared to those of State agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.

++ ACHC's processes and procedures for monitoring a hospice found out of compliance with ACHC's program requirements. These monitoring procedures are used only when ACHC identifies noncompliance. If noncompliance is identified through validation reviews, the State survey agency monitors corrections as specified at § 488.9(c).

++ ACHC's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

++ ACHC's capacity to provide CMS with electronic data, and reports necessary for effective validation and assessment of the organization's survey process.

++ ACHC's staff adequacy and other resources, and its financial viability.

++ ACHC's capacity to adequately fund required surveys.

++ ACHC's policies with respect to whether surveys are announced or unannounced to assure that surveys are unannounced.

++ ACHC's agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

IV. Collection of Information Requirements

This document does not impose information collection requirements, that is reporting, recordkeeping and third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35).

V. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

Dated: June 11, 2019.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2019–13901 Filed 6–27–19; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1728–N]

Medicare Program; Rechartering and Appointment of New Members to the Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests

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

ACTION: Notice.

SUMMARY: This notice announces the rechartering and appointment of seven new members to the Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests (the CDLT Panel). The purpose of the CDLT Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on issues related to clinical diagnostic laboratory tests.

DATES:

Recharter Dates: The charter for the CDLT Panel will expire on April 26, 2021 (2 years from the date the charter was filed).

New CDLT Panel Member Appointment Dates: The term period for the new CDLT Panel members is July 1, 2019 through June 30, 2022.

FOR FURTHER INFORMATION CONTACT: Rasheeda Arthur, Ph.D., Designated Federal Official (DFO), (410) 786–3434 or email at *CDLTPanel@cms.hhs.gov.*

Press inquiries are handled through the CMS Press Office at (202) 690–6145.

For additional information on the CDLT Panel, please refer to the CMS website at *https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html.*

SUPPLEMENTARY INFORMATION:

I. Background

The Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests (CDLT Panel) is authorized by section 1834A(f)(1) of the Social Security Act (the Act) (42 U.S.C. 1395m–1), as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA). (Pub. L. 113–93), enacted on April 1, 2014. The CDLT Panel is subject to the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory panels.

Section 1834A(f)(1) of the Act directs the Secretary of the Department of Health and Human Services (the Secretary) to consult with an expert outside advisory panel established by the Secretary, composed of an appropriate selection of individuals with expertise in issues related to clinical diagnostic laboratory tests. Individuals may include molecular pathologists, researchers, and individuals with expertise in laboratory science or health economics.

The CDLT Panel will provide information and recommendations to the Secretary and the Administrator of the Center for Medicare & Medicaid Services (CMS), on the following:

- The establishment of payment rates under section 1834A of the Act for new Clinical Diagnostic Laboratory Tests (CDLTs), including whether to use ''cross walking'' or ''gap filling'' processes to determine payment for a specific new test;
- The factors used in determining coverage and payment processes for new CDLTs; and
- Other aspects of the new payment system under section 1834A of the Act.

A notice announcing the establishment of the CDLT Panel and soliciting nominations for members was published in the October 27, 2014 **Federal Register** (79 FR 63919 through 63920). In the August 7, 2015 **Federal Register** (80 FR 47491), we announced membership appointments to the CDLT Panel along with the first public meeting date for the CDLT Panel, which was held on August 26, 2015. Subsequent meetings of the CDLT Panel and membership appointments were also announced in the **Federal Register**.

The CDLT Panel charter provides that CDLT Panel meetings will be held up to 4 times annually and the CDLT Panel shall consist of up to 15 individuals appointed by the Secretary's or CMS Administrator's designee to serve a term of up to 3 years. Members may serve after the expiration of his or her term until a successor has been sworn-in. A CDLT Panel member selected to replace another CDLT Panel member who has resigned prior to the end of his or her term shall serve for the balance of the original CDLT Panel members' term.

II. Provisions of the Notice

A notice requesting nominations to the CDLT Panel was published in the September 29, 2017 **Federal Register** (82 FR 45590 through 45592). In that notice, we stated that nominations would be accepted on a continuous basis. Since the last CDLT Panel meeting, which was held July 16 through 17, 2018, the Secretary's designee approved membership (term period: July 1, 2019 through June 30, 2022) of the following new panel members (parenthetical denotes nomination source(s)):

- Maria Arcila, MD (Memorial Sloan Kettering Cancer Center);
- Karen Carroll, MD, FIDSA (Infectious Diseases Society of America);
- Lydia Contis, MD (University of Pittsburgh School of Medicine);
- Elizabeth Harris, MD (Humana, Inc.);
- Kevin Krock, Ph.D. (Precision Diagnostics);
- Elaine Lyon, Ph.D. (Association for Molecular Pathologists);
- Heather Shappell, MS, CGC (National Society of Genetic Counselors);

Current CDLT Panel members (parenthetical denotes nomination source(s):

- Vickie Baselski, Ph.D. (American Society of Microbiology);
- Aaron Bossler, M.D., Ph.D. (Association for Molecular Pathologists);
- Pranil Chandra, D.O. (Association for Molecular Pathologists);
- William Clarke, Ph.D., M.B.A., DABCC, FACB (American Association of Clinical Chemistry);
- Stanley R. Hamilton, M.D. (Alliance of Dedicated Cancer Centers; College of