

publication of criteria for the conduct of research relating to transplantation of organs from donors infected with human immunodeficiency virus (HIV) into individuals who are infected with HIV before receiving such organ.

These authorities may be redelegated. Exercise of this authority shall be in accordance with established policies, procedures, guidelines, and regulations as prescribed by the Secretary. The Secretary retains the authority to submit reports to Congress and promulgate regulations.

I hereby affirm and ratify any actions taken by the Director, NIH, or his or her subordinates, which involved the exercise of the authorities delegated herein prior to the effective date of the delegation.

Dated: November 25, 2014.

**Sylvia M. Burwell,**

Secretary.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2015 Through September 30, 2016

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** The Federal Medical Assistance Percentages (FMAP), Enhanced Federal Medical Assistance Percentages (eFMAP), and disaster-recovery FMAP adjustments for Fiscal Year 2016 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2015 through September 30, 2016. This notice announces the calculated FMAP rates that the U.S. Department of Health and Human Services (HHS) will use in determining the amount of federal matching for state medical assistance (Medicaid), Temporary Assistance for Needy Families (TANF) Contingency Funds, Child Support Enforcement collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Foster Care Title IV-E Maintenance payments, and Adoption Assistance payments, and the eFMAP rates for the Children's Health Insurance Program (CHIP) expenditures. Table 1 gives figures for each of the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam,

American Samoa, and the Commonwealth of the Northern Mariana Islands. This notice reminds states of available disaster-recovery FMAP adjustments for qualifying states, and adjustments available for states meeting requirements for negative growth in total state personal income.

This notice also contains the increased eFMAPs for CHIP as authorized under the Patient Protection and Affordable Care Act (Affordable Care Act) for fiscal years 2016 through 2019 (October 1, 2015 through September 30, 2019).

Programs under title XIX of the Act exist in each jurisdiction. Programs under titles I, X, and XIV operate only in Guam and the Virgin Islands, while a program under title XVI (Aid to the Aged, Blind, or Disabled) operates only in Puerto Rico. The percentages in this notice apply to state expenditures for most medical assistance and child health assistance, and assistance payments for certain social services. The Act provides separately for federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Social Security Act (the Act) require the Secretary of HHS to publish the FMAP rates each year. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8), and calculations by the Department of Commerce of average income per person in each state and for the Nation as a whole. The percentages must fall within the upper and lower limits specified in section 1905(b) of the Act. The percentages for the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified in statute, and thus are not based on the statutory formula that determines the percentages for the 50 states.

#### Federal Medical Assistance Percentage (FMAP)

Section 1905(b) of the Act specifies the formula for calculating FMAPs as follows:

“Federal medical assistance percentage” for any state shall be 100 per centum less the state percentage; and the state percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such state bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum, (2) the Federal medical assistance percentage for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 55 percent. . . .”

Section 4725(b) of the Balanced Budget Act of 1997 amended section 1905(b) to provide that the FMAP for the District of Columbia for purposes of titles XIX and XXI shall be 70 percent. For the District of Columbia, we note under Table 1 that other rates may apply in certain other programs. In addition, we note the rate that applies for Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands in certain other programs pursuant to section 1118 of the Act. The rates for the States, District of Columbia and the territories are displayed in Table 1, Column 1.

Section 1905(y) of the Act, as added by section 2001 of the Patient Protection and Affordable Care Act of 2010 (“Affordable Care Act”), provides for a significant increase in the Federal Medical Assistance Percentage (FMAP) for medical expenditures for individuals determined eligible under the new adult group in the state and who will be considered to be “newly eligible” in 2014, as defined in section 1905(y)(2)(A) of the Act. The FMAP for these newly eligible individuals will be 100 percent for Calendar Years 2014, 2015, and 2016, gradually declining to 90 percent in 2020 where it remains indefinitely. In addition, section 1905(z) of the Act, as added by section 10201 of the Affordable Care Act, provides that states that had expanded substantial coverage to low-income parents and nonpregnant adults without children prior to the enactment of the Affordable Care Act, referred to as “expansion states,” shall receive an enhanced FMAP that begins in 2014 for nonpregnant childless adults who may be required to enroll in benchmark coverage. These provisions are discussed in more detail in the Medicaid Eligibility proposed rule published on August 17, 2011 (76 FR 51172) and the final rule published on March 23, 2012 (77 FR 17143).

#### Adjustments to the FMAP

For purposes of Title XIX (Medicaid) of the Social Security Act, the Federal Medical Assistance Percentage (FMAP), defined in section 1905(b) of the Social Security Act, for each state beginning with fiscal year 2006 is subject to an adjustment pursuant to section 614 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3. Section 614 of CHIPRA stipulates that a state's FMAP under Title XIX (Medicaid) must be adjusted in two situations.

In the first situation, if a state experiences positive growth in total personal income and an employer in that state has made a significantly

disproportionate contribution to a pension or insurance fund, the state's FMAP must be adjusted. Employer pension and insurance fund contributions are significantly disproportionate if the increase in contributions exceeds 25 percent of the increase in total personal income in that state. A **Federal Register** Notice with comment period was issued on June 7, 2010 (75 FR 32182) announcing the methodology for calculating this adjustment; a final notice was issued on October 15, 2010 (75 FR 63480).

A second situation arises if a state experiences negative growth in total personal income. Beginning with Fiscal Year 2006, section 614(b)(3) of CHIPRA specifies that certain employer pension or insurance fund contributions shall be disregarded when computing the per capita income used to calculate the FMAP for states with negative growth in total personal income. In that instance, for the purposes of calculating the FMAP, for a calendar year in which a state's total personal income has declined, the portion of an employer pension and insurance fund contribution that exceeds 125 percent of the amount of the employer contribution in the previous calendar year shall be disregarded.

We request that states follow the same methodology to determine potential FMAP adjustments for negative growth in total personal income that HHS employs to make adjustments to the FMAP for states experiencing significantly disproportionate pension or insurance contributions. See also the

information described in the January 21, 2014 **Federal Register** notice (79 FR 3385).

This notice does not contain an FY 2016 adjustment for a major statewide disaster for any state because no state's FMAP decreased by at least three percentage points from FY 2015 to FY 2016.

**Enhanced Federal Medical Assistance Percentage (eFMAP) for CHIP**

Section 2105(b) of the Act specifies the formula for calculating the eFMAP rates as follows:

The "enhanced FMAP", for a state for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)) for the state increased by a number of percentage points equal to 30 percent of the number of percentage points by which (1) such Federal medical assistance percentage for the state, is less than (2) 100 percent; but in no case shall the enhanced FMAP for a state exceed 85 percent.

In addition, Section 2105(b) of the Social Security Act, as amended by Section 2101 of the Affordable Care Act, increases the eFMAP for states by 23 percentage points:

... during the period that begins on October 1, 2015, and ends on September 30, 2019, the enhanced FMAP determined for a state for a fiscal year (or for any portion of a fiscal year occurring during such period) shall be increased by 23 percentage points, but in no case shall exceed 100 percent.

The eFMAP rates are used in the Children's Health Insurance Program under Title XXI, and in the Medicaid

program for certain children for expenditures for medical assistance described in sections 1905(u)(2) and 1905(u)(3) of the Act. There is no specific requirement to publish the eFMAP rates. We include them in this notice for the convenience of the states, and display both the normal eFMAP rates (Table 1, Column 2) and the Affordable Care Act's increased eFMAP rates (Table 1, Column 3) for comparison.

**DATES: Effective Dates:** The percentages listed in Table 1 will be effective for each of the four quarter-year periods beginning October 1, 2015 and ending September 30, 2016.

**FOR FURTHER INFORMATION CONTACT:** Thomas Musco or Rose Chu, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.558: TANF Contingency Funds; 93.563: Child Support Enforcement; 93.596: Child Care Mandatory and Matching Funds of the Child Care and Development Fund; 93.658: Foster Care Title IV-E; 93.659: Adoption Assistance; 93.769: Ticket-to-Work and Work Incentives Improvement Act (TWWIIA) Demonstrations to Maintain Independence and Employment; 93.778: Medical Assistance Program; 93.767: Children's Health Insurance Program)

Dated: November 20, 2014.

**Sylvia M. Burwell,**  
Secretary.

**TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2015–SEPTEMBER 30, 2016 (FISCAL YEAR 2016)**

State	(1)	(2)	(3)
	Federal medical assistance percentages	Enhanced federal medical assistance percentages for CHIP***	Enhanced federal medical assistance percentages with ACA 23 pt increase for CHIP****
Alabama .....	69.87	78.91	100.00
Alaska .....	50.00	65.00	88.00
American Samoa * .....	55.00	68.50	91.50
Arizona .....	68.92	78.24	100.00
Arkansas .....	70.00	79.00	100.00
California .....	50.00	65.00	88.00
Colorado .....	50.72	65.50	88.50
Connecticut .....	50.00	65.00	88.00
Delaware .....	54.83	68.38	91.38
District of Columbia ** .....	70.00	79.00	100.00
Florida .....	60.67	72.47	95.47
Georgia .....	67.55	77.29	100.00
Guam* .....	55.00	68.50	91.50
Hawaii .....	53.98	67.79	90.79
Idaho .....	71.24	79.87	100.00
Illinois .....	50.89	65.62	88.62
Indiana .....	66.60	76.62	99.62

TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2015—SEPTEMBER 30, 2016 (FISCAL YEAR 2016)—Continued

State	(1)	(2)	(3)
	Federal medical assistance percentages	Enhanced federal medical assistance percentages for CHIP***	Enhanced federal medical assistance percentages with ACA 23 pt increase for CHIP****
Iowa	54.91	68.44	91.44
Kansas	55.96	69.17	92.17
Kentucky	70.32	79.22	100.00
Louisiana	62.21	73.55	96.55
Maine	62.67	73.87	96.87
Maryland	50.00	65.00	88.00
Massachusetts	50.00	65.00	88.00
Michigan	65.60	75.92	98.92
Minnesota	50.00	65.00	88.00
Mississippi	74.17	81.92	100.00
Missouri	63.28	74.30	97.30
Montana	65.24	75.67	98.67
Nebraska	51.16	65.81	88.81
Nevada	64.93	75.45	98.45
New Hampshire	50.00	65.00	88.00
New Jersey	50.00	65.00	88.00
New Mexico	70.37	79.26	100.00
New York	50.00	65.00	88.00
North Carolina	66.24	76.37	99.37
North Dakota	50.00	65.00	88.00
Northern Mariana Islands*	55.00	68.50	91.50
Ohio	62.47	73.73	96.73
Oklahoma	60.99	72.69	95.69
Oregon	64.38	75.07	98.07
Pennsylvania	52.01	66.41	89.41
Puerto Rico*	55.00	68.50	91.50
Rhode Island	50.42	65.29	88.29
South Carolina	71.08	79.76	100.00
South Dakota	51.61	66.13	89.13
Tennessee	65.05	75.54	98.54
Texas	57.13	69.99	92.99
Utah	70.24	79.17	100.00
Vermont	53.90	67.73	90.73
Virgin Islands*	55.00	68.50	91.50
Virginia	50.00	65.00	88.00
Washington	50.00	65.00	88.00
West Virginia	71.42	79.99	100.00
Wisconsin	58.23	70.76	93.76
Wyoming	50.00	65.00	88.00

\* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum.

\*\* The values for the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, the percentage for DC is 50.00, unless otherwise specified by law.

\*\*\* These eFMAP rates for CHIP are listed here for illustrative purposes only. They are superseded by the ACA 23 percentage point increase in column 3.

\*\*\*\* Section 2101(a) of the Affordable Care Act amended Section 2105(b) of the Social Security Act to increase the enhanced FMAP for states by 23 percentage points in CHIP, but not to exceed 100 percent, for the period that begins on October 1, 2015 and ends on September 30, 2019 (fiscal years 2016 through 2018).

**Note:** Both the normal eFMAP rates and the Affordable Care Act's increased eFMAP rates are displayed for comparison.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the National Advisory Committee on Children and Disasters**

**AGENCY:** Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) will be holding a meeting via teleconference. The meeting is open to the public.

**DATES:** The December 18, 2014, NACCD meeting is scheduled from 1:00 to 2:00

p.m. EST. The agenda is subject to change as priorities dictate. Please check the NACCD Web site, located at [www.phe.gov/naccd](http://www.phe.gov/naccd) for the most up-to-date information on the meeting.

**ADDRESSES:** To attend the meeting via teleconference, call toll-free 888-843-7185 pass-code 8233167. Please call 15 minutes prior to the beginning of the conference call to facilitate attendance. Pre-registration is required for public attendance. Individuals who wish to