

stipend and reimbursement for per diem and any travel expenses incurred for attending Committee meetings and/or conducting other business in the interest of the Committee. Interested applicants may self-nominate.

The following information should be included in the package of material submitted for each individual being nominated for consideration: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.*, specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee; (2) the nominator's name, address, daytime telephone number, and the home and/or work address, telephone number, and email address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. Federal employees should not be nominated for consideration of appointment to this Committee.

The Department makes every effort to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that individuals from a broad representation of geographic areas, women and men, ethnic and minority groups, and the disabled are given consideration for membership on HHS Federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Individuals who are selected to be considered for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is necessary in order to determine if the selected candidate is involved in any activity that may pose a potential conflict with the official duties to be performed as a member of SACHRP.

Authority: 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended. The Committee is governed by the provisions of Public Law 92-463, as amended (5 U.S.C. appendix 2), which sets forth standards for the

formation and use of advisory committees.

Julia Gorey,

Executive Director, Secretary's Advisory Committee on Human Research, Protections, Office for Human Research Protections.

[FR Doc. 2023-25742 Filed 11-20-23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

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, 2024, Through September 30, 2025

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 2025 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2024, through September 30, 2025. This notice announces the calculated FMAP rates, in accordance with the Act, 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 collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Title IV-E Foster Care Maintenance payments, Adoption Assistance payments and Kinship Guardianship 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 adjustments available for states meeting requirements for disproportionate employer pension or insurance fund contributions and adjustments for disaster recovery. At this time, no state qualifies for such adjustments, and territories are not eligible.

DATES: The percentages listed in Table 1 will be effective for each of the four

quarter-year periods beginning October 1, 2024, and ending September 30, 2025.

FOR FURTHER INFORMATION CONTACT:

Amelia Whitman, 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) 578-1478.

SUPPLEMENTARY INFORMATION: Programs under titles IV, XIX and XXI of the Act exist in each jurisdiction. Programs under titles I, X, and XIV operate only in Guam and the Virgin Islands, and 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 United States (meaning, for this purpose, the fifty states and the District of Columbia). 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”.

Section 1905(b) further specifies that the FMAP for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 55 percent.

However, section 5101(b) of the Consolidated Appropriations Act, 2023 amended section 1905(ff) of the Act to provide that the FMAP for the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 83 percent permanently, and that the FMAP for Puerto Rico shall be 76 percent through September 30, 2027. 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. 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. 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”) (Pub. L. 111–148), provides for a significant increase in the FMAP for medical assistance expenditures for newly eligible individuals described in section 1902(a)(10)(A)(i)(VIII) of the Act, as added by the Affordable Care Act (the new adult group); “newly eligible” is defined in section 1905(y)(2)(A) of the Act. The FMAP for the new adult group is 100 percent for Calendar Years 2014, 2015, and 2016, gradually declining to 90 percent in 2020, where it remains indefinitely. Section 1905(c) of the Act was further amended by section 9814 of the American Rescue Plan of 2021 (Pub. L. 117–2) to provide an eight-quarter increase of five percentage points in a qualifying state or territory’s FMAP for a state or territory that begins to cover the new adult group after March 11, 2021. In addition, section 1905(z) of the Act, as added by section 10201 of the Affordable Care Act, provides that states that offered substantial health coverage to certain low-income parents and nonpregnant, childless adults on the date of enactment of the Affordable Care Act, referred to as “expansion states,” shall receive an enhanced FMAP beginning in 2014 for medical assistance expenditures for nonpregnant childless adults who may be required to enroll in benchmark coverage under section 1937 of the Act. These provisions are discussed in more detail in the Medicaid Program:

Eligibility Changes Under the Affordable Care Act of 2010 proposed rule published on August 17, 2011 (76

FR 51148, 51172) and the final rule published on March 23, 2012 (77 FR 17144, 17194). This notice is not intended to set forth the matching rates for the new adult group as specified in section 1905(y) of the Act or the matching rates for nonpregnant, childless adults in expansion states as specified in section 1905(z) of the Act.

Other 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, can be 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 no growth or positive growth in total personal income and an employer in that state has made a significantly disproportionate contribution to an employer pension or insurance fund, the state’s FMAP must be adjusted. The adjustment involves disregarding the significantly disproportionate employer pension or insurance fund contribution in computing the per capita income for the state (but not in computing the per capita income for the United States). Employer pension and insurance fund contributions are significantly disproportionate if the increase in contributions exceeds 25 percent of the total increase in personal income in that state. A **Federal Register** Notice with comment period was published on June 7, 2010 (75 FR 32182) announcing the methodology for calculating this adjustment; a final notice was published on October 15, 2010 (75 FR 63480).

The 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, 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 or insurance fund contribution that exceeds 125 percent of the amount of such contribution in the previous calendar year shall be disregarded in computing the per capita income for the state (but not in computing the per capita income for the United States).

No Federal source of reliable and timely data on pension and insurance contributions by individual employers and states is currently available. We

request that states report employer pension or insurance fund contributions to help determine potential FMAP adjustments for states experiencing significantly disproportionate pension or insurance contributions and states experiencing a negative growth in total personal income. See also the information described in the January 21, 2014 **Federal Register** notice (79 FR 3385).

Section 1905(aa) of the Social Security Act, as amended by section 2006 of the Affordable Care Act, specifies that the annual FMAP rate shall be increased for a “disaster-recovery FMAP adjustment state.” The statute defines a “disaster-recovery FMAP adjustment state” as one of the 50 states or District of Columbia for which, at any time during the preceding 7 fiscal years, the President has declared a major disaster under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, under which every county or parish in the state is eligible for individual and public or public assistance from the Federal Government, and for which the FMAP as determined for the fiscal year is less than the FMAP for the preceding fiscal year by at least three percentage points. This notice does not contain disaster recovery adjustments since no state qualifies as a “disaster-recovery FMAP adjustment state.” See more information described in the December 22, 2010 **Federal Register** notice (75 FR 80501).

Enhanced Federal Medical Assistance Percentage (eFMAP) for CHIP

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

[T]he “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.

The eFMAP rates are used in the Children’s Health Insurance Program under title XXI and in the Medicaid program for expenditures for medical assistance provided to certain children as 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 (Table 1, Column 2).

(Catalog of Federal Domestic Assistance Program Nos. 93.558: TANF Contingency

Funds; 93.563: Child Support Services;
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)

Xavier Becerra,
*Secretary, Department of Health and Human
Services.*

TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES,
EFFECTIVE OCTOBER 1, 2024—SEPTEMBER 30, 2025
[Fiscal Year 2025]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Alabama	72.84	80.99
Alaska	51.54	66.08
American Samoa *	83.00	85.00
Arizona	64.89	75.42
Arkansas	71.14	79.80
California	50.00	65.00
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	60.15	72.11
District of Columbia **	70.00	79.00
Florida	57.17	70.02
Georgia	66.04	76.23
Guam *	83.00	85.00
Hawaii	59.08	71.36
Idaho	67.59	77.31
Illinois	51.38	65.97
Indiana	64.90	75.43
Iowa	63.25	74.28
Kansas	61.87	73.31
Kentucky	71.48	80.04
Louisiana	68.06	77.64
Maine	62.06	73.44
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	65.13	75.59
Minnesota	51.16	65.81
Mississippi	76.90	83.83
Missouri	65.31	75.72
Montana	62.37	73.66
Nebraska	57.52	70.26
Nevada	60.22	72.15
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	71.68	80.18
New York	50.00	65.00
North Carolina	65.06	75.54
North Dakota	50.97	65.68
Northern Mariana Islands *	83.00	85.00
Ohio	64.60	75.22
Oklahoma	67.08	76.96
Oregon	59.00	71.30
Pennsylvania	55.09	68.56
Puerto Rico *	76.00	83.20
Rhode Island	56.31	69.42
South Carolina	69.67	78.77
South Dakota	53.07	67.15
Tennessee	64.81	75.37
Texas	60.00	72.00
Utah	64.36	75.05
Vermont	58.19	70.73
Virgin Islands *	83.00	85.00
Virginia	50.99	65.69
Washington	50.00	65.00
West Virginia	73.84	81.69
Wisconsin	60.43	72.30
Wyoming	50.00	65.00

* The Consolidated Appropriations Act, 2023 set the FMAP for American Samoa, Guam, Northern Marianas, and Virgin Islands permanently at 83 percent and set the FMAP for Puerto Rico at 76 percent through FY 2027. 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 disproportionate share hospital (DSH) allotments under those titles. For other purposes, the percentage for DC is 50.00, unless otherwise specified by law.

[FR Doc. 2023–25636 Filed 11–20–23; 8:45 am]
BILLING CODE 4150–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Advisory Board and NCI Board of Scientific Advisors, November 29, 2023, 05:30 p.m. to November 30, 2023, 05:30 p.m., National Cancer Institute—Shady Grove, 9609 Medical Center Drive, Room TE406 & 408, Rockville, MD, 20850 which was published in the **Federal Register** on September 29, 2023, FR Doc 2023–21441, 88 FR 67328.

This meeting notice is being amended to change the meeting format from hybrid (in-person & virtual) to virtual only. In addition, the National Cancer Advisory Board (NCAB) Subcommittee Meeting on November 29, 2023, will now be held from 1:00 p.m. to 2:00 p.m. instead of 5:30 p.m. to 9:00 p.m. The closed session of the NCAB on November 30, 2023, will now be held from 12:00 p.m. to 1:05 p.m. instead of 4:30 p.m. to 5:30 p.m. The open session of the NCAB and NCI Board of Scientific Advisors (BSA) on November 30, 2023, will now be held from 1:15 p.m. to 5:00 p.m. instead of 8:00 a.m. to 4:15 p.m. The NCAB Subcommittee meeting and open session of the NCAB and BSA can be accessed from the NIH VideoCasting at the following link: <https://videocast.nih.gov/>. The meeting is partially closed to the public.

Dated: November 15, 2023.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–25677 Filed 11–20–23; 8:45 am]
BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

[Docket No. USCBP–2023–0029]

Commercial Customs Operations Advisory Committee

AGENCY: U.S. Customs and Border Protection (CBP), Department of Homeland Security (DHS).

ACTION: Committee management; Notice of Open Federal advisory committee meeting.

SUMMARY: The Commercial Customs Operations Advisory Committee (COAC) will hold its quarterly meeting on Wednesday, December 13, 2023, in Washington, DC. The meeting will be open for the public to attend in person or via webinar. The in-person capacity is limited to 75 persons for public attendees.

DATES: The COAC will meet on Wednesday, December 13, 2023, from 1:00 p.m. to 5:00 p.m. EST. Please note that the meeting may close early if the committee has completed its business. Registration to attend and comments must be submitted no later than December 8, 2023.

ADDRESSES: The meeting will be held at the CBP Office of Training and Development, 1717 H Street NW, Washington, DC 20229—Classroom 7300A. For virtual participants, the webinar link and conference number will be posted by 5:00 p.m. EST on December 12, 2023, at <https://www.cbp.gov/trade/stakeholder-engagement/coac>. For information or to request special assistance for the meeting, contact Mrs. Latoria Martin, Office of Trade Relations, U.S. Customs and Border Protection, at (202) 344–1440, as soon as possible.

Comments may be submitted by one of the following methods:

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Search for Docket Number USCBP–2023–0029. To submit a comment, click the “Comment” button located on the top-left hand side of the docket page.

- **Email:** tradeevents@cbp.dhs.gov. Include Docket Number USCBP–2023–0029 in the subject line of the message.

Comments must be submitted in writing no later than December 8, 2023, and must be identified by Docket No. USCBP–2023–0029. All submissions received must also include the words “Department of Homeland Security.” All comments received will be posted without change to <https://www.cbp.gov/trade/stakeholder-engagement/coac/coac-public-meetings> and www.regulations.gov. Therefore, please refrain from including any personal information you do not wish to be posted. You may wish to view the Privacy and Security Notice, which is available via a link on www.regulations.gov.

FOR FURTHER INFORMATION CONTACT: Mrs. Latoria Martin, Office of Trade Relations, U.S. Customs and Border Protection, 1300 Pennsylvania Avenue NW, Room 3.5A, Washington, DC 20229, (202) 344–1440; or Ms. Felicia M. Pullam, Designated Federal Officer, at (202) 344–1440 or via email at tradeevents@cbp.dhs.gov.

SUPPLEMENTARY INFORMATION: Notice of this meeting is given under the authority of the Federal Advisory Committee Act, Title 5 U.S.C., ch. 10. The Commercial Customs Operations Advisory Committee (COAC) provides advice to the Secretary of the Department of Homeland Security, the Secretary of the Department of the Treasury, and the Commissioner of U.S. Customs and Border Protection (CBP) on matters pertaining to the commercial operations of CBP and related functions within the Department of Homeland Security and the Department of the Treasury.

Pre-Registration: Meeting participants may attend either in person or via webinar. All participants who plan to participate in person must register using the method indicated below:

For members of the public who plan to participate in person, please register online at <https://cbptradeevents.certain.com/profile/15391> by 5:00 p.m. EST on December 11, 2023. For members of the public who are pre-registered to attend the meeting in person and later need to cancel, please do so by 5:00 p.m. EST on December 11, 2023, utilizing the following link: <https://cbptradeevents.certain.com/profile/15391>.

For members of the public who plan to participate via webinar, the webinar link and conference number will be posted by 5:00 p.m. EST on December 12, 2023, at <https://www.cbp.gov/trade/stakeholder-engagement/coac>.

The COAC is committed to ensuring that all participants have equal access regardless of disability status. If you require a reasonable accommodation due to a disability to fully participate, please contact Mrs. Latoria Martin at (202) 344–1440 as soon as possible.

Please feel free to share this information with other interested members of your organization or association.

To facilitate public participation, we are inviting public comment on the issues the committee will consider prior to the formulation of recommendations as listed in the AGENDA section below.