the carrier's initial opting out of Part 32 accounting requirements; and (2) adjust their annually-computed GAAP-based pole attachment rates by the IRD for a period of 12 years after the election. Alternatively, price cap carriers may elect to use GAAP accounting for all purposes other than those associated with pole attachment rates and continue to use the Part 32 accounts and procedures applicable to pole attachment rates for up to 12 years. A price cap carrier may be required to submit pole attachment accounting data to the Commission for three years following the effective date of the rule permitting a price cap carrier to elect GAAP accounting. If a pole attacher informs the Commission of a suspected problem with pole attachment rates, the Commission will require the price cap carrier to file its pole attachment data for the state in question. This requirement may be extended for an additional three years, if necessary.

The Commission reduced the accounting requirements for telephone companies with a continuing obligation to comply with Part 32 in a number of areas. Telephone companies may: (1) Carry an asset at its purchase price when it was acquired, even if its value has increased or declined when it goes into regulated service; (2) reprice an asset at market value after a merger or acquisition consistent with GAAP; (3) use GAAP principles to determine Allowance-for-Funds-Used-During Construction; and (4) employ the GAAP standard of materiality. Rate-of-return carriers receiving cost-based support must determine materiality consistent with the general materiality guidelines promulgated by the Auditing Standards Board. Price cap carriers with a continuing Part 32 accounting obligation must maintain continuing property records necessary to track substantial assets and investments in an accurate, auditable manner. The carriers must make such property information available to the Commission upon request. Carriers subject to Part 32 must continue to comply with the USOA's depreciation procedures and its rules for cost of removal-and-salvage accounting.

Pursuant to the October 24, 2018 Rate-of-Return Business Data Services Report and Order, WC Docket No. 17–144, FCC 18–146, rate-of-return carriers currently receiving model-based or other fixed high-cost support may voluntarily elect to transition their business services offerings from rate-of-return to incentive regulation. Thus, electing carriers that choose to use GAAP instead of the Uniform System of Accounts are relieved of virtually all of the filing and recordkeeping requirements of the Uniform System of Accounts, with the sole exception of the same data provisioning requirements for the calculation of pole attachment rates as price cap carriers.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2026–13995 Filed 7–9–26; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health

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 of the Advisory Board on Radiation and Worker Health (ABRWH). This is a hybrid meeting, accessible both in person and virtually. It is open to the public, limited only by the space available and the number of audio conference lines and internet conference access, with a public comment period. The public is welcome to submit written comments in advance of the meeting to the contact person below. The public is also welcome to listen to the meeting by joining the audio conference (information below). The audio conference line has 150 ports for callers.

DATES: The meeting will be held on August 26, 2026, from 9 a.m. to 6:15 p.m., EDT and on August 27, 2026, from 9 a.m. to 4:45 p.m. A public comment session will be held on August 26, 2026 at 5:15 p.m., EDT, and will conclude at 6:15 p.m., EDT, or following the final call for public comment, whichever comes first. Written comments must be received on or before August 19, 2026.

ADDRESSES: Marriott Tampa Westshore, 1001 N. Westshore Blvd., Tampa, FL. Telephone: (813) 287–2555. The conference room accommodates approximately 120. You may submit comments by mail to: Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226. Email: *ocas@cdc.gov*.

Written comments received in advance of the meeting will be included in the official record of the meeting.

Meeting Information: The USA toll-free dial-in numbers are: +1 404 718 3800 (U.S. East Coast) and +1 888 994 4478 (U.S. West Coast). The meeting ID is: 281 371 000 189 653; passcode is: 717 151 903#, and the Web conference by Teams meeting connection is: *https://teams.microsoft.com/meet/281371000189653?p=uEEPP0SJXJbsxoTRJY*.

FOR FURTHER INFORMATION CONTACT: Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800, Email: *ocas@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines, which have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC.

The charter was issued on August 3, 2001, renewed at appropriate intervals, and rechartered under Executive Order 14109 (September 29, 2023) on March 22, 2024. Unless continued by the President, the Advisory Board will terminate on September 30, 2027, consistent with Executive Order 14354 of September 29, 2025.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific

validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to Be Considered: The agenda will include discussions on the following: NIOSH program update, Department of Labor program update, Department of Energy program update, and Special Exposure Cohort (SEC) Issues; SEC Petitions Updates, Carborundum WG Update, SEC Issues, Hanford, Pinellas Plant, Los Alamos National Laboratory workgroup updates, procedure reviews finalization/ document approvals and board work sessions. Agenda items are subject to change as priorities dictate. For additional information, please contact Toll Free 1–800–232–4636.

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. 2026–13920 Filed 7–9–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3479–FN]

Medicare and Medicaid Programs; Application From The Joint Commission for Continued CMS Approval of Its Home Health Agency (HHA) Accreditation Program

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

SUMMARY: This notice announces our decision to approve The Joint Commission for continued CMS recognition as a national accrediting organization for home health agencies that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this notice is applicable from March 31, 2026 through March 31, 2032.

FOR FURTHER INFORMATION CONTACT: Joy Webb, (410) 786–1667. Kristen Shifflett, (410) 786–4166.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a home health agency (HHA), provided certain requirements are met. Sections 1861(m) and (o) of the Social Security Act (the Act) establish distinct criteria for facilities seeking designation as HHAs. Regulations concerning provider agreements are set out at 42 CFR part 489, and those pertaining to survey and certification activities are at 42 CFR part 488. The regulations at 42 CFR part 484 specify the minimum conditions that an HHA must meet to participate in the Medicare program.

Generally, to enter into an agreement, an HHA must first be certified by a State survey agency (SA) as complying with the conditions or requirements set forth in part 484 of our regulations. Thereafter, the HHA is subject to regular surveys by an SA to determine whether it continues to meet these requirements.

Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through accreditation by a Centers for Medicare & Medicaid Services (CMS)-approved national accrediting organization (AO) that all applicable Medicare requirements are met or exceeded, we will deem those provider entities as having met such requirements. Accreditation by an AO is voluntary and is not required for Medicare participation.

If an AO is recognized by the Secretary of the Department of Health and Human Services (the Secretary) 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 requirements. A national AO applying for approval of its accreditation program under part 488, subpart A, must provide CMS with reasonable assurance that the AO requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare requirements. Our regulations concerning the approval of AOs are set forth at §§ 488.4, 488.5, and 488.5(e)(2)(i). The regulations at § 488.5(e)(2)(i) require an AO to reapply for continued approval of its accreditation program every 6 years or sooner, as determined by CMS.

The Joint Commission's most recent term of approval for its HHA accreditation program expired March 31, 2026. Due to the Government shutdown, there was a delay in publishing a proposed notice announcing receipt of The Joint Commission's application, providing a 30-day public comment period, and announcing The Joint Commission's application approval.

II. Application Approval Process

Section 1865(a)(3)(A) of the Act provides a statutory timetable to ensure that our review of applications for CMS-approval of an accreditation program is conducted in a timely manner. The Act provides us with 210 days from the date of receipt of a complete application, along with any necessary documentation to make the determination, to complete the application process. Within 60 days after receiving a complete application, we must publish a notice in the **Federal Register** that identifies the national accrediting body making the request, describes the request, and provides no less than a 30-day public comment period. At the end of the 210-day period, we must publish a notice in the **Federal Register** approving or denying the application.

III. Provisions of the Proposed Notice

On April 3, 2026, we published a proposed notice in the **Federal Register** (91 FR 16944), announcing The Joint Commission's request for continued approval of its Medicare HHA accreditation program. CMS approves or denies an AO's application based on an assessment of the factors that follow, which may include, but are not limited to, a review of the information required to be submitted by the AO, interviews with AO staff, an evaluation of the AO's survey process and findings, and other activities necessary to determine that the AO meets the requirements set forth at §§ 488.4 and 488.5. Under section 1865(a)(2) of the Act and our regulations at § 488.5 and § 488.8(h), we reviewed The Joint Commission's Medicare HHA accreditation application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- The AO's (1) corporate policies; (2) financial viability; (3) ability to investigate and respond appropriately to allegations of violations of the Medicare program requirements; and (4) survey review and decision-