** Request is for an October 1, 2024, implementation date, and the requestor intends to submit an NTAP application for FY 2026 consideration.

These topics will not be presented during the March 19–20, 2024, meeting. CMS will solicit public comments regarding any clinical questions or coding options included for these procedure code topics in advance of the meeting continuing through the end of the respective public comment periods. Members of the public should send any questions or comments to the CMS mailbox at: *ICDProcedureCodeRequest@cms.hhs.gov.*

CMS intends to post a question-and-answer document in advance of the meeting to address any clinical or coding questions that members of the public may have submitted. Following the conclusion of the meeting, CMS will post an updated question-and-answer document to address any additional clinical or coding questions that members of the public may have submitted during the meeting that CMS was not able to address or that were submitted after the meeting.

The NTAP-related ICD–10–PCS procedure code requests that do not involve the administration of a therapeutic agent and all non-NTAP-related procedure code requests will continue to be presented during the virtual meeting on March 19, 2024, consistent with the standard meeting process.

CMS will make all meeting materials and related documents available at: *https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials.* Any inquiries related to the procedure code topics scheduled for the March 19, 2024, ICD–10 C&M Committee meeting day that are under consideration for October 1, 2024, implementation should be sent to the CMS mailbox at: *ICDProcedureCodeRequest@cms.hhs.gov.*

ICD–10–CM Topics:

1. Abnormal Anti-cyclic Citrullinated Peptide Antibody and/or Rheumatoid Factor Without Current or Prior Clinical Diagnosis of Rheumatoid Arthritis
2. APOL1-mediated Kidney Disease
3. Baked Egg Tolerance
4. Baked Milk Tolerance
5. Coding of Firearms Injuries Default
6. DLG4-related Synaptopathy
7. Flank Anatomical Specificity
8. Glutamate Receptor, Ionotropic, Gene-related Neurodevelopmental Disorders
9. Gulf War Illness
10. Hyperoxaluria
11. Post-exertional Malaise
12. SCN2A-related Disorders
13. SLC6A1-related Disorders
14. STXBP1-related Disorders
15. Usher Syndrome
16. Addenda

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. 2024–02178 Filed 2–2–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–1402]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Surveillance of HIV-related service barriers among Individuals with Early or Late HIV Diagnoses (SHIELD)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on October 06, 2023, to obtain comments from the public and affected agencies. CDC received two comments to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Surveillance of HIV-related service barriers among Individuals with Early or Late HIV Diagnoses (SHIELD) (OMB Control No. 0920–1402, Exp. 05/31/2026)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

National HIV Surveillance System (NHSS) data indicate that 36,940 adolescents and adults received an HIV diagnosis in the United States and dependent areas in 2019. During 2015–2019, the overall rate of annual diagnoses decreased only slightly, from 12.4 to 11.1 per 100,000 persons. Although not every jurisdiction reports complete laboratory data needed to identify the stage of infection, data from the majority of jurisdictions show that many of these cases were classified as Stage 0 (6.9%) or Stage 3 (21.5%) infection (*i.e.,* cases diagnosed in early infection or late infection, respectively). Early and late diagnoses represent recent failures in prevention and testing systems, and opportunities to

understand needed improvements in these systems.

The NHSS would classify HIV infections as Stage 0 if the first positive HIV test were within six months of a negative HIV test. Persons who received a diagnosis at Stage 0 (*i.e.,* early diagnosis) could access HIV testing shortly after infection yet could not benefit from biomedical and behavioral interventions to prevent HIV infection. The federal Ending the HIV Epidemic in the U.S. (EHE) initiative prioritizes the provision of HIV preexposure prophylaxis (PrEP), syringe services programs, treatment as prevention efforts, and other proven interventions—as part of the Prevent pillar of the EHE initiative—to prevent new HIV infections.

HIV infections are classified as Stage 3 (AIDS) by the presence of an AIDS-defining opportunistic infection or by the lowest CD4 lymphocyte test result. Persons with Stage 3 infection at the time of their initial HIV diagnosis (*i.e.,* late diagnosis) did not benefit from timely receipt of testing or HIV prevention interventions. They were likely unaware of their infection for a substantial length of time.

Nationally, an estimated 13.3% of persons with HIV are unaware of their infection, contributing to an estimated 40% of all ongoing transmission. Increasing early diagnosis is a crucial pillar of efforts to end HIV in the United States. Given the continued occurrence of HIV infections in the United States, the barriers and gaps associated with low uptake of HIV testing and prevention services must be addressed to reduce new infections and facilitate timely diagnosis and treatment. Individual- and systems-level factors likely contribute to barriers and gaps in testing and prevention. Therefore, CDC is sponsoring this data collection to improve understanding of barriers and gaps associated with new infection and late diagnosis in the era of multiple testing modalities and prevention options such as PrEP. These enhanced surveillance activities will identify actionable missed opportunities for early diagnosis and prevention, thus informing allocation of resources, development and prioritization of interventions, and evidence-based local and national decisions to improve HIV testing and address prevention gaps.

The changes proposed in this request add a new qualitative data collection activity that encompasses a new consent form and a new data collection tool (In-depth Interview Guide) to conduct qualitative interviews to meet prevailing information needs and enhance the value of SHIELD data and minor edits to the approved SHIELD survey while remaining within the scope of the currently approved project purpose. The annualized burden hours of the project increased by 158 hours with these additions, for a total of 3,074 annualized burden hours. There are no costs to respondents other than time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Potential Eligible Participant	Recruitment Script English	2,000	1	15/60
Potential Eligible Participant	Recruitment Script Spanish	500	1	15/60
Eligible Participant	Consent for quantitative survey—English	2,000	1	5/60
Eligible Participant	Consent—Spanish	500	1	5/60
Eligible Participant	Survey—English	2,000	1	50/60
Eligible Participant	Survey—Spanish	500	1	50/60
Eligible Participant	Consent for qualitative interview—English	50	1	5/60
Eligible Participant	Consent for qualitative interview—Spanish	50	1	5/60
Eligible Participant	In-depth Interview—English	50	1	90/60
Eligible Participant	In-depth Interview—Spanish	50	1	90/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2024–02172 Filed 2–2–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–0199; Docket No. CDC–2024–0008]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Import Permit. The goal of the information collection is to support the Public Health Service (PHS) Act and prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession.

DATES: CDC must receive written comments on or before April 5, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2024–0008 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and