Name: National Committee on Vital and Health Statistics (NCVHS), Hearing of the Subcommittee on Standards.

Dates and Times: Tuesday, August 25, 2020: 9:00 a.m.–5:30 p.m. EDT; Wednesday, August 26, 2020: 8:30 a.m.–3:00 p.m. EDT.

Place: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Rm. 505A, Washington, DC 20201.

Status: Open.

Purpose: At the August 25–26, 2020, hearing, the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards, will address a request received on February 24, 2020, from the Council for Affordable Quality Healthcare (CAQH), Committee on Operating Rules for Information Exchange (CORE) Board, to consider three new operating rules for federal adoption: (1) CAQH CORE Prior Authorization Data Content Rule; (2) CAQH CORE Prior Authorization Infrastructure Rule; and (3) CAQH CORE Connectivity Rule. At this meeting, the Subcommittee will hear from invited industry stakeholders and review written testimony received in advance from interested individuals and organizations.

The Health Insurance Portability and Accountability Act (HIPAA) gives statutory authority to the Secretary of Health & Human Services (HHS) to promulgate regulations adopting standards, code sets, and identifiers to support the exchange of electronic health information between covered entities, including standards for retail pharmacy and medical transactions. Standards setting organizations or the Designated Standards Maintenance Organization (DSMO) bring forward new versions of the adopted standards to NCVHS after completion of a consensus-based review and evaluation process. Section 1104 of the Patient Protection and Affordable Care of 2010 (ACA) amended HIPAA and introduced the requirement to adopt operating rules to support the business function of each adopted standard transaction. To date, the Department of Health and Human Services (HHS) has adopted operating rules for eligibility, claim status, electronic remittance advice, and electronic funds transfer. HHS has not yet adopted operating rules for health care claims, enrollment/disenrollment, premium payments, prior authorization for referrals, or claim attachments.

The Data Content and Infrastructure Rules pertain specifically to the prior authorization (278) transaction. The Connectivity Rule is to be more broadly applied to all HIPAA transactions and is designed to facilitate interoperability. CAQH CORE developed these rules for the purpose of improving utilization of administrative transactions, enhancing efficiency and lowering the cost of information exchange in healthcare.

The Committee's intent is to solicit information from industry about the costs and benefits of the operating rule for connectivity and operating rules for the prior authorization transaction. The Committee requests comments from the public to inform the Committee's deliberations about the benefits of adopting these rules in advance of this meeting and will consider them along with the oral input of subject matter experts at the hearing. The Committee has developed specific questions to ensure comments address key issues under consideration by the Committee. Those questions are available at: *https://ncvhs.hhs.gov/August-2020-Standards-Subcommittee-Hearing-Public-Comment-Questions.* The letter from April Todd, Senior Vice President, CAQH CORE & Explorations, et al., to William W. Stead, Chair, National Committee on Vital and Health Statistics, requesting the changes and a summary of the operating rules are available for review at *https://ncvhs.hhs.gov/wp-content/uploads/2020/04/CAQH-CORE-NCVHS-Review-Request-2.24.20_FINAL-508.pdf.* Please submit comments specific to the Phase IV and V operating rules responding to the questions provided at the above link to *NCVHSmail@cdc.gov* by close of business Friday, July 24, 2020.

At the hearing, the Subcommittee on Standards will lead a discussion of the request received from CAQH CORE, taking into consideration input from stakeholders regarding costs and benefits of implementing each of these operating rules.

There will be a public comment period on both meeting days. The meeting location, times and topics are subject to change. Please refer to the NCVHS website for any updates.

Contact Person for More Information: Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458–4715. Summaries of meetings and a roster of Committee members are available on the home page of the NCVHS website *ncvhs.hhs.gov.* Further information, including an agenda and instructions to access the broadcast of the meeting, will be posted at this site as soon as the information is available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488–3210 as soon as possible.

Sharon Arnold,

Associate Deputy Assistant Secretary for Planning and Evaluation, Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 2020–13500 Filed 6–22–20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Healthcare Preparedness Programs (NHPP); Single Source Cooperative Agreement to the American Red Cross

AGENCY: Office of the Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The National Healthcare Preparedness Programs (NHPP) Branch of the Office of the Assistant Secretary for Preparedness and Response (ASPR), in the Department of Health and Human Services intends to provide a Single Source Cooperative Agreement to the American Red Cross. The Cooperative Agreement will support the stability of the American Red Cross blood operations and humanitarian services during the COVID–19 pandemic. The total proposed cost of the Single Source Cooperative Agreement is not to exceed $118,000,000 for a total of 12 months.

DATES: The period of performance is from June 22, 2020 to June 21, 2021. The recipient may use a portion of the funding to retroactively compensate costs for preparedness activities undertaken since January 20, 2020. The recipient must request retroactive compensation at the time of the application, and the request should contain the following information: Time period; line item budget for the period; and, narrative description of the COVID–19 preparedness activities. Award amount: Estimate $118,000,000.

FOR FURTHER INFORMATION CONTACT: *Jennifer.Hannah@hhs.gov,* (202) 245–0722.

SUPPLEMENTARY INFORMATION: The National Healthcare Preparedness Program (NHPP) Branch is the program office for this Cooperative Agreement:

Single Source Justification: The American Red Cross is both the largest provider of blood products in the nation and the largest global humanitarian network, as well as a critical partner to the U.S. Government in bolstering the

strength of health care during national emergencies. The American Red Cross and NHPP will collaborate to maintain American Red Cross operations and support the nation's health care during the COVID–19 pandemic. This collaboration will enable hospitals and other health care entities to meet demand for blood supply and avoid shortages of this lifesaving medical resource, as well as sustain the American Red Cross's disaster relief work, which provides supplies, financial assistance, food, and connections to health care providers to communities during large scale disasters. During this unprecedented outbreak, it is particularly important to maintain continuity of vital disaster relief operations and to preserve the strength of America's blood supply. The American Red Cross is facing increased costs—for example, for supplies and equipment related to infection control during blood donation operations. As the nation moves out of response and into recovery from COVID–19, it will be vital to maintain operations in order to ensure communities have uninterrupted access to the American Red Cross's frontline humanitarian services and to prevent health care from facing blood supply shortages at an already precarious time. There is no direct equivalent of the American Red Cross, which supported more than 97,300 households with recovery assistance and provided over 6.4 million blood products to help patients in Fiscal Year 2019 and which is uniquely positioned to quickly respond to the demands of the health care system. Supporting collaboration between the U.S. Public Health Service and public and private community health programs and agencies to respond to health emergencies is an authority provided to HHS under section 311(c)(1) of the Public Health Service Act. Funding to respond to the coronavirus, including addressing the blood supply chain, is appropriated to HHS in the CARES Act. Collaboration with the American Red Cross has the potential to augment existing nationwide COVID–19 community relief efforts, and to provide solutions and mitigate risks to the nation's blood supply. The dual protection of American Red Cross's humanitarian aid network and its blood operations, a piece of critical infrastructure for the United States health care system, is essential to ASPR's mission to save lives and protect Americans against 21st century health security threats. By collaborating with the American Red Cross to meet new challenges and costs incurred by the COVID–19 pandemic, maintain blood supply and continuity of relief services, and strengthen partnerships between the American Red Cross and health care coalitions supported through NHPP's Hospital Preparedness Program, NHPP's goal for this cooperative agreement is for health care to be able to quickly draw upon a strong public-private partnership and humanitarian network to provide lifesaving medical care for Americans—now and in the future as the United States continues to recover from this pandemic event.

Dated: June 18, 2020.

Robert P. Kadlec,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2020–13492 Filed 6–22–20; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Clinical and Preventive Services; Division of Oral Health; Dental Preventive Clinical Support Program

Announcement Type: New and Competing Continuation

Funding Announcement Number: HHS–2020–IHS–TDCP–0001

Catalog of Federal Domestic Assistance Number: 93.933

Key Dates

Application Deadline Date: September 21, 2020.

Earliest Anticipated Start Date: September 15, 2020.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS), Office of Clinical and Preventive Services, Division of Oral Health (DOH), is accepting applications for grants for the Dental Preventive and Clinical Support Centers Program. This program is authorized under 25 U.S.C. 13, Snyder Act; 42 U.S.C. 2001, Transfer Act; and 25 U.S.C. 1601 *et seq.,* the Indian Health Care Improvement Act (IHCIA). This program is described in the Assistance Listings located at *https://beta.sam.gov* (formerly known as Catalog of Federal Domestic Assistance) under 93.933.

Background

The primary users of a support center are IHS, Tribal, and urban dental programs and personnel throughout an IHS area or broad geographic region. Most users are not dental patients or Tribes. The primary function of a support center is not the direct provision of clinical care. Well-designed support centers will positively impact and document oral health outcomes for patients, primarily by providing guidance to field programs and addressing the assessed and perceived needs of dental personnel and IHS/Tribal/urban (I/T/U) dental programs.

Proposed programs that focus on one locale or on clinical or preventive care alone, with no concomitant focus on a regional or area support-oriented component for the dental program, although well-intentioned and of potential value, are not responsive to this announcement or to the support center project.

Purpose

The purpose of this IHS grant program is to combine existing resources and infrastructure with IHS Headquarters (HQ) and IHS area resources in order to address the broad challenges and opportunities associated with IHS preventive and clinical dental programs. In accordance with the recently stated priorities of the Secretary of the Department of Health and Human Services (HHS) regarding the need to achieve ''higher value'' health care services, the dental support centers will address two priority goals: (1) Provide support, guidance, training, and enhancement of I/T/U dental programs within their area; and (2) ensure that the services of the support centers and the I/T/U/dental programs result in measurable improvements in the oral health status of the American Indian/Alaska Native (AI/AN) patients served. In order to address these two goals, a strong, collaborative working relationship with the IHS HQ Division of Oral Health (DOH) and the Area Dental Director or Area Dental Officer should be maintained. In short, support centers will empower the dental programs they serve and impact oral health outcomes through the guidance, training and support services they provide. Improvements to oral health must be documented.

Pre-Conference Grant Requirements

This section is only required if the applicant has included a conference in the proposed scope of work and intends on using funding to plan and conduct a conference or meeting during the project period. For definitions of what constitutes a conference, please see the policy at the link provided below. The awardee is required to comply with the ''HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meeting Space,