

FOR FURTHER INFORMATION CONTACT:

Ralph Goldberg, (410) 786-4870 or Gina Longus, (410) 786-1287. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:**I. Background**

Payment for durable medical equipment (DME) is currently based on fee schedule amounts established using reasonable charge data from earlier years. Section 1847 of the Social Security Act (the Act) requires the Secretary to replace the current DME payment methodology for certain items with a competitive bidding process to improve the effectiveness of Medicare's methodology for setting DME payment amounts. This bidding process will establish payment for certain durable medical equipment, enteral nutrition, prosthetics, and off-the-shelf orthotics. In addition, section 1847(c) of the Act requires the Secretary to establish a Program Advisory and Oversight Committee (PAOC) to provide advice on the development and implementation of the program.

We established a PAOC pursuant to this statutory mandate, and the PAOC has provided advice in the development and implementation of the program to date. On July 15, 2008, Congress passed the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). Section 154 of MIPPA delays competition for Rounds 1 and 2 of the competitive bidding program and requires certain modifications to the program. Section 154(c)(2)(A) of MIPPA delays the termination date for the PAOC from December 31, 2009 to December 31, 2011.

The PAOC committee continues to have an important role in the implementation of the competitive bidding program. The PAOC members will need to review the previous bidding process and consider all of the MIPPA changes. Due to the length of the MIPPA delay and these additional duties, we have decided to end the term of service for the initial PAOC members and solicit nominees to serve for the next phase of the program.

II. Goals, General Responsibilities, and Composition of the Program Advisory and Oversight Committee (PAOC)**A. Goals and General Responsibilities**

Section 1847(c)(3) of the Act requires the PAOC to provide advice to the Secretary on the following:

- The implementation of the program.
- The establishment of financial standards, taking into account the needs of small providers.

- The establishment of requirements for collection of data for the efficient management of the program.

- The development of proposals for efficient interaction among manufacturers, providers of services, suppliers, and individuals.

- The establishment of quality standards.

Section 1847(c)(3)(B) of the Act requires the PAOC to perform additional functions to assist the Secretary in implementing the program as the Secretary may specify. In accordance with section 1847(c)(5) of the Act, as amended by section 154 of MIPPA, the Committee will terminate on December 31, 2011. Committee meetings are expected to occur on an ad hoc basis. Committee meetings will be held in the Baltimore/Washington DC area. (We will reimburse travel expenses, which will be based on government per diem rates and travel policy.)

B. Composition of the Program Advisory and Oversight Committee

We have particular interest in individuals with expertise in DME, prosthetics, orthotics, or supplies (DMEPOS) and competitive bidding, as well as experience in furnishing services and items in the rural and the urban marketplace. The PAOC will be composed of 10 to 12 members from the following broad representation:

- Beneficiary/consumer representatives.
- Physicians and other practitioners.
- Suppliers.
- Professional standards organizations.
- Financial standards specialists (that is, economist/CPA).
- Association representatives.
- Other. (If you believe that representatives of other specialties or with other skills should be included on the committee, you may indicate the category or respective categories and you may nominate an individual for that category.)

III. Submission of Nominations

This notice is requesting nominations for membership on the PAOC. The Secretary will consider qualified individuals who are determined to have the expertise required to meet specific agency needs and who will ensure an appropriate balance of membership. Nominations may be made for one or more qualified individuals, and self-nominations will also be accepted. Each nomination must include the following:

1. A letter of nomination that includes both of the following:
 - a. Contact information for both the nominator and nominee (if not the same).

- b. The category, as specified in section II.B. of this notice for which the nomination is being made (for example, suppliers or association representatives).

2. A curriculum vitae or resume of the nominee that includes a statement of the nominee's current professional responsibilities (not to exceed five pages).

3. A statement that the nominee is willing to serve on the committee for its duration (that is, until December 31, 2011). This statement should also include a discussion of the nominee's relevant experience (not to exceed three pages). (For self-nominations, this information may be included in the nomination letter.)

Authority: Section 1847(c) of the Social Security Act.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 25, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on 301-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The National Health Service Corps Uniform Data System (OMB No. 0915-0232) Extension

HRSA's Bureau of Clinician Recruitment and Service places National Health Service Corps (NHSC) health care professionals at sites that

provide services to underserved and vulnerable populations. The NHSC Uniform Data System report (UDS) is completed by sites that receive the placement of an NHSC provider, if those

sites are not currently receiving HRSA grant support. The NHSC UDS provides information that is utilized for monitoring and evaluation of program operations and effectiveness, and to

accurately report on the scope of supported activities.

The estimated annual burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Uniform Data System	1,200	1	1,200	27	32,400

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to OIRA_submission@omb.eop.gov or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: September 26, 2008.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E8-23222 Filed 10-1-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: National Advisory Council on Migrant Health.

Dates and Times: November 18, 2008, 8:30 a.m. to 5 p.m.; November 19, 2008, 8:30 a.m. to 5 p.m.

Place: Sheraton New Orleans Hotel, 500 Canal Street, New Orleans, Louisiana 70130, Telephone: (504) 525-2500, Fax: (504) 595-5252.

Status: The meeting will be open to the public.

Purpose: The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal farmworkers and their families and to formulate recommendations for the Secretary of Health and Human Services.

Agenda: The agenda includes an overview of the Council's general business activities. The Council will also hear presentations from experts on farmworker issues, including the status of farmworker health at the local and national levels.

In addition, the Council will be holding a public hearing at which migrant farmworkers, community leaders, and providers will have the opportunity to testify before the Council regarding matters that affect the health of migrant farmworkers. The

hearing is scheduled for Wednesday, November 19 from 9 a.m. to 12 p.m., at the Sheraton New Orleans Hotel.

The Council meeting is being held in conjunction with the Midwest Stream Farmworker Health Forum sponsored by the National Center for Farmworker Health, which is being held in New Orleans, Louisiana, November 19-22, 2008.

Agenda items are subject to change as priorities indicate.

For Further Information Contact: Gladys Cate, Office of Minority and Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Maryland 20857; telephone (301) 594-0367.

Dated: September 26, 2008.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Approval; Comment Request; Extension of Approved Collection; Responsibility of Applicants for Promoting Objectivity in Research for Which Public Health Service Funding Is Sought, 42 CFR Part 50, Subpart F and for Responsible Prospective Contractors, 45 CFR Part 94 C

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on July 14, 2008 (Vol. 73, No. 135, p. 40354-40355) and allowed 60-days for public comment. There were no public comments received during this time. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and

the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and for Responsible Prospective Contractors, 42 CFR Part 50, Subpart F, and 45 CFR Part 94.

Type of Information Collection

Request: Extension of OMB No. 0925-0417, expiration date November 30, 2008.

Need and Use of the Information Collection: This is a request for OMB Approval for the information collection and recordkeeping requirements contained in the final rule 42 CFR Part 50, Subpart F and related recordkeeping requirements regarding contractors in Responsible Prospective Contractors, 45 CFR Part 94. The purpose of these regulations is to promote objectivity in research by requiring institutions to establish standards to ensure that there is no reasonable expectation that the design, conduct, or reporting of research will be biased by a conflicting financial interest of an investigator.

Frequency of Response: On occasion.

Affected Public: Individuals or households; business or other for-profit; not-for-profit institutions; State, Local or tribal government.

Type of Respondents: Any public or private entity or organization.

The annual reporting burden is as follows:

Estimated Number of Respondents: 67,860.

Estimated Number of Responses Per Respondent: 1.60;

Averaged Burden Hours Per Response: 3.40.; and

Estimated Total Annual Burden Hours Requested: 220,280.

The annualized cost to the public is estimated at \$8,120,000.

Operating Costs and/or maintenance costs are \$4,633.00.