

adjournment on June 22. This meeting is open to the public with attendance limited only by the space available. Individuals who plan to attend are encouraged to register online at the BSC meeting Web site (<http://ntp.niehs.nih.gov/go/165>) by June 14, 2012, to facilitate planning for the meeting. Registered attendees are encouraged to access this Web site to stay abreast of the most current information regarding the meeting. The NTP is making plans to videocast the meeting through the Internet at <http://www.niehs.nih.gov/news/video/live>.

Request for Comments

Written comments submitted in response to this notice should be received by June 7, 2012. Comments will be posted on the BSC meeting Web site and persons submitting them will be identified by their name and affiliation and/or sponsoring organization, if applicable. Persons submitting written comments should include their name, affiliation (if applicable), phone, email, and sponsoring organization (if any) with the document.

Time will be allotted during the meeting for the public to present oral comments to the BSC on the agenda topics. In addition to in-person oral comments at the meeting at the NIEHS, public comments can be presented by teleconference line. There will be 50 lines for this call; availability will be on a first-come, first-served basis. The available lines will be open from 8:30 a.m. until adjournment, although public comments will be received only during the formal public comment periods, which are indicated on the preliminary agenda. Each organization is allowed one time slot per agenda topic. At least 7 minutes will be allotted to each speaker, and if time permits, may be extended to 10 minutes at the discretion of the BSC chair. Persons wishing to present oral comments are encouraged to pre-register on the NTP meeting Web site, indicate whether they will present comments in-person or via the teleconference line, and list the topic(s) on which they plan to comment. The access number for the teleconference line will be provided to registrants by email prior to the meeting. Registration for oral comments will also be available on both meeting days, although time allowed for presentation by these registrants may be less than that for pre-registered speakers and will be determined by the number of persons who register at the meeting.

Persons registering to make oral comments are asked to send a copy of their statement or PowerPoint slides to

the Designated Federal Officer for the BSC (see **ADDRESSES** above) by June 14, 2012. Written statements can supplement and may expand upon the oral presentation. If registering on-site and reading from written text, please bring 40 copies of the statement for distribution to the BSC and NTP staff and to supplement the record.

Background Information on the NTP BSC

The BSC is a technical advisory body comprised of scientists from the public and private sectors that provides primary scientific oversight to the NTP. Specifically, the BSC advises the NTP on matters of scientific program content, both present and future, and conducts periodic review of the program for the purpose of determining and advising on the scientific merit of its activities and their overall scientific quality. Its members are selected from recognized authorities knowledgeable in fields such as toxicology, pharmacology, pathology, biochemistry, epidemiology, risk assessment, carcinogenesis, mutagenesis, molecular biology, behavioral toxicology, neurotoxicology, immunotoxicology, reproductive toxicology or teratology, and biostatistics. Members serve overlapping terms of up to four years. The BSC usually meets biannually.

Dated: April 11, 2012.

John R. Bucher,

Associate Director, National Toxicology Program.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Solicitation of Written Comments on Draft: National Action Plan To Prevent Healthcare-Associated Infections: Roadmap to Elimination

AGENCY: Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Healthcare Quality.

ACTION: Notice.

SUMMARY: The Office of Healthcare Quality is soliciting public comment on the revised draft *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination*.

DATES: Comments on the revised draft *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination* should be received no later than 5 p.m. on June 25, 2012. This document reflects a significant update and expansion from

the initial version issued in 2009, "HHS Action Plan to Prevent Healthcare-Associated Infections." It includes new sections specific to infection reduction in ambulatory surgical centers and end-stage renal disease facilities, as well as a new section on increasing influenza vaccination of health care personnel. The *Action Plan* reflects the work of many offices across the Department of Health and Human Services, Department of Defense, and Department of Veterans Affairs. The plan also reflects input from national experts and stakeholder organizations.

ADDRESSES: The revised draft *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination* can be found at <http://www.hhs.gov/ash/initiatives/hai/actionplan/index.html>. Comments are preferred electronically and may be addressed to OHQ@hhs.gov. Written responses should be addressed to the Department of Health and Human Services, Office of Healthcare Quality, 200 Independence Ave, SW., Room 711G, Washington, DC 20201, Attention: Draft National HAI AP.

FOR FURTHER INFORMATION CONTACT: Daniel Gallardo, (202) 690-2470 or OHQ@hhs.gov.

SUPPLEMENTARY INFORMATION

I. Background

Healthcare-associated infections, or HAIs, are a serious public health issue; at any given time, about 1 in every 20 patients has an infection related to their hospital care, which cost the U.S. healthcare system billions of dollars each year. For these reasons, the prevention and reduction of healthcare-associated infections is a top priority for the Department of Health and Human Services (HHS). Multiple Operating and Staff Divisions within HHS have been working to reduce the incidence and prevalence of healthcare-associated infections for decades. To further efforts, the HHS Steering Committee for the Prevention of Healthcare-Associated Infections was established in July 2008 and charged with developing a comprehensive strategy to progress toward the elimination of healthcare-associated infections.

In 2009, the Steering Committee issued the initial version of the "HHS Action Plan to Prevent Healthcare-Associated Infections." The initial strategy (Phase One) focused on the prevention of infections in the acute care hospital setting and includes: a prioritized research agenda; an integrated information systems and technology strategy; policy options for linking payment incentives or

disincentives to quality of care and enhancing regulatory oversight of hospitals; and a national messaging plan to raise awareness of HAIs among the hospitals and family caregivers. The Action Plan also delineates specific measures and five-year goals to focus efforts and track national progress in reducing the most prevalent infections. In addition, the plan intended to enhance collaboration with non-government stakeholders and partners at the national, regional, state, and local levels to strengthen coordination and impact of efforts.

Recognizing the need to coordinate prevention efforts across healthcare facilities, HHS began to transition into the second phase (Phase Two) of the Action Plan in late 2009. Phase Two expands efforts outside of the acute care setting into outpatient facilities (e.g., ambulatory surgical centers, end-stage renal disease facilities). The healthcare and public health communities are increasingly challenged to identify, respond to, and prevent healthcare-associated infections across the continuum of settings where healthcare is delivered. The public health model's population-based perspective can be deployed to enhance healthcare-associated infection prevention, particularly given the shifts in healthcare delivery from the acute care (Phase One) to ambulatory (Phase Two) and other settings.

Moreover, healthcare personnel can acquire and transmit influenza from patients or transmit influenza to patients and other health care personnel. Results of several studies indicate that higher vaccination coverage among health care personnel is associated with lower incidence of nosocomial influenza, influenza-like illness, or mortality during influenza season. In addition, the proportion of healthcare-associated cases among hospitalized patients decreases as well, suggesting that increased staff vaccination can contribute to the decline in the number of healthcare-associated influenza cases.

The Steering Committee drafted two strategies or modules that address healthcare-associated infection prevention in ambulatory surgical centers and end-stage renal disease facilities. An additional module addresses influenza vaccination of health care personnel. Similar to its Phase One efforts, Phase Two healthcare-associated infection reduction strategies expect to be executed through research and guideline development, implementation of national quality improvement initiatives at the provider level, and

creation of payment policies that promote infection control and reduction in healthcare facilities.

To assist the Steering Committee in obtaining broad input in the development of the three draft modules, HHS, through this request for information (RFI), is seeking comments from stakeholders and the general public on the revised draft *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination*. The revised draft can be found at <http://www.hhs.gov/ash/initiatives/hai/actionplan/index.html>.

II. Information Request

The Office of Healthcare Quality, on behalf of the HHS Steering Committee for the Prevention of Healthcare-Associated Infections, requests input on the revised draft *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination*.

III. Potential Responders

HHS invites input from a broad range of individuals and organizations that have interests in preventing and reducing healthcare-associated infections. Some examples of these organizations include, but are not limited to the following:

- General public
- Healthcare, professional, and educational organizations/societies
- Caregivers or health system providers (e.g., physicians, physician assistants, nurses, infection preventionists)
- State and local public health agencies
- Public health organizations
- Foundations
- Medicaid- and Medicare-related organizations
- Insurers and business groups
- Collaboratives and consortia.

When responding, please self-identify with any of the above or other categories (include all that apply) and your name. Anonymous submissions will not be considered. The submission of written materials in response to the RFI should not exceed 10 pages, not including appendices and supplemental documents. Responders may submit other forms of electronic materials to demonstrate or exhibit concepts of their written responses, however, we request that comments are identified by Chapter, Section, and page number so they may be addressed accordingly. All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

Dated: April 19, 2012.

Don Wright,

Deputy Assistant Secretary for Health.

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BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Scientific Information Request on Medical Devices To Treat Otitis Media With Effusion

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for Scientific Information Submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from manufacturers of otitis media with effusion medical devices, such as tympanostomy tubes and autoinflation devices. Scientific information is being solicited to inform our Comparative Effectiveness Review of Otitis Media with Effusion (OME) Treatments, which is currently being conducted by the Evidence-based Practice Centers for the AHRQ Effective Health Care Program. Access to published and unpublished pertinent scientific information on this device will improve the quality of this comparative effectiveness review. AHRQ is requesting this scientific information and conducting this comparative effectiveness review pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108–173.

DATES: Submission Deadline on or before May 25, 2012.

ADDRESSES:

Online submissions: <http://effectivehealthcare.AHRQ.gov/index.cfm/submit-scientific-information-packets/>. Please select the study for which you are submitting information from the list of current studies and complete the form to upload your documents.

Email submissions: ehcsrc@ohsu.edu (please do not send zipped files—they are automatically deleted for security reasons).

Print submissions: Robin Paynter, Oregon Health and Science University, Oregon Evidence-based Practice Center, 3181 SW Sam Jackson Park Road, Mail Code: BICC, Portland, OR 97239–3098.

FOR FURTHER INFORMATION CONTACT: Robin Paynter, Research Librarian, Telephone: 503–494–0147 or Email: ehcsrc@ohsu.edu.