

## ANNUALIZED BURDEN TABLE—Continued

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs)	Total burden hours
Biannual follow-up interview .....	45	2	25/60	38
System failure follow-up interview .....	4	1	25/60	2
Total .....				60

Dated: July 27, 2004.

**Alvin Hall,**

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Healthcare Infection Control Practices Advisory Committee (HICPAC)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

*Name:* Healthcare Infection Control Practices Advisory Committee: Conference Call Meeting.

*Time and Date:* 1 p.m.–3 p.m., August 17, 2004.

*Place:* The conference call will originate at the Division of Healthcare Quality Promotion (DHQP), in Atlanta, Georgia. Please see **SUPPLEMENTARY INFORMATION** for details on accessing the conference call.

*Status:* Open to the public, limited only by the availability of telephone ports.

*Purpose:* The Committee is charged with providing advice and guidance to the Secretary; the Assistant Secretary for Health; the Director, CDC; and the Director, National Center for Infectious Diseases (NCID), regarding (1) the practice of hospital infection control; (2) strategies for surveillance, prevention, and control of infections (e.g., nosocomial infections), antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of guidelines and other policy statements regarding prevention of healthcare-Associated infections and healthcare-related conditions.

*Matters to be Discussed:* The Healthcare Infection Control Practices Advisory Committee will convene by conference call to discuss the draft Guidance Document on Public Reporting of Healthcare-Associated Infection Rates.

*Supplementary Information:* This conference call is scheduled to begin at 1 p.m., eastern time. To participate in the conference call, please dial 1-877-675-5901 and enter Pass Code 254137. You will then be automatically connected to the call.

*For Further Information Contact:* Harriette Lynch, Committee Management Specialist, HICPAC, DHQP, NCID, CDC, 1600 Clifton Road, NE., M/S A-07, Atlanta, Georgia 30333, telephone 404/498-1182, fax 404/498-1188.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 27, 2004.

**Alvin Hall,**

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**

**Centers for Medicare & Medicaid Services**

**Notice of Hearing: Reconsideration of Disapproval of Vermont State Plan Amendment (SPA) 03-015a**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice of hearing.

**SUMMARY:** This notice announces an administrative hearing to be held on August 25, 2004, at 10 a.m., JFK Federal Building, Room 2325, Boston, Massachusetts 02203-0003, to reconsider our decision to disapprove Vermont State Plan Amendment (SPA) 03-015a.

**DATES:** Requests to participate in the hearing as a party must be received by the presiding officer by August 18, 2004.

**FOR FURTHER INFORMATION CONTACT:** Kathleen Scully-Hayes, Presiding Officer, CMS, Lord Baltimore Drive, Mail Stop LB-23-20, Baltimore, Maryland 21244. Telephone: (410) 786-2055.

**SUPPLEMENTARY INFORMATION:** This notice announces an administrative hearing to reconsider our decision to disapprove Vermont State Plan Amendment (SPA) 03-015a, which Vermont submitted to the Centers for

Medicare & Medicaid Services (CMS) on September 30, 2003. In SPA 03-15a, Vermont proposes to establish State-only Medicaid supplemental rebate agreements under which pharmaceutical manufacturers would pay supplemental rebates to the State based on Medicaid utilization in the State, for the period from October 1, 2002, through June 30, 2003. The level of the supplemental rebates would also be based on a "multi-state pooling" arrangement to take into account aggregate utilization levels among several participating states. The Centers for Medicare & Medicaid Services (CMS) reviewed this proposal and determined it was unable to approve SPA 03-015a for the reasons set forth below.

At issue is whether the requested effective date of October 1, 2002, is consistent with statutory and regulatory requirements. States receiving Federal Medicaid funding must have approved state plans that describe the nature and scope of the state Medicaid program and must fulfill the requirements for approval set forth in section 1902(a) of the Social Security Act (the Act) and pertinent regulations as set forth in 42 CFR 430.15(a). Federal regulations at 42 CFR 430.20(b) provide that the rules of 42 CFR 447.256 apply with respect to the effective date of a plan amendment that changes the state's payment methods and standards. Federal regulations at 42 CFR 447.256 provide that the effective date of such amendments may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted.

CMS concluded that the change proposed by Vermont amounted to a change in the State's payment methods and standards, and that the earliest approvable effective date would be the first day of the calendar quarter in which the SPA was submitted, or July 1, 2003. In a separate action, CMS approved SPA 03-15b, which authorized State-only Medicaid supplemental rebate agreements and participation in a multi-state pooling arrangement effective July 1, 2003.

In addition, section 1902(a)(19) of the Act requires that care and services under the plan be provided in a manner