

professional associations or societies. We have a special interest in ensuring that women, minority groups, and physically challenged individuals are adequately represented on the MCAC. Therefore, we encourage nominations of qualified candidates from these groups.

All nominations must be accompanied by curricula vitae. Nomination packages must be sent to Kimberly Long at the address listed in the **ADDRESSES** section.

## II. Criteria for Committee Members

Nominees for voting membership must have expertise and experience in one or more of the following fields: Clinical medicine of all specialties, administrative medicine, public health, patient advocacy, biologic and physical sciences, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions (for example, epidemiology and biostatistics), and methodology of trial design.

We are also seeking nominations for one nonvoting industry representative. Nominees for this position must possess appropriate qualifications to understand and contribute to the MCAC's work.

The nomination letter must include a statement that the nominee is willing to serve as a member of the MCAC and appears to have no conflict of interest that would preclude membership. We are requesting that all curricula vitae include the following: Date of birth, place of birth, social security number, title and current position, professional affiliation, home and business address, telephone and fax numbers, e-mail address, and a list of areas of expertise. In the nominations letter, we are requesting that the nominee specify whether applying for a voting membership position or the industry representative nonvoting position. Potential candidates will be asked to provide detailed information concerning financial holdings, consultancies, and research grants or contracts in order to permit evaluation of possible sources of conflict of interest.

Members are invited to serve for overlapping 2-year terms. A member can serve after the expiration of the member's term until a successor takes office. Any interested person may nominate one or more qualified persons. Self-nominations are also accepted.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).  
(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 16, 2005.

**Barry M. Straube,**

*Acting Chief Medical Officer, Acting Director,  
Office of Clinical Standards and Quality,  
Centers for Medicare & Medicaid Services.*

[FR Doc. 05-14150 Filed 7-21-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-4093-N]

#### Medicare Program; Request for Nominations for the Advisory Panel on Medicare Education

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

**ACTION:** Notice.

**SUMMARY:** This notice requests nominations for individuals to serve on the Advisory Panel on Medicare Education (the Panel). The Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) on opportunities for CMS to optimize the effectiveness of the National Medicare Education Program and other CMS programs that help Medicare beneficiaries understand the Medicare program and the range of health plan options available. Nominees must be knowledgeable in the field of labor and retirement benefits.

**DATES:** Nominations will be considered if received at the appropriate address, provided in the **ADDRESSES** section of this notice, no later than 5 p.m., e.d.t., on August 12, 2005.

**ADDRESSES:** Mail or deliver nominations to the following address: Lynne G. Johnson, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop S2-23-05, Baltimore MD 21244-1850.

**FOR FURTHER INFORMATION CONTACT:** Lynne G. Johnson, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail stop S2-23-05, Baltimore, MD 21244-1850, (410) 786-0090. Please refer to the CMS Advisory Committees Information Line (1 877-449-5659 toll free)/(410-786-9379 local) or the Internet (<http://www.cms.hhs.gov/faca/apme/>)

*default.asp*) for additional information and updates on committee activities, or contact Ms. Johnson via e-mail at [ljohnson3@cms.hhs.gov](mailto:ljohnson3@cms.hhs.gov). Press inquiries are handled through the CMS Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:** Section 222 of the Public Health Service Act, as amended, grants to the Secretary of the Department of Health and Human Services (HHS) (the Secretary) the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing the Advisory Panel on Medicare Education (the Panel) on January 21, 1999, and renewed the charter on January 14, 2005. The Panel advises HHS and the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education materials serving the Medicare program.

The goals of the Panel are to provide advice on the following:

- Developing and implementing a national Medicare education program that describes the options for selecting health plans and prescription drug benefits under Medicare.
- Enhancing the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.
- Assembling an information base of best practices for helping consumers evaluate health plan options and building a community infrastructure for information, counseling, and assistance.

The Panel shall consist of a maximum of 20 members. The charter requires that meetings be held approximately four times per year. Members are expected to attend all meetings.

This notice is an invitation to interested organizations or individuals to submit their nominations for membership on the Panel. The Secretary, or his designee, will appoint the new members to the Panel from among those candidates determined to have the expertise required to meet specific agency needs, and in a manner to ensure an appropriate balance of membership.

Each nomination must state that the nominee has expressed a willingness to serve as a Panel member and must be accompanied by a resume and a brief summary of the nominee's experience. In order to permit an evaluation of

possible sources of conflict of interest, potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts. Self-nominations will also be accepted.

**Authority:** (Section 222 of the Public Health Service Act (42 U.S.C. 217(a)) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, section 10(a) and 41 CFR 102-3). (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program).

Dated: July 6, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-14153 Filed 7-21-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3153-N]

#### Medicare Program; Meeting of the Medicare Coverage Advisory Committee—October 6, 2005

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

**ACTION:** Notice.

**SUMMARY:** This notice announces a public meeting of the Medicare Coverage Advisory Committee (MCAC). The Committee provides advice and recommendations about whether scientific evidence is adequate to determine whether certain medical items and services are reasonable and necessary under the Medicare statute. This meeting concerns the treatments for bone fractures that fail to progress to union. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

**DATES:** The public meeting will be held on Thursday, October 6, 2005 from 7:30 a.m. until 4:30 p.m. e.d.t.

**Deadlines:** Deadline for Presentations and Comments: Written comments and presentations must be received by August 31, 2005, 5 p.m., e.d.t.

**Deadline for Registration to Attend Meeting:** For security reasons, individuals wishing to attend this meeting must register by close of business on September 28, 2005.

**Special Accommodations:** Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special

assistance or accommodations, are asked to notify the Executive Secretary by August 31, 2005 (see **FOR FURTHER INFORMATION CONTACT**).

**ADDRESSES:** The meeting will be held in the main auditorium of the Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244.

**FOR FURTHER INFORMATION CONTACT:** Kimberly Long, Executive Secretary, by telephone at 410-786-5702 or by email at [Kimberly.Long@cms.hhs.gov](mailto:Kimberly.Long@cms.hhs.gov).

**Web Site:** You may access up-to-date information on this meeting at <http://www.cms.hhs.gov/mcac/default.asp#meetings>.

**Presentations and Comments:** Interested persons may present data, information, or views orally or in writing on issues pending before the Committee. Please submit written comments to Kimberly Long, by email at [Kimberly.Long@cms.hhs.gov](mailto:Kimberly.Long@cms.hhs.gov) or by mail to the Executive Secretary for MCAC, Coverage and Analysis Group, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1-09-06, Baltimore, MD 21244.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) to describe the Medicare Coverage Advisory Committee (MCAC), which provides advice and recommendations to us about clinical issues. This notice announces a public meeting of the Committee.

**Meeting Topic:** The Committee will discuss evidence, hear presentations and public comments, and make recommendations regarding the treatments for bone fractures that fail to progress to union. The MCAC will discuss scientific evidence on the effectiveness of certain procedures used in the Medicare population to treat bone fractures where progress to union has stopped. Committee members will be given a presentation reviewing the current literature of treatments and will also receive public comments to assist in the discussions and recommendations regarding net health outcomes of treatments for bone fractures that fail to progress to union.

Background information about this topic, including panel materials, is available on the Internet at <http://www.cms.hhs.gov/coverage/>.

##### II. Procedure

This meeting is open to the public. The Committee will hear oral presentations from the public for approximately 45 minutes. The

Committee may limit the number and duration of oral presentations to the time available. If you wish to make formal presentations, you must notify the Executive Secretary named in the **FOR FURTHER INFORMATION CONTACT** section and submit the following by the **Deadline for Presentations and Comments** date listed in the **DATES** section of this notice: A brief statement of the general nature of the evidence or arguments you wish to present, the names and addresses of proposed participants, and a written copy of your presentation. Your presentation should consider the questions we have posed to the Committee and focus on the issues specific to the topic. The questions will be available on our Web site at <http://www.cms.hhs.gov/mcac/default.asp#meetings>. We require that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and CMS presentations, the Committee will deliberate openly on the topic. Interested persons may observe the deliberations, but the Committee will not hear further comments during this time except at the request of the chairperson. The Committee will also allow a 15 minute unscheduled open public session for any attendee to address issues specific to the topic. At the conclusion of the day, the members will vote and the Committee will make its recommendation.

##### III. Registration Instructions

The Coverage and Analysis Group is coordinating meeting registration. While there is no registration fee, individuals must register to attend. You may register by contacting Maria Ellis at 410-786-0309, mailing address: Coverage and Analysis Group, OCSQ; Centers for Medicare & Medicaid Services; 7500 Security Blvd., Mailstop: C1-09-06; Baltimore, MD 21244, or by e-mail at [Maria.Ellis@cms.hhs.gov](mailto:Maria.Ellis@cms.hhs.gov). Please provide your name, address, organization, telephone and fax number, and e-mail address.

You will receive a registration confirmation with instructions for your arrival at the CMS complex. You will be notified if the seating capacity has been reached.

This meeting is located on Federal property; therefore, for security reasons, any individuals wishing to attend this meeting must register by close of business on September 28, 2005.