FEDERAL ELECTION COMMISSION

Sunshine Act Notices

AGENCY: Federal Election Commission.

DATE AND TIME: Tuesday, March 10, 2009, and Wednesday, March 11, 2009 at 10 a.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. 437g.

Audits conducted pursuant to 2 U.S.C. 437g, 438[b], and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

PERSON TO CONTACT FOR INFORMATION:

Judith Ingram, Press Officer, Telephone: (202) 208–7638 or via e-mail at ed.davis@gsa.gov. Please cite FTR Bulletin 09–04.

SUPPLEMENTARY INFORMATION:

A. Background

On June 25, 2008 the General Services Administration (GSA) published FTR Amendment 2008–04 in the Federal Register (73 FR 35952) specifying that the General Services Administration (GSA) would no longer publish the RITA tables found in 41 CFR part 301–17 Appendices A through D in the Federal Register.

B. Procedures

Bulletins regarding relocation policy are located on the Internet at http://www.gsa.gov/ftrbulletins as Federal Travel Regulation (FTR) bulletins.

Dated: February 27, 2009.

Henry Maury,
Director, Relocation Policy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be open to the public.

DATES: The meeting will be held on Tuesday, March 24, 2009 and Wednesday, March 25, 2009. The meeting will be held from 9 a.m. to approximately 5 p.m. on both days.

ADDRESSES: Department of Health and Human Services, Hubert H. Humphrey Building; 200 Independence Avenue, SW., Room 800, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Mr. Melvin Joppy, Committee Manager, PACHA, Department of Health and Human Services, 200 Independence Avenue, SW., Room 736E, Washington, DC 20201; (202) 205–0216. More detailed information about PACHA can be obtained by accessing the Council’s Web site at http://www.pacha.gov.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13099, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS.

The agenda for this Council meeting is being developed. The meeting agenda will be posted on the Council’s Web site when it is drafted.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special arrangement, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Pre-registration for public attendance is advisable and can be accomplished online by accessing the PACHA Web site, http://www.pacha.gov.

Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment. Any individual who wishes to participate in the public comment session must register online at http://www.pacha.gov; registration for public comment will not be accepted by telephone. Public comment will be limited to three minutes per speaker.

Any members of the public who wish to have printed material distributed to PACHA members for discussion at the meeting should submit, at a minimum, a copy of the materials to the Committee Manager. PACHA no later than close of business on March 17, 2009. Contact information for the
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Advisory Committee to the Director, Centers for Disease Control and Prevention, (ACD, CDC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the CDC announces the following meeting of the aforementioned committee:

TIME AND DATE: 6 p.m.–7 p.m., March 4, 2009.

PLACE: The teleconference call will originate at the CDC. Details on accessing the teleconference are located in the supplementary information.

STATUS: Open to the public, teleconference access limited only by availability of telephone ports.

PURPOSE: The committee will provide advice to the Director, CDC on strategic and other broad issues facing CDC.

MATTERS TO BE DISCUSSED: During this conference call, the National Biosurveillance Advisory Subcommittee (NBAS) will provide recommendations to the ACD, CDC for transmittal to the administration. Since the NBAS was created in May, 2008, the subcommittee has been on a very aggressive timeline in order to provide the administration with key recommendations for improving the nation’s biosurveillance capability. In order for these recommendations to go through the proper clearance steps and still be timely and relevant for the administration, the ACD, CDC must review and approve these recommendations as soon as possible. The NBAS was originally scheduled to present these recommendations to the ACD, CDC at the meeting scheduled for February 24, 2009.

Agenda items are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: This conference call is scheduled to begin at 6 p.m. Eastern Standard Time. To participate in the teleconference, please dial 1–888–323–9787 and enter conference code 4735949.

CONTACT PERSON FOR MORE INFORMATION:
Brad Perkins, M.D., M.B.A., Designated Federal Officer, ACD, CDC, 1600 Clifton Road, NE, M/S D–14, Atlanta, Georgia 30333. Telephone: 404–639–7000.

The ACD, CDC was scheduled to meet by conference call on February 24, 2009. The meeting was postponed on short notice because of quorum guidelines. The meeting is re-scheduled for March 4, 2009, at 6 p.m., as this is the only available time to gather a quorum of the ACD members.

This notice is being published less than 15 days prior to the meeting due to the scheduling difficulties encountered when planning the meeting, and due to the urgent nature of transmitting the recommendations to the administration.

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 the CDC and the Agency for Toxic Substances and Disease Registry.

Andre Tyler,
Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–245]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency’s function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supporting Regulations in 42 CFR, Sections 484.55, 484.205, 484.245, 484.250; Use: The Centers for Medicare & Medicaid Services is requesting OMB approval to modify the Outcome and Assessment Information Set (OASIS) data set that home health agencies (HHAs) are required to collect in order to participate in the Medicare program. Proposed revisions to the OASIS data set include: (1) Issues raised by stakeholders, including removing items that are not currently used by CMS for payment or quality, adding items to address clinical domains not currently covered, and modifying item wording or response categories for selected items; and (2) the addition of process items that support measurement of evidence-based practices. Proposed revisions to OASIS items address issues raised by stakeholders, including removing items that are not currently used by CMS for payment or quality, adding items to address clinical domains not currently covered, and modifying item wording or response categories for selected items. These changes and item deletions are considered to be high priority by CMS and have implications for outcome measurement, risk adjustment of outcome reports, case mix adjustment for prospective payment, data submission procedures and specifications, reporting systems, and provider paperwork burden.

In addition, adopting measures of efficient and high-quality care is central to the direction that CMS would like to take in its Quality Initiative. In accordance with long-standing Federal objectives, CMS ultimately plans to create a standard patient assessment instrument that can be used across all post-acute care settings. The revision of the OASIS instrument is an opportunity to consider various components of quality care and how patients might be better served as they (and information about them and their care) move among health care settings. For this reason, the OASIS C includes process items that support measurement of evidence-based practices across the post-acute care spectrum that have been shown to prevent exacerbation of serious conditions, can improve care received by individual patients, and can provide