

AOA's requirements met or exceeded the Medicare CoPs for hospitals. We received 28 comments in response to our proposed notice.

All commenters expressed support for AOA's continued deeming authority for hospitals. Commenters stated that AOA's standards are clearly written and closely aligned with the Medicare CoPs, and that AOA's accreditation program provides hospitals with a viable alternative to other healthcare accreditation organizations.

#### IV. Provision of the Final Notice

##### A. Differences Between AOA's Standards and Requirements for Accreditation and Medicare's Conditions and Survey Requirements

We compared AOA's hospital accreditation requirements and survey process with the Medicare CoPs and survey process as outlined in the State Operations Manual (SOM). Our review and evaluation of AOA's deeming application, which were conducted as described in section III of this final notice, yielded the following:

- AOA revised its standards to ensure that a medical history and physical is completed and documented in accordance with the requirements at § 482.51(b)(1).
- To meet the requirements in the SOM Appendix A, AOA amended its surveyor team handbook to ensure all hospital survey teams include a Registered Nurse.
- AOA modified its policies related to the accreditation effective date in accordance with the requirements at § 489.13.
- AOA modified its policies regarding timeframes for sending and receiving a plan of correction (PoC) in accordance with section 2728 of the SOM.
- AOA revised its policies to include timeframes for investigation of complaints in accordance with the requirements at section 5075.9 of the SOM.
- AOA developed and implemented internal monitoring procedures to ensure its surveyors are trained and qualified to meet the requirements at § 488.4(a)(4).
- AOA developed an action plan to ensure that deemed status survey files are complete, accurate, and consistent with the requirements at § 488.6(a).
- AOA developed and conducted surveyor training on the documentation of deficiencies to ensure that all cited deficiencies contain a regulatory reference, a clear and detailed description of the deficient practice, and relevant finding.
- To meet the requirements at § 488.20(a) and § 488.28(a), AOA

developed a policy to ensure that facilities with condition level non-compliance on a recertification survey submit an acceptable PoC, and receive a follow up onsite focused survey.

- To meet the requirements at section 2005A2 of the SOM, AOA revised its policies and developed an internal tracking tool to ensure that facilities with condition level non-compliance on an initial survey receive an onsite follow-up full survey.

- To meet the requirements at § 488.4(b), AOA developed and incorporated measures to improve the accuracy and consistency of data submissions to CMS.

- To meet the requirements at 2700A of the SOM, AOA revised its policies on blackout dates.

- AOA revised its accreditation decision letters to ensure that they are accurate and contain all the required elements for the CMS Regional Office to render a decision regarding the deemed status of an accredited hospital.

- To meet the survey process requirements in Appendix A of the SOM, AOA developed a policy outlining the minimum number of inpatient records required for review during a certification survey.

- AOA removed all references to mandatory consultative services from its policies to avoid potential conflict of interest issues.

- To verify AOA's continued compliance with the provisions of this final notice, CMS will conduct a follow-up corporate onsite visit within one year of the date of publication of this notice.

##### B. Term of Approval

Based on the review and observations described in section III of this final notice, we have determined that AOA's requirements for hospitals meet or exceed our requirements. Therefore, we approve AOA as a national accreditation organization for hospitals that request participation in the Medicare program, effective September 25, 2009 through September 25, 2013.

#### V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

#### VI. Regulatory Impact Statement

In accordance with the provisions of Executive Order 12866, this regulation

was not reviewed by the Office of Management and Budget.

**Authority:** Section 1865 of the Social Security Act (42 U.S.C. 1395bb).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

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

Dated: July 30, 2009.

**Charlene Frizzera,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. E9–20203 Filed 8–27–09; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–7016–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) to fill current vacancies and vacancies that will become available in 2009. The Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services on the effectiveness of consumer education strategies concerning the Medicare program.

**DATES:** *Deadline for Nominations by Regular Mail:* Monday, September 14, 2009 at 5 p.m., eastern daylight time (e.d.t.).

*Deadline for Nominations by Electronic Mail:* Monday, September 14, 2009 at 5 p.m., e.d.t.

**ADDRESSES:** *Regular Mail:* Dwayne E. Campbell, Office of External Affairs, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, S1–05–14, Baltimore, MD 21244–1850.

*Electronic Mail:*  
Dwayne.Campbell@cms.hhs.gov.

**FOR FURTHER INFORMATION CONTACT:** Dwayne E. Campbell, Health Insurance Specialist, Division of Forum and Conference Development, (410) 786–0291. 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/04\\_APME.asp](http://www.cms.hhs.gov/FACA/04_APME.asp)) for additional information and updates on committee activities, or contact Mr. Campbell via e-mail at [Dwayne.Campbell@cms.hhs.gov](mailto:Dwayne.Campbell@cms.hhs.gov). Press inquiries are handled through the CMS Press Office at (202) 690-6145.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is "in the public interest in connection with the performance of duties imposed \* \* \* by law." Such duties are imposed by section 1804 of the Social Security Act (the Act), which requires the Secretary to provide informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act, requiring the Secretary to provide for "activities \* \* \* to broadly disseminate information to [M]edicare beneficiaries \* \* \* on the coverage options provided under [Medicare Advantage] in order to promote an active, informed selection among such options."

The Panel is also authorized by section 1114(f) of the Act (42 U.S.C. 1311(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a), which authorize the creation of advisory committees. The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7899, February 17, 1999) and approved the renewal of the charter on January 21, 2009 (74 FR 13442, March 27, 2009). The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program.

The goals of the Panel are as follows:

- To provide recommendations on the development and implementation of a national Medicare education program that describes benefit options under Medicare.
- To enhance the Federal government's effectiveness in informing the Medicare consumer.
- To make recommendations on how to expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.
- To assemble an information base of best practices for helping consumers evaluate benefit options and build a

community infrastructure for information, counseling, and assistance.

The Panel shall consist of a maximum of 20 members. The Chair shall either be appointed from among the 20 members, or a Federal official will be designated to serve as the Chair. The charter requires that meetings shall be held approximately 4 times per year. Members will be expected to attend all meetings. The members and the Chair shall be selected from authorities knowledgeable in the fields of senior citizen advocacy; outreach to minority communities; health communications; disease-related health advocacy; disability policy and access; health economics research; health insurers and plans; providers and clinicians; labor and retirement, and web education. Members of the general public are invited to apply.

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 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.

##### II. Nomination Requirements

Each nomination must state that the nominee has expressed a willingness to serve as a Panel member and must be accompanied by a resume or description of the nominee's experience and a brief biographical summary. 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. All nominations must be received at the appropriate address listed in the **ADDRESSES** section of this notice by the date specified in the **DATES** section of this notice.

**Authority:** Sec. 222 of the Public Health Service Act (42 U.S.C. 217a); sec. 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, sec. 10(a)); sections 1114(f), 1804, and 1851(d) of the Social Security Act (42 U.S.C. 1314(f), 1395b-2, and 1394w-21(d)); and 41 CFR Part 102-3.

Dated: August 13, 2009.

##### Charlene Frizzera,

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. E9-20129 Filed 8-27-09; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute on Alcohol Abuse and Alcoholism Special Emphasis Panel. Institutional Training Grants (T32).

*Date:* November 17, 2009.

*Time:* 8:30 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Lorraine Gunzera, PhD, MBA, Scientific Review Officer, National Institute on Alcohol Abuse and Alcoholism, Office of Extramural Activities, Extramural Project Review Branch, 5635 Fishers Lane, Room 2121, Bethesda, MD 20892-9304. 301-443-2369. [Igunzera@mail.nih.gov](mailto:Igunzera@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.271, Alcohol Research Career Development Awards for Scientists and Clinicians; 93.272, Alcohol National Research Service Awards for Research Training; 93.273, Alcohol Research Programs; 93.891 Alcohol Research Center Grants; 93.701, ARRA Related Biomedical Research and Research Support Awards., National Institutes of Health, HHS)

Dated: August 21, 2009.

##### Jennifer Spaeth,

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E9-20767 Filed 8-27-09; 8:45 am]

**BILLING CODE 4140-01-M**