DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Medicare Prescription Drug, Improvement, and Modernization Act of 2003 Section 1013: Request for Nominations—The Effective Health Care Stakeholder Group

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

ACTION: Notice of invitation to submit nominations for the Effective Health Care Stakeholder Group.

SUMMARY: The DHHS Agency for Healthcare Research and Quality (AHRQ) invites nominations from interested organizations and knowledgeable individuals for members of the Stakeholder Group to support the work of the Effective Health Care Program, established [for consultation] pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The goals of this program are to develop evidence on the effectiveness and comparative effectiveness of different treatments and health care interventions of importance to the Medicare, Medicaid, and State Child Health Insurance programs. To achieve these goals, AHRQ supports projects to review, synthesize, generate, and translate scientific evidence, as well as identify important issues for which existing scientific evidence is insufficient to inform decisions about health care. The Effective Health Care Program makes the evidence information it develops readily available to health care decision makers. The Stakeholder Group is critical to the success of the Effective Health Care Program by providing input to improve the applicability and relevance of research products to health care decision makers. The Effective Health Care Program Stakeholder Group will be a part of the Citizen’s Forum initiative, funded by the American Recovery and Reinvestment Act, to formally and broadly engage stakeholders, and to enhance and expand public involvement in the entire Effective Health Care enterprise.

The role of the Stakeholder Group will be to:

   • Provide input on implementing Effective Health Care Program reports and findings in practice and policy settings.
   • Identify options and recommend solutions to issues identified by Effective Health Care Program staff.
   • Provide input on critical research information gaps for practice and policy, as well as research methods to address them. Specifically:
     i. Information needs and types of products most useful to consumers, clinicians and policy makers.
     ii. Feedback on Effective Health Care Program reports, reviews and summary guides.
   iii. Scientific methods and applications.
   • Champion objectivity, accountability and transparency in the Effective Health Care program.

Members will serve as volunteers for a two-year period from summer 2010 through summer 2012. Stakeholder Group members will attend 3–4 meetings per year in Rockville, MD, and possibly other cities to be determined. Meetings will be 1–2 days in length, and AHRQ or a group designated by AHRQ will be responsible for travel planning and expenses. The first meeting will be held in late summer or early fall 2010 in Rockville, MD.

Members are expected to actively participate in meetings and to engage in related activities by phone and e-mail between meetings. Between-meeting work may include reviewing and providing input on the overall product development strategy and direction for the Effective Health care program, consulting with AHRQ staff on constituency issues, and serving as a resource to the Program. It is anticipated that the Stakeholder Group member time commitment between meetings will not exceed 10 hours.

The Stakeholder Group will be composed of up to 20 members with a diversity of perspectives and opinions. The group will represent several broad constituencies of stakeholders and decision-makers at the policy, system, and clinical levels, which will include:

- Patient/caregiver/consumer.
- Consumers of Federal and State beneficiary programs.
- Healthcare providers.
- Third party healthcare payers (including, but not limited to public State or Federal Medicare or Medicaid programs, and private insurance health plans and Health Maintenance Organizations).
- Employers and health-related businesses.
- Pharmacy and therapeutic committees.

BILLING CODE 4140–01–P
Nominations for [Docket No. USCG–2007–28460]

Record of Decision (ROD) on the U.S. Coast Guard Long Range Aids to Navigation (Loran-C) Program

AGENCY: Coast Guard, DHS.

ACTION: Notice of availability.

SUMMARY: The Department of Homeland Security (DHS), United States Coast Guard (USCG), announces the availability of the Record of Decision (ROD) to decommission the USCG Loran-C Program and terminate transmission of the North American Loran-C Radionavigation Signal. The ROD is supported by the Final Programmatic Environmental Impact Statement (PEIS) addressing the future of the USCG Loran-C Program. The Final PEIS availability was announced by the Environmental Protection Agency (EPA) on June 12, 2009 (74 FR 28046).

DATES: The Final PEIS and ROD are now available in the docket. The USCG intends to begin termination of the broadcast of the North American Loran-C Radionavigation Signal beginning on or about February 8, 2010. Loran stations are expected to cease transmitting the Loran-C radionavigation signal by October 1, 2010.

ADDRESSES: To view the ROD or the Final PEIS, go to http://www.regulations.gov, insert USCG–2007–28460 in the “Keyword” box, and then click “Search.” Project documents, including the Final PEIS, are also available on the “USCG Long Range Aids to Navigation (Loran-C) Program” Web site at http://loranpeis.uscg.e2m-inc.com/. If access to the Internet is not available, you may view the docket online by visiting the Docket Management Facility in Room W12–140 on the ground floor of the Department of Transportation West Building, 1200 New Jersey Avenue, SE., Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: If there are questions on this notice, call LCDR Robert Manning, Electronic Navigation Division, USCG, telephone 202–372–1506, or e-mail robert.j.manning@uscg.mil. If you have questions on viewing or submitting material to the docket, call Renee V. Wright, Program Manager, Docket Operations, telephone 202–366–9826.

Background and Purpose

Loran is a radionavigation system first developed during World War II and operated by the USCG. The current Loran-C system is a low frequency hyperbolic radionavigation system approved for use in the Coastal Confluence Zone and as a supplemental air navigation aid. The Loran-C radionavigation system provides navigation, location, and timing services for both civil and military air, land, and marine users in the continental United States (CONUS) and Alaska. The USCG operates 18 CONUS Loran Stations, 6 Alaska Loran Stations, and 24 monitoring sites.

On January 22, 2009 (74 FR 4047), the USCG made available the Draft PEIS. The USCG delivered the Final PEIS addressing the future of the USCG Loran-C Program to the EPA, and the EPA announced the availability of the Final PEIS on June 12, 2009 (74 FR 28046).

By separate notice published today in the Federal Register, the USCG advised the public of the USCG’s intention to begin planning for the termination of the broadcast of the North American Loran-C Radionavigation Signal beginning on or about February 8, 2010. The USCG advised that if plans were implemented, Loran stations would cease transmitting the Loran-C radionavigation signal by October 1, 2010.

The Final PEIS on the future of the USCG Loran-C Program is a program-level document that provided the USCG with high-level analysis of the potential impacts on the human environment from the alternatives for the future of the USCG Loran-C Program. The Final PEIS evaluated the following five alternatives on the future of the USCG Loran-C Program:

(1) No Action Alternative. The No Action Alternative refers to the current, existing conditions without implementation of the Proposed Action.

(2) Decommission the USCG Loran-C Program and Terminate the North American Loran-C Radionavigation Signal.

(3) Automate, Secure, and Unstaff Loran-C Stations.