

### C. Summary Comments and Responses From Public Meeting

The summarized comments and responses from the public meeting will be provided in the proposed notice for the adjustment of fee-schedule amounts for non-mail order diabetic testing supplies.

### V. Security, Building, and Parking Guidelines

The meeting is held within the CMS Complex which is not open to the general public. Visitors to the complex are required to show a valid U.S. Government issued photo identification, preferably a driver's license, at the time of entry. Participants will also be subject to a vehicular search before access to the complex is granted. Participants not in possession of a valid identification or who are in possession of prohibited items will be denied access to the complex. Prohibited items on Federal Property include but are not limited to, alcoholic beverages, illegal narcotics, dogs or other animals except Seeing Eye dogs and other dogs trained to assist the handicapped, explosives, firearms or other dangerous weapons (including pocket knives).

Once cleared for entry to the complex participants will be directed to parking by a security officer. In order to ensure expedited entry into the building it is recommended that participants have their ID and a copy of their written meeting registration confirmation readily available and that they do not bring laptops or large/bulky items into the building. Participants are reminded that photography on the CMS complex is prohibited. CMS has also been declared a tobacco free campus and violators are subject to legal action.

In planning arrival time, we recommend allowing additional time to clear security. Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 45 minutes before the convening of the meeting. Guest access to the complex is limited to the meeting area, the main lobby, and the cafeteria. If a visitor is found outside of those areas without proper escort they may be escorted out of the facility.

Also be mindful that there will be an opportunity for comment and we request that everyone waits for the appropriate time to present their opinions. Disruptive behavior will not be tolerated and may result in removal from the meetings and escort from the complex. No visitor is allowed to attach USB cables, thumb drives or any other

equipment to any CMS information technology (IT) system or hardware for any purpose at anytime. Additionally, CMS staff is prohibited from taking such actions on behalf of a visitor or utilizing any removable media provided by a visitor.

We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety, or timely arrival of any personal belongings or items used for demonstration or to support a comment. Special arrangements and approvals are required at least 2 weeks prior to the public meeting in order to bring pieces of equipment or medical devices. These arrangements need to be made with the public meeting coordinator. It is possible that certain requests made in advance of the public meeting could be denied because of unique safety, security or handling issues related to the equipment. A minimum of 2 weeks is required for approvals and security procedures. Any request not submitted at least 2 weeks in advance of the public meeting will be denied.

CMS policy requires that every foreign visitor is assigned a host. The host/hosting official is required to inform the Division of Critical Infrastructure Protection (DCIP) at least 12 business days in advance of any visit by a foreign national visitor. Foreign National visitors will be required to produce a valid passport at the time of entry. Attendees that are Foreign Nationals need to identify themselves as such, and provide the following information for security clearance to the public meeting coordinator by the date specified in the **DATES** section of this notice:

- Visitor's full name (as it appears on passport).
- Gender.
- Country of origin and citizenship.
- Biographical data and related information.
- Date of birth.
- Place of birth.
- Passport number.
- Passport issue date.
- Passport expiration date.
- Dates of visits.
- Company name.
- Position/Title.

Meeting participants should arrive early to allow time to clear security and sign-in. The meeting is expected to begin promptly as scheduled.

**Authority:** Section 1842(b)(9) of the Act.

Dated: June 19, 2012.

**Marilyn Tavenner,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[CFDA Number 93.676]

#### Office of Refugee Resettlement; Announcing the Award of a Single-Source Program Expansion Supplemental Grant for Unaccompanied Alien Children's Shelter Care to Baptist Children and Family Services (BCFS) in San Antonio, TX

**AGENCY:** Office of Refugee Resettlement, ACF, HHS.

**ACTION:** The Office of Refugee Resettlement announces the award of a single-source program expansion supplement grant from its Unaccompanied Alien Children's Program.

**SUMMARY:** The Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR) announces the award of a single-source program expansion supplement grant to Baptist Children and Family Services (BCFS) in San Antonio, TX, for a total of \$22,725,223. The additional funding provided by the awards will support services to refugees through September 30, 2012.

**DATES:** *Project Period:* October 1, 2011—September 30, 2012.

**FOR FURTHER INFORMATION CONTACT:** Kenneth Tota, Deputy Director, Office of Refugee Resettlement, Administration for Children and Families, 370 L'Enfant Promenade SW., Washington, DC 20447, Telephone (202) 401-4858.

**SUPPLEMENTARY INFORMATION:** The supplement grant will support the expansion of bed capacity to meet the number of unaccompanied alien children referrals from the Department of Homeland Security (DHS). The funding program is mandated by Section 462 of the Homeland Security Act to ensure appropriate placement of all referrals from the DHS. The program is tied to DHS apprehension strategies and sporadic number of border crossers.

The program has specific requirements for the provision of services to unaccompanied alien children. Existing grantees are the only entities with the infrastructure, licensing, experience and appropriate level of trained staff to meet the required service requirements and the urgent need for expansion of services in response to unexpected arrivals of unaccompanied children. The program expansion supplement will support

such services and alleviate the buildup of children waiting in border patrol stations for placement in shelter care.

*Statutory Authority:* Awards announced in this notice are authorized by Section 462 of the Homeland Security Act, Public Law 6 U.S.C. 279(b)(A)–(J) and sections 235(a)(5)(C); 235(d) of the Trafficking Victims Protection Reauthorization Act of 2008, (8 U.S.C. 1232).

**Eskinder Negash,**

*Director, Office of Refugee Resettlement.*

[FR Doc. 2012–15373 Filed 6–25–12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Council on Graduate Medical Education; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

*Name:* Council on Graduate Medical Education (COGME).

*Dates and Times:* July 23, 2012, 8:30 a.m.–5:00 p.m.

July 24, 2012, 8:00 a.m.–4:00 p.m.

*Place:* Hilton Washington DC/Rockville, Executive Meeting Center, 1750 Rockville Pike, Rockville, MD 20852.

*Status:* The meeting will be open to the public.

*Purpose:* The Council on Graduate Medical Education (the Council), created in 1986, is authorized by section 762 of the Public Health Service Act, as amended by section 5103 of the Affordable Care Act.

The Council provides advice and recommendations to the Secretary of Health and Human Services and to Congress on a range of issues including the supply and distribution of physicians in the United States, current and future physician shortages or excesses, issues relating to foreign medical school graduates, the nature and financing of medical education training, and the development of performance measures and longitudinal evaluation of medical education programs.

At this meeting, the Council will work on its 21st report to Congress on restructuring graduate medical education. Reports are submitted to the Secretary of the Department of Health and Human Services; the Committee on Health, Education, Labor and Pensions of the Senate; and the Committee on Energy and Commerce of the House of Representatives. Some meeting time will be allotted to discuss performance measures and longitudinal evaluation of grant programs over which the Council has legislative authority.

*Agenda:* The meeting on Monday, July 23, 2012, will begin with opening comments from HRSA senior officials. Next, elections

will take place for a chair and vice chair of the Council. The main agenda item will be a discussion of issues relating to the 21st report on restructuring graduate medical education, with a focus on population need and fiscal constraint. Discussion topics include graduate medical education as a public good, new approaches to increasing residency positions, newer structural models for graduate medical education, evaluation of teaching programs especially in terms of meeting community needs, and a re-examination of funding mechanisms and priorities. At the end of the morning session, current and new members will receive ethics training in a session closed to the public. The afternoon session will be devoted to the development of report recommendations.

The meeting on Tuesday, July 24, 2012, will begin with an update and an opportunity to comment on HRSA's Bureau of Health Professions' development of performance measures and methods of longitudinal evaluation specific to the training programs over which the Council has been given new authority under the Affordable Care Act. Much of the agenda will be allotted to small groups working in closed session and then reporting back to the full Council. The Council will plan for a fall meeting, using a webinar format, and determine report work to be done in the interim. Both meeting days will conclude with time for public comment.

*For Further Information Contact:* For further information regarding the Council, to obtain a roster of members, minutes of the meeting, or other relevant information, contact Jerilyn K. Glass, M.D., Ph.D., Division of Medicine and Dentistry, Bureau of Health Professions, Health Resources and Services Administration, Room 9A–27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–7271. Information can also be found at the following Web site: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/index.html>.

Dated: June 20, 2012

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

[FR Doc. 2012–15453 Filed 6–25–12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 77 FR 21565–21568 dated April 10, 2012).

This notice reflects organizational changes to the Health Resources and Services Administration. This notice updates the functional statement for the Healthcare Systems Bureau (RR). Specifically, this notice: (1) Renames the Division of Health Facilities to the Division of Poison Control and Healthcare Facilities (RR9); (2) transfers the function of the Poison Control Program from the Office of the Associate Administrator (RR), to the Division of Poison Control and Healthcare Facilities (RR9); (3) updates the functional statement for the Office of the Associate Administrator (RR); and (4) updates the functional statement for the Division of Poison Control and Healthcare Facilities (RR9).

#### Chapter RR—Healthcare Systems Bureau

##### Section RR–10, Organization

Delete in its entirety and replace with the following:

The Healthcare Systems Bureau (RR) is headed by the Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. The Healthcare Systems Bureau includes the following components:

- (1) Office of the Associate Administrator (RR);
  - (2) Division of Transplantation (RR1);
  - (3) Division of Vaccine Injury Compensation (RR4);
  - (4) Office of Pharmacy Affairs (RR7);
- and
- (5) Division of Poison Control and Healthcare Facilities (RR9).

##### Section RR–20, Functions

- (1) Delete the functional statement for the Office of the Associate Administrator (RR) and replace in its entirety; and
- (2) delete the functional statement for the Division of Health Facilities and replace in its entirety.

Office of the Associate Administrator (RR)

The Healthcare Systems Bureau leads the Agency in providing health care programs to eligible organizations around the country. Specifically, (1) Administers the Organ Transplantation Program to include the Organ Procurement and Transplantation Network to facilitate the allocation of donor organs to patients waiting for an organ transplant and the Scientific Registry of Transplant Recipients that provides analytic support to the Organ Procurement and Transplantation Network in the development and assessment of organ allocation and other Organ Procurement and Transplantation