

enactment the Health Care and Education Reconciliation Act of 2010 (collectively the Affordable Care Act).

Coverage for the prescription drug benefit is provided through contracted prescription drug plans (PDPs) or through Medicare Advantage (MA) plans that offer integrated prescription drug and health care coverage (MA-PD plans). Cost Plans that are regulated under Section 1876 of the Social Security Act, and Employer Group Waiver Plans (EGWP) may also provide a Part D benefit. Organizations wishing to provide services under the Prescription Drug Benefit Program must complete an application, negotiate rates, and receive final approval from CMS. Existing Part D Sponsors may also expand their contracted service area by completing the Service Area Expansion (SAE) application.

Collection of this information is mandated in Part D of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) in Subpart 3. The application requirements are codified in Subpart K of 42 CFR 423 entitled "Application Procedures and Contracts with PDP Sponsors."

Effective January 1, 2006, the Part D program established an optional prescription drug benefit for individuals who are entitled to Medicare Part A or enrolled in Part B. In general, coverage for the prescription drug benefit is provided through PDPs that offer drug-only coverage, or through MA organizations that offer integrated prescription drug and health care coverage (MA-PD plans). PDPs must offer a basic drug benefit. Medicare Advantage Coordinated Care Plans (MA-CCPs) must offer either a basic benefit or may offer broader coverage for no additional cost. Medicare Advantage Private Fee for Service Plans (MA-PFFS) may choose to offer a Part D benefit. Cost Plans that are regulated under Section 1876 of the Social Security Act, and Employer Group Plans may also provide a Part D benefit. If any of the contracting organizations meet basic requirements, they may also offer supplemental benefits through enhanced alternative coverage for an additional premium.

Applicants may offer either a PDP or MA-PD plan with a service area covering the nation (i.e., offering a plan in every region) or covering a limited number of regions. MA-PD and Cost Plan applicants may offer local plans.

There are 34 PDP regions and 26 MA regions in which PDPs or regional MA-PDs may be offered respectively. The MMA requires that each region have at least two Medicare prescription drug plans from which to choose, and at least

one of those must be a PDP. Requirements for contracting with Part D Sponsors are defined in Part 423 of 42 CFR.

This clearance request is for the information collected to ensure applicant compliance with CMS requirements and to gather data used to support determination of contract awards. *Form Number:* CMS-10137(OCN: 0938-0936); *Frequency:* Yearly; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 241; *Total Annual Responses:* 241; *Total Annual Hours:* 2,132. (For policy questions regarding this collection contact Linda Anders at 410-786-0459. For all other issues call 410-786-1326.)

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *November 13, 2012*.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email: OIRA_submission@omb.eop.gov.

Dated: October 5, 2012.

Martique Jones,

Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2012-N-0001]

Risk Communication Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Risk Communication Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the Agency on FDA's regulatory issues.

Date and Time: The meeting will be held on November 2, 2012, from 8 a.m. to 3 p.m.

Location: FDA White Oak Campus, Building 31 Conference Center, Great

Room, 10903 New Hampshire Ave., Silver Spring, MD 20993. Information regarding special accommodations due to a disability, visitor parking, and transportation may be accessed at: <http://www.fda.gov/AdvisoryCommittees/default.htm>; under the heading "Resources for You," click on "Public Meetings at the FDA White Oak Campus." Please note that visitors to the White Oak Campus must enter through Building 1.

Contact Person: Lee L. Zwanziger, Risk Communication Staff, Office of Planning, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, Rm. 3278, Silver Spring, MD 20993, 301-796-9151, FAX: 301-847-8611, email: RCAC@fda.hhs.gov, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), to find out further information regarding FDA advisory committee information. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency's Web site at <http://www.fda.gov/AdvisoryCommittees/default.htm> and scroll down to the appropriate advisory committee meeting link, or call the advisory committee information line to learn about possible modifications before coming to the meeting.

Agenda: On November 2, 2012, the Committee will discuss general factors in risk communication about FDA regulated products, including approaches to avoid message fatigue and related communication barriers such as prevention or warning fatigue or inaccurate risk perception.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm>. Scroll down to the appropriate advisory committee meeting link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before October 25, 2012. Oral presentations from the public will

be scheduled between approximately 10:30 a.m. and 11:30 a.m. on November 2, 2012. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before October 25, 2012. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by October 26, 2012. Interested persons can also log on to <https://collaboration.fda.gov/rcac/> to hear and see the proceedings.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Lee L. Zwanziger at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at <http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm> for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: October 9, 2012.

Jill Hartzler Warner,

Acting Associate Commissioner for Special Medical Programs.

[FR Doc. 2012-25101 Filed 10-11-12; 8:45 am]

BILLING CODE 4160-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on the National Health Service Corps 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: National Advisory Council on the National Health Service Corps (NHSC).

Dates and Times: November 1, 2012—8:30 a.m.—4:30 p.m., November 2, 2012—8:00 a.m.—12:00 p.m.

Place: Health Resources and Services Administration (HRSA), Parklawn Building (and via audio conference call), 5600 Fishers Lane, Room 16-49, Rockville, MD 20857.

Status: The meeting will be open to the public.

Agenda: The Council is convening in Rockville, Maryland, to hear HRSA and NHSC program updates and discuss NHSC's retention strategy and inter-agency workforce efforts. A portion of the meeting will be open for public comment and questions on November 2.

The public can join the meeting via audio conference call on the dates and times specified above using the following information: Dial-in number: 1-888-455-9651; Passcode: 7699967.

For Further Information Contact: Njeri Jones, Bureau of Clinician Recruitment and Service, Health Resources and Services Administration, Parklawn Building, Room 13-64, 5600 Fishers Lane, Rockville, Maryland 20857; email: NJones@hrsa.gov; Telephone: 301-443-2541.

Dated: October 5, 2012.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2012-25192 Filed 10-11-12; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Rural Health Network Development Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Non-competitive Replacement Award to Siloam Springs Regional Health Cooperative, Inc.

SUMMARY: The Health Resources and Services Administration (HRSA) is issuing a non-competitive replacement award under the Rural Health Network Development Program to the Siloam

Springs Regional Health Cooperative, Inc. This non-competitive replacement award will continue activities to improve the treatment and prevention of chronic disease, increase provider knowledge and effective use of health information technology and perform network development activities to ensure the sustainability and viability of a rural health network in order to serve rural, medically underserved residents in rural, northwest Arkansas and northeast Oklahoma.

SUPPLEMENTARY INFORMATION:

Former Grantee of Record: ARcare. *Original Period of Grant Support:* May 1, 2011, to April 30, 2014.

Replacement Awardee: Siloam Springs Regional Health Cooperative, Inc.

Amount of Replacement Award: \$179,748.

Period of Replacement Award: The period of support for this award is October 1, 2012, to April 30, 2014.

Authority: Section 330A(f) of the Public Health Service Act (42 U.S.C. 254(c)(f), as amended).

Catalog of Federal Domestic Assistance Number: 93.912.

Justification for the Exception to Competition: The primary goals of the project funded through the Rural Health Network Development Grant Program are to improve the capacity of network members to treat and prevent chronic disease, increase provider knowledge and effective use of health information technology, and strengthen network sustainability. The current grantee, ARcare, was originally awarded the Rural Health Network Development Grant D06RH21666 on May 1, 2011, to serve as the grantee of record representing the rural health network serving counties in northwest Arkansas and northeast Oklahoma. Since May 1, 2011, the Siloam Springs Regional Health Cooperative, Inc. (SSRHC), an organization composed of the participating network members, was primarily responsible for administering the program activities of the Rural Health Network Development Project. SSRHC has now obtained 501(c)3 status; and ARcare notified HRSA that, while they will remain involved in the project, they would like to relinquish their responsibilities as grantee of record to SSRHC to ensure efficient administration of the award and strengthen the Network's future viability and growth. SSRHC has demonstrated a history of successfully managing and achieving project goals and now has the organizational structure to support the fiscal management responsibilities of the grant. This replacement award will