++ AOA/HFAP’s processes and procedures for monitoring a hospital that is out of compliance with AOA/HFAP’s program requirements. These monitoring procedures are used only when AOA/HFAP identifies noncompliance. If noncompliance is identified through validation reviews or complaint surveys, the state survey agency monitors corrections as specified at §488.7(d).

++ AOA/HFAP’s capacity to report deficiencies to the surveyed facilities and respond to the facility’s plan of correction in a timely manner.

++ AOA/HFAP’s capacity to provide CMS with electronic data and reports necessary for effective validation and assessment of the organization’s survey process.

++ The adequacy of AOA/HFAP’s staff and other resources, and its financial viability.

++ AOA/HFAP’s capacity to adequately fund required surveys.

++ AOA/HFAP’s policies with respect to whether surveys are announced or unannounced.

++ AOA/HFAP’s agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as CMS may require (including corrective action plans).

IV. 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).

V. Response to Public Comments

Because of the large number of public comments we normally receive on Federal Register documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the Dates section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the Federal Register announcing the result of our evaluation.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare–Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 5, 2013.

Marilyn Tavenner,
Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2013–06640 Filed 3–21–13; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health


SUMMARY: The National Institutes of Health (NIH) is providing guidance to Public Health Service (PHS) awardee institutions on implementation of the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals: 2013 Edition (Guidelines). The NIH is seeking input from the public on any concerns they may have regarding the updated Guidelines.


FOR FURTHER INFORMATION CONTACT: Office of Laboratory Animal Welfare, Office of Extramural Research, NIH, RKL1, Suite 360, 6705 Rockledge Drive, Bethesda, MD 20892–7982; phone 301–496–7163; email olaw@od.nih.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The NIH Office of Laboratory Animal Welfare (OLAW) oversees PHS-funded animal activities by the authority of the Health Research Extension Act of 1985 (http://grants.nih.gov/grants/olaw/references/hrea1985.htm) and the PHS Policy on Humane Care and Use of Laboratory Animals (PHS Policy; http://grants.nih.gov/grants/olaw/references/phspol.htm). The PHS Policy IV.C.1.G. (http://grants.nih.gov/grants/olaw/references/phspol.htm#ReviewofPHS-ConductedorSupportedResearchProjects) requires that Institutional Animal Care and Use Committees (IACUCs) reviewing PHS-conducted or -supported research projects, determine if methods of euthanasia used in projects will be consistent with the recommendations of the AVMA Panel on Euthanasia, unless a deviation is justified for scientific reasons in writing by the investigator.

PHS-Assured institutions are encouraged to begin using the 2013 Guidelines as soon as possible when reviewing research projects, and full implementation is expected after September 1, 2013. Previously approved projects undergoing continuing review according to PHS Policy IV.C.5. (http://grants.nih.gov/grants/olaw/references/phspol.htm#ReviewofPHS-ConductedorSupportedResearchProjects), which requires a complete de novo review at least once every 3 years, must be reviewed using the 2013 Guidelines after September 1, 2013.

II. Electronic Access


Dated: March 14, 2013.

Francis S. Collins, Director, National Institutes of Health.

[FR Doc. 2013–06661 Filed 3–21–13; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Arthritis and Musculoskeletal and Skin Diseases; 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 of Arthritis and Musculoskeletal and Skin Diseases Special Emphasis Panel; NIAMS Clinical Trial Outcome Development.

Date: March 29, 2013.

Time: 8:00 a.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.