appropriateness of clinical preventive services and formulating or updating recommendations for primary care clinicians regarding the appropriate provision of preventive services. See 42 U.S.C. 299b–4(a)(1). AHRQ is charged with the dissemination of recommendations. In addition to hard copy materials (that may be obtained from the Publications Clearinghouse), current USPSTF recommendations and associated evidence reviews are available on the Internet (http://www.preventiveservices@AHRQ.gov).

Dated: August 18, 2010.
Carolyn M. Clancy,
Director.
[FR Doc. 2010–21500 Filed 8–27–10; 8:45 am]
BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
[CMS–5051–N]
Medicare Program; Rural Community Hospital Demonstration Program: Solicitation of Additional Participants

AGENCY: Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice.

SUMMARY: This notice announces a solicitation for up to 20 additional eligible hospitals to participate in the Rural Community Hospital Demonstration program for a 5-year period.

DATES: Application Submission Deadline: Applications must be received by 5 p.m. on or before October 14, 2010. Only applications that are considered “timely” will be reviewed and considered by the technical panel.

ADDRESSES: The applications should be mailed or sent by an overnight delivery service to the following address: Centers for Medicare & Medicaid Services, ATTN: Sid Mazumdar, Rural Community Hospital Demonstration, Medicare Demonstrations Program Group, Mail Stop C4–17–27, 7500 Security Boulevard, Baltimore, MD 21244–1850. Please allow sufficient time for mailed information to be received in a timely manner in the event of delivery delays. Because of staffing and resource limitations, and because we require an application containing an original signature, we cannot accept applications by facsimile (Fax) transmission.

FOR FURTHER INFORMATION CONTACT: Sid Mazumdar at (410) 786–6673 or e-mail at Siddhartha.mazumdar@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

Section 410A(a) of Public Law 108–173 required the Secretary to establish a demonstration program to test the feasibility and advisability of establishing cost-based reimbursement for “rural community hospitals” to furnish covered inpatient hospital services to Medicare beneficiaries. The demonstration pays rural community hospitals for such services under a cost-based methodology for Medicare payment purposes for covered inpatient hospital services furnished to Medicare beneficiaries. A rural community hospital, as defined in section 410A(j)(1) of Public Law 108–173, is a hospital that—

• Has fewer than 51 acute care inpatient beds (excluding beds in a distinct psychiatric or rehabilitation unit of the hospital) as reported in its most recent cost report;

• Provides 24-hour emergency care services; and

• Is not designated or eligible for designation as a critical access hospital under section 1820 of the Social Security Act (the Act).

Section 410A(a)(4) of Public Law 108–173 specified that the Secretary was to select for participation from among the applicants no more than 15 rural community hospitals in rural areas of States that the Secretary identified as having low population densities. Using 2002 data from the U.S. Census Bureau, we identified the 10 States with the lowest population density in which rural community hospitals were to be located in order to participate in the demonstration: Alaska, Idaho, Montana, Nebraska, Nevada, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Utah, and Wyoming. (Source: U.S. Census Bureau, Statistical Abstract of the United States: 2003). The statute States that no more than 30 rural community hospitals can participate, and that those hospitals participating in the demonstration program as of the date of the last day of the initial 5-year period will be allowed to continue in the program. Up to 20 additional hospitals will be able to begin participation in the demonstration.

II. Provisions of the Notice

This notice announces the solicitation for up to 20 additional hospitals to participate in the Rural Community Hospital Demonstration Program. Hospitals that enter the demonstration under this solicitation will be able to participate for 5 years.

A. Demonstration Payment Methodology

Hospitals selected for the demonstration will be paid the reasonable costs of providing covered inpatient hospital services, with the exclusion of services furnished in a psychiatric or rehabilitation unit that is a distinct part of the hospital, using the following rules. For discharges occurring—

• In the first cost report period upon the hospital’s participation in the demonstration, reasonable costs for covered inpatient services; or

• During the second or subsequent cost reporting period, the lesser of their reasonable costs or a target amount. The target amount in the second cost reporting period is defined as the reasonable costs of providing covered inpatient hospital services in the first cost reporting period, increased by the inpatient prospective payment system update factor (as defined in section 1886(b)(3)(B) of the Act) for that particular cost reporting period. The target amount in subsequent cost
III. Collection of Information Requirements

The information collection requirements contained in this notice are subject to the Paperwork Reduction Act of 1995. As discussed in section II.B. of this notice, a hospital must submit the required information on the cover sheet of the CMS Medicare Waiver Demonstration Application to receive consideration by the technical review panel. The burden associated with the required information is currently approved under the Office of Management and Budget control number 0938–0880 with an expiration date of November 20, 2010.

Authority: Section 10313 of the Patient Protection and Affordable Care Act (Pub. L. 111–148) (Catalog of Federal Domestic Assistance Program No. 93.773 Medicare–Hospital Insurance Program; and No. 93.774, Medicare–Supplementary Medical Insurance Program).

Dated: June 22, 2010.

Marilyn Taverner,
Acting Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 2010–21512 Filed 8–27–10; 8:45 am]
BILLING CODE P

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

[Docket No. TSA–2003–14610]

Intent To Request Renewal From OMB of One Current Public Collection of Information: Security Threat Assessment for Individuals Applying for a Hazardous Materials Endorsement for a Commercial Drivers License

AGENCY: Transportation Security Administration, DHS.

ACTION: 60 day Notice.

SUMMARY: The Transportation Security Administration (TSA) invites public comment on one currently approved Information Collection Request (ICR), Office of Management and Budget (OMB) control number 1652–0027, abstracted below that we will submit to OMB for renewal in compliance with the Paperwork Reduction Act (PRA). The ICR describes the nature of the information collection and its expected burden. The collection involves applicant submission of biometric and biographic information for TSA’s security threat assessment in order to obtain the hazardous materials endorsement (HME) on a commercial driver’s license (CDL) issued by the U.S. States and the District of Columbia.

DATES: Send your comments by October 29, 2010.

ADDRESSES: Comments may be e-mailed to TSAPRA@dhs.gov or delivered to the TSA Program Officer, Office of Information Technology (OIT), TSA–11, Transportation Security Administration, 601 South 12th Street, Arlington, VA 20598–6011.

FOR FURTHER INFORMATION CONTACT: Joanna Johnson at the above address, or by telephone (571) 227–3651.

SUPPLEMENTARY INFORMATION:

Comments Invited

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The ICR documentation is available at http://www.reginfo.gov. Therefore, in preparation for OMB review and approval of the following information collection, TSA is inviting comments to—

(1) Evaluate whether the proposed information requirement is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency’s estimate of the burden;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Information Collection Requirement

OMB Control Number 1652–0027; Security Threat Assessment for Individuals Applying for a Hazardous Materials Endorsement for a Commercial Drivers License, 49 CFR part 1572. TSA is requesting renewal of the currently approved ICR with minor changes. This collection supports the implementation of section 1012 of the USA PATRIOT Act (Pub. L. 107–56, 115 Stat. 272, 396, Oct. 26, 2001), which mandates that no State or the District of Columbia may issue a hazardous materials endorsement (HME) on a commercial driver’s license (CDL) unless TSA has first determined the driver is not a threat to transportation security. On November 24, 2004, TSA published the final rule in the Federal Register (69 FR 68720), codified at 49 CFR part 1572, that describes the procedures, standards, and eligibility criteria for security threat assessments on individuals seeking to obtain, renew, or transfer a HME on a CDL. TSA subsequently amended the rule on January 25, 2007 (72 FR 3492), In order to conduct the security threat assessment, States (or TSA’s agent in