

that represent consumer interests and 6 that represent industry interests).

Members are selected by the Secretary or designee from among the following areas: Clinical and administrative medicine; biologic and physical sciences; public health administration; patient advocacy; health care data and information management and analysis; health care economics; medical ethics; and other related professions. Members are invited to serve a 2-year term with the option of a 2-year extension. A Chair and Vice-Chair are appointed from the pool of at-large members. The Chair and Vice-Chair serve 1-year terms and may not serve more than 2 consecutive years in their respective capacities.

The Committee works from an agenda provided by the Designated Federal Official that lists specific issues, develops technical advice to assist us in determining reasonable and necessary applications of medical services and technology when we make national coverage decisions for Medicare, and advises CMS as part of the Medicare coverage evidence development activities.

II. Provisions of the Notice

The terms of 38 MedCAC members have expired. Of these 3 are nonvoting consumer representatives, 1 is a nonvoting industry representative, and 4 are voting patient advocates. Therefore, we are soliciting nominations to fill these positions. All nominations must be accompanied by curricula vitae. Nomination packages must be sent to the contact listed in the **ADDRESSES** section of this notice. Nominees for voting membership must have expertise and experience in one or more of the following fields:

- Clinical medicine of all specialties.
- Administrative medicine.
- Public health.
- Patient advocacy.
- Biologic and physical sciences.
- Health care data and information management and analysis.
- The economics of health care.
- Medical ethics.
- Other related professions such as epidemiology, biostatistics, and methodology of clinical trial design.

Our most critical need is for experts in ophthalmology and orthopedic surgery including treatment of fractures and knee, hip and other joint replacements.

We also need experts in psychopharmacology, Bayesian clinical trial methodology, clinical epidemiology, registries, rheumatology, screening and diagnostic testing analysis, stroke and stroke epidemiology, biostatistics in clinical

settings, cardiovascular epidemiology, cost effectiveness analysis, dementia, endocrinology, geriatrics, gynecology, minority health, observational research design, and women's health.

The nomination letter must include a statement that the nominee is willing to serve as a member of the MedCAC and appears to have no conflict of interest that would preclude membership.

We are requesting that all curricula vitae include the following:

- Date of birth.
- Place of birth.
- Social security number.
- Title.
- Current position.
- Professional affiliation.
- Home and business address.
- Telephone and fax numbers.
- E-mail address.
- List of areas of expertise.

We are requesting that the nomination letter specify whether the individual is being nominated for a voting membership (that is, an at-large member or patient advocate position) or nonvoting membership (that is, consumer representative or industry representative).

In order to permit us to evaluate potential sources of conflict of interest potential candidates will be asked to provide detailed information regarding financial holdings, consultancies, and research grants or contracts.

Members are invited to serve for overlapping 4-year terms. A member may serve after the expiration of the member's term until a successor takes office. Any interested person may nominate one or more qualified persons. Self-nominations are also accepted.

You may obtain a copy of the Secretary's Charter for the MedCAC by submitting a request to the contact listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice. You may also review the charter online at: <http://www.cms.hhs.gov/FACA/Downloads/medcaccharter.pdf>.

Authority: 5 U.S.C. App. 2 Section 10(a)(1) and (a)(2). (Catalog of Federal Domestic Assistance Program No. 93.778, Medicare—Supplementary Medical Insurance Program)

Dated: January 18, 2008.

Barry M. Straube,

Chief Medical Officer and Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

[FR Doc. E8-1345 Filed 1-25-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1499-N]

Medicare Program; Meeting of the Practicing Physicians Advisory Council

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

ACTION: Notice.

SUMMARY: This notice announces a quarterly meeting of the Practicing Physicians Advisory Council (the Council). The Council will meet to discuss certain proposed changes in regulations and manual instructions related to physicians' services, as identified by the Secretary of Health and Human Services (the Secretary). This meeting is open to the public.

DATES: *Meeting Date:* Monday, March 3, 2008, from 8:30 a.m. to 5 p.m. e.s.t.

Deadline for Registration without Oral Presentation: Thursday, February 28, 2008, 12 noon, e.s.t.

Deadline for Registration with Oral Presentations: Friday, February 15, 2008, 12 noon, e.s.t.

Deadline for Submission of Oral Remarks and Written Comments: Wednesday, February 20, 2008, 12 noon, e.s.t.

Deadline for Requesting Special Accommodations: Monday, February 25, 2008, 12 noon, e.s.t.

ADDRESSES: *Meeting Location:* The meeting will be held in Room 505A in the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Submission of Testimony: Testimonies should be mailed to Kelly Buchanan, Designated Federal Official (DFO), Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail stop C4-13-07, Baltimore, MD 21244-1850, or contact the DFO via e-mail at PPAC@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Kelly Buchanan, DFO, (410) 786-6132, or e-mail PPAC@cms.hhs.gov. News media representatives must contact the CMS Press Office, (202) 690-6145. Please refer to the CMS Advisory Committees' Information Line (1-877-449-5659 toll free), (410) 786-9379 (local) or the Internet at <http://www.cms.hhs.gov/home/regsguidance.asp> for additional information and updates on committee activities.

SUPPLEMENTARY INFORMATION:

I. Background

In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces the quarterly meeting of the Practicing Physicians Advisory Council (the Council). The Secretary is mandated by section 1868(a)(1) of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and manual instructions related to physician services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the Council's consultation must occur before **Federal Register** publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) not later than December 31 of each year.

The Council consists of 15 physicians, including the Chair. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members of the Council must be physicians as described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 members may include dentists, podiatrists, optometrists, and chiropractors. Members serve for overlapping 4-year terms.

Section 1868(a)(2) of the Act provides that the Council meet quarterly to discuss certain proposed changes in regulations and manual issuances that relate to physicians' services, identified by the Secretary. Section 1868(a)(3) of the Act provides for payment of expenses and per diem for Council members in the same manner as members of other advisory committees appointed by the Secretary. In addition to making these payments, the Department of Health and Human Services and CMS provide management and support services to the Council. The Secretary will appoint new members to the Council from among those candidates determined to have the expertise required to meet specific agency needs in a manner to ensure appropriate balance of the Council's membership.

The Council held its first meeting on May 11, 1992. The current members are: Anthony Senagore, M.D., Chairperson; Jose Azocar, M.D.; M. Leroy Sprang, M.D.; Karen S. Williams, M.D.; Peter

Grimm, D.O.; Jonathon E. Siff, M.D., MBA; John E. Arradondo, M.D., MPH; Helena Wachslight Rodbard, M.D.; Vincent J. Bufalino, M.D.; Tye J. Ouzounian, M.D.; Geraldine O'Shea, D.O.; Arthur D. Snow, Jr., M.D.; Gregory J. Przybylski, M.D.; Jeffrey A. Ross, DPM, M.D.; and Roger L. Jordan, O.D.

II. Meeting Format and Agenda

The meeting will commence with the Council's Executive Director providing a status report, and the CMS responses to the recommendations made by the Council at the December 3, 2007 meeting, as well as prior meeting recommendations. Additionally, an update will be provided on the Physician Regulatory Issues Team. In accordance with the Council charter, we are requesting assistance with the following agenda topics:

- Recovery Audit Contractors (RAC) Update.
- National Provider Identifier (NPI) Update.
- Hospital and Physician Quality Measures.

For additional information and clarification on these topics, contact the DFO as provided in the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to present a 5-minute oral testimony on agenda issues must register with the DFO by the date listed in the **DATES** section of this notice. Testimony is limited to agenda topics only. The number of oral testimonies may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to the DFO for distribution to Council members for review before the meeting by the date listed in the **DATES** section of this notice. Physicians and medical organizations not scheduled to speak may also submit written comments to the DFO for distribution by the date listed in the **DATES** section of this notice.

III. Meeting Registration and Security Information

The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting the DFO at the address listed in the **ADDRESSES** section of this notice or by telephone at (410) 786-6132 by the date specified in the **DATES** section of this notice.

Since this meeting will be held in a Federal Government Building, the Hubert H. Humphrey Building, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to

clear security. In order to gain access to the building, participants will be required to show a government-issued photo identification (for example, driver's license, or passport), and must be listed on an approved security list before persons are permitted entrance. Persons not registered in advance will not be permitted into the Hubert H. Humphrey Building and will not be permitted to attend the Council meeting.

All persons entering the building must pass through a metal detector. In addition, all items brought to the Hubert H. Humphrey Building, whether personal or for the purpose of presentation, are subject to inspection. 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 the purpose of presentation.

Individuals requiring sign language interpretation or other special accommodation must contact the DFO via the contact information specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice by the date listed in the **DATES** section of this notice.

Authority: (Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, section 10(a)).)

Dated: January 17, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-1347 Filed 1-25-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Court Improvement Program New Grants.

OMB No.: 0970-0307.

Description: The President signed the Deficit Reduction Act of 2005, Public Law 109-171, into law on February 8, 2006. The law authorizes and appropriates funds for two new grants under the Court Improvement Program in title IV-B, section 438 of the Social Security Act. The highest State court in a State with an approved title IV-E plan is eligible to apply for either or both of the new grants. The new grants are for the purposes of: (1) Ensuring that the needs of children are met in a timely and complete manner through improved case tracking and analysis of child