Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 04–12106 Filed 5–27–04; 8:45 am]

BILLING CODE 6714–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Preliminary Measure Sets for the National Healthcare Quality Report and the National Healthcare Disparities Report

Request for Comments

The Agency for Healthcare Research and Quality (AHRQ) announces a request for public comment on the Proposed 2004 Measure Sets to be used in preparing the National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR). The NHQR and NHDR are congressionally mandated reports (*see* 42 U.S.C. 299b–2(b)(2) regarding an annual report on National trends in health care quality and *see* 42 U.S.C. 299a–1(a)(6) regarding an annual report on disparities in health care among AHRQ's priority populations). The 2003 Measure Sets for the reports were generated through extensive input with public and private organizations, including a call for measures to Federal agencies and private organizations AHRQ issued through the Quality Interagency Coordination Task Force (QuIC), from October 2000–February 2001. The Institute of Medicine issued a separate call to private organizations from June–July 2000, the results of which were shared with the Department of Health and Human Services (DHHS). Interagency DHHS working groups then reviewed and revised the candidate measures. A public hearing on the revised measures was held in July 2002 with the National Committee on Vital and Health Statistics. The 2003 reports to Congress, based on these measure sets, were released in December 2003. AHRQ and the interagency working groups for the reports have been working to update the measure sets based on comments received during the Departmental clearance of the 2003 reports and the two public comment periods for the 2003 reports. AHRQ and the interagency working groups are now seeking comments on the revised measure sets for each report. In general, AHRQ is interested in comments on (1) the extent to which each proposed new measure set consists of measures that meet the criteria of importance, scientific soundness, and feasibility; (2) the appropriateness of the data sources for each measure; and (3) the extent to which each set has balance, comprehensiveness, and robustness.

AHRQ is also looking for comments on the set of proposed measures that will be highlighted in the 2004 NHQR and NHDR. The proposed highlight measures are a subset of the larger measure sets for the NHQR and NHDR and will be featured in the report text.

Availability of Preliminary Measure Set

A copy of the Preliminary Measure Set for the 2004 NHQR is available from AHRQ Web site at: *http://www.ahrq.gov/qual/nhqr04/premeasures.htm.*

A copy of the Preliminary Measure Set for the 2004 NHDR is available from AHRQ Web site at: *http://www.ahrq.gov/qual/nhdr04/premeasures.htm.*

Copies of the List of Proposed Highlight Measures are available from the AHRQ Web site at *http://www.ahrq.gov/qual/nhqr04/himeasures.htm.*

For organizations without access to the Internet, AHRQ will make a paper version available either through overnight mail or by fax upon written request. Requests for paper versions of the preliminary measure set should be faxed to the fax number below.

Comments Deadline

Written comments will be accepted by 30 days after publication. For submission of written comments and additional information: Ed Kelley, PhD, Director, National Healthcare Quality Report, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850, e-mail: *ekelley@ahrq.gov* or absent internet access, fax to Dr. Edward Kelley at (301) 427–1341.

Public Review of Comments

Comments and responses received will be available for public inspection at AHRQ's Information Resource Center (IRC) public reading room between the hours of 8:30 a.m. and 5 p.m. on regular business days at 540 Gaither Road, Rockville, Maryland 20850. Arrangements for viewing public comments may be made by calling (301) 427–1287.

Responses may also be accessed through AHRQ's Electronic Freedom of Information Reading Room.

Dated: May 24, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–12107 Filed 5–27–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1269–N]

Medicare Program; Establishment of the Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) and Request for Nominations for Members

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

ACTION: Notice.

SUMMARY: This notice announces the establishment of the Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) and discusses the group's purpose and charter. It also solicits nominations for members.

DATES: Nominations for membership will be considered if they are received by July 12, 2004.

ADDRESSES: Send nominations to—Division of Acute Care, Mail stop C4–08–06, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244–1850; Attention: Beverly J. Parker.

Send written requests for copies of the EMTALA TAG Charter to—Division of Acute Care, Mail stop C4–08–06, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244–1850; Attention: Marianne M. Myers.

FOR FURTHER INFORMATION CONTACT: Beverly J. Parker (410) 786–5320. Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

Sections 1866(a)(1)(I), 1866(a)(1)(N), and 1867 of the Social Security Act (the Act) impose specific obligations on Medicare-participating hospitals that offer emergency services. These obligations concern individuals who come to a hospital emergency department and request examination or treatment for medical conditions, and apply to all of these individuals, regardless of whether or not they are beneficiaries of any program under the Act. Section 1867 of the Act sets forth requirements for medical screening

examinations of medical conditions, as well as necessary stabilizing treatment or appropriate transfer. In addition, section 1867(h) of the Act specifically prohibits a delay in providing required screening or stabilization services in order to inquire about the individual's payment method or insurance status. Section 1867(d) of the Act provides for the imposition of civil monetary penalties on hospitals and physicians responsible for negligently violating a requirement of that section, through actions such as the following: (a) Negligently failing to appropriately screen an individual seeking medical care; (b) negligently failing to provide stabilizing treatment to an individual with an emergency medical condition; or (c) negligently transferring an individual in an inappropriate manner. (Section 1867(e)(4) of the Act defines ''transfer'' to include both transfers to other health care facilities and cases in which the individual is released from the care of the hospital without being moved to another health care facility.)

These provisions, taken together, are frequently referred to as the Emergency Medical Treatment and Labor Act (EMTALA), also known as the patient antidumping statute. EMTALA was passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Congress enacted these antidumping provisions in the Social Security Act because of its concern with an increasing number of reports that hospital emergency rooms were refusing to accept or treat individuals with emergency conditions if the individuals did not have insurance.

We presented and implemented these EMTALA provisions through proposed and interim final rules published in the **Federal Register** on June 16, 1988 (53 FR 22513), and June 22, 1994 (59 FR 32120), respectively. In May 9, 2002, **Federal Register** (67 FR 31404), we proposed further revisions to the EMTALA regulations. These proposals were designed address issues and concerns which had arisen following publication of the interim final rule with comment period by clarifying policies relating to the responsibilities of Medicare-participating hospitals in treating individuals with emergency medical conditions who present to a hospital under the provisions of EMTALA. In the September 9, 2003, **Federal Register** (68 FR 53222), we finalized these proposals.

Section 945 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173), requires that the Secretary establish a Technical Advisory Group (TAG) to solicit advice concerning issues related to EMTALA regulations and implementation.

II. Charter, General Responsibilities, and Composition of the EMTALA TAG

A. Charter Information and General Responsibilities

On May 11, 2004, the Secretary signed the charter establishing the EMTALA TAG. This charter will terminate 30 months from the date of the EMTALA TAG's first meeting. The EMTALA TAG, as chartered, under the legal authority of section 945 of the MMA, is also governed by the provisions of the Federal Advisory Committee Act (FACA), 5 U.S.C. Appendix 2. In accordance with section 945 of the MMA, the EMTALA TAG will meet at least twice a year and all meetings will be open to the public.

You may obtain a copy of the Secretary's charter for the EMTALA TAG by mailing a written request to the address specified in the **ADDRESSES** section of this notice.

Section 945 of the MMA specifies that the EMTALA TAG—

- Will review the EMTALA regulations;
- May provide advice and recommendations to the Secretary concerning these regulations and their application to hospitals and physicians;
- Will solicit comments and recommendations from hospitals, physicians, and the public regarding implementation of such regulations; and
- May disseminate information concerning the application of these regulations to hospitals, physicians, and the public.

B. Composition of the EMTALA TAG

Section 945 of the MMA also specifies the composition of the EMTALA TAG. It states that the EMTALA TAG will be composed of 19 members including the Administrator of the Centers for Medicare & Medicaid Services (CMS) and the Inspector General of the Department of Health and Human Services (DHHS) in addition to the number and type of individuals specified in each of the following categories:

- Four representatives of hospitals, including at least one public hospital, that have experience with the application of EMTALA and, at least, two hospitals that have not been cited for EMTALA violations;
- Seven practicing physicians drawn from the fields of emergency medicine, cardiology or cardiothoracic surgery, orthopedic surgery, neurosurgery, pediatrics or a pediatric subspecialty, obstetrics-gynecology and psychiatry, with not more than one physician from any particular field;
- Two representatives of patients;
- Two staff persons involved in EMTALA investigations from different CMS regional offices;
- One representative from a State survey agency involved in EMTALA investigations and one representative from a Quality Improvement Organization (QIO), both of whom shall be from areas other than the regions represented by the CMS regional offices.

III. Submission of Nominations

We are requesting nominations for membership on the EMTALA TAG. The Secretary will consider qualified individuals who are nominated by organizations representing providers and patients when selecting practicing physicians, patients, and hospital representatives. The Secretary will also consider qualified individuals who are self-nominated when selecting CMS regional office, State survey agency, and QIO representatives. The Secretary will appoint members to serve on the EMTALA TAG from among those candidates determined to have the technical expertise required to meet the statutory requirements and in a manner to ensure an appropriate balance of membership.

Nominations may be made for one or more qualified individuals for each of the categories listed in section II.B. of this notice. Each nomination must include the following:

1. A letter of nomination that contains—

a. Contact information for both the nominator and nominee (if not the same); and

b. The category, as specified in section II.B. of this notice for which the nomination is being made (for example, hospital representative or practicing physician).

2. A statement from the nominee that he or she is willing to serve on the EMTALA TAG for its duration (that is, at least 30 months from date of the first meeting) and an explanation of interest in serving on the EMTALA TAG. (For self-nominations, this information may be included in the nomination letter.)

3. A curriculum vitae that indicates the nominee's educational and EMTALA-related experiences.

4. Three letters of reference that support the nominee's qualifications for participation on the EMTALA TAG. (For nominations other than self-nominations, a nomination letter that includes information supporting the nominee's qualifications may be

counted as one of the letters of reference.)

5. Additional information is required for the following categories of nominations:

a. Hospital representatives—In your statement regarding serving on the EMTALA TAG indicate—

(1) Your hospital's Medicare provider number;

(2) The type of hospital (public or private); and

(3) Whether or not your hospital has been cited for an EMTALA violation and, if so, the nature of the citation.

b. Practicing physicians—In your statement regarding serving on the EMTALA TAG indicate—

(1) Your board or specialty society and certification (if any) for your field of service;

(2) Your Unique Physician Identification Number (UPIN);

(3) Whether or not you have been cited for an EMTALA violation and, if so, the nature of the violation.

c. Representatives from the CMS regional office, State survey agency or Quality Improvement Organization—In your statement regarding serving on the EMTALA TAG indicate the extent of your experience with EMTALA investigations.

To ensure that a nomination is considered, we must receive all of the nomination information specified in section III of this notice by July 12, 2004.

Authority: Section 945 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

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

Dated: April 26, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04–11936 Filed 5–27–04; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Grant Award to American Academy of Family Physicians for Phase One of an Open Source EHR Pilot Project Entitled ''Making the Transition From Paper to Electronics in Office-Based Medical Practices''

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

ACTION: Notice of grant award.

SUMMARY: The Centers for Medicare & Medicaid Services has awarded a grant entitled ''Open source EHR Pilot Project, Phase One: Making the Transition from Paper to Electronics in Office-Based Medical Practices'' to the American Academy of Family Physicians (AAFP), 11400 Tomahawk Creek Parkway, Leawood, KS 66211–2672, in response to an unsolicited application. The AAFP proposes that it will provide a comprehensive, low-cost, standardized, secure, and open source electronic health record (EHR) to the health care community. As a national academy, the AAFP is inherently familiar with the resources required and the necessary questions to be asked in order to make this a viable project, particularly on a national scale. The total amount of the award is $100,000 for the period June 1, 2004, through November 30, 2004. This project is an opportunity for CMS to further its objective of providing Medicare/Medicaid beneficiaries with information to make better choices. It will investigate the use of Open Source EHR as a tool for improving quality of care for selected patient populations, *e.g.*, diabetes and asthma, through routine collection of quality indicator and performance data and the delivery of evidenced-based guidelines and plans of care at the time of EHR use. This project is consistent with CMS' goal to improve health care quality and consumer decision-making in health care. Funding of this unsolicited proposal will result in a desirable public benefit in that its aim is to provide improvements in quality and safety of care delivery.

FOR FURTHER INFORMATION CONTACT: Albert G. Deal, Office of Research, Development, and Information, Centers for Medicare & Medicaid Services, C3–24–07, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–6645, or Judy Norris, Grants Officer, Department of Health and Human Services, OOM/AGG/CMS, C2–21–15, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–5130.

(Catalog of Federal Domestic Assistance Program No. 93.779, Centers for Medicare & Medicaid Services, Research, Demonstrations and Evaluations)

Authority: Section 1110 of the Social Security Act.

Dated: May 18, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04–12275 Filed 5–27–04; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2195–N]

RIN 0938–ZA47

Medicaid Program; Demonstration To Improve the Direct Service Community Workforce

ACTION: Notice.

Part 1. Overview Information.

Funding Opportunity Title: Medicaid Program; Demonstration To Improve the Direct Service Community Workforce.

Catalog of Federal Domestic Assistance (CFDA) No: 93.779.

DATES: No new applications will be accepted.

Part 2. Full Text of the Announcement.

I. Funding Opportunity Description

This notice announces the award of approximately $6 million in funding through our ''Demonstration to Improve the Direct Service Community Workforce'' initiative pursuant to the President's Executive Order 13217 ''Community-Based Alternatives for Individuals with Disabilities'' and authorized under section 1110 of the Social Security Act. The ''Demonstration to Improve the Direct Service Community Workforce'' grants are designed to assist States and others develop innovative programs that improve recruitment and retention of direct service workers. The House of Representatives Conference Report (HR Conf. Rpt No. 108–401, at 784 [2003]) that accompanied the Consolidated Appropriations Act, 2004 (Pub. L. 108–199) outlines the scope of this project.

These grants are a part of the President's New Freedom Initiative to eliminate barriers to equality and grant a ''New Freedom'' to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. This notice also contains information about the manner in which we will continue the award process that originally started in fiscal year (FY) 2003. We will not accept any new applications for the ''Demonstration to Improve the Direct Service Community Workforce'' grants in FY 2004.

The purpose of this demonstration program is to develop and implement programs that will increase the pool of direct care service workers, who help support people with disabilities in the community, through recruitment and