

determined that this notice will not have a significant effect on a substantial number of small entities or on the operations of a substantial number of small rural hospitals. Therefore, we are not preparing analyses for either the RFA or section 1102(b) of the Act.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This notice has no consequential effect on State, local, or tribal governments. We believe the private sector costs of this notice fall below this threshold as well.

Executive Order 13132 establishes certain requirements that an agency must meet when it publishes a proposed rule (and subsequent final rule) that imposes substantial direct compliance costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have determined that this notice does not significantly affect the rights, roles, and responsibilities of States.

This notice announces that the monthly actuarial rates applicable for 2006 are \$176.90 for enrollees age 65 and over and \$203.70 for disabled enrollees under age 65. It also announces that the monthly Part B premium rate for calendar year 2006 is \$88.50 and that the Part B deductible for calendar year 2006 is \$124.00. The Part B premium rate of \$88.50 is 13.2 percent higher than the \$78.20 premium rate for 2005. We estimate that this increase will cost approximately 40 million Part B enrollees about \$4.9 billion for 2006. In addition, we estimate that the increase in the annual deductible will cost approximately \$0.4 billion in 2006. Therefore, this notice is a major rule as defined in Title 5, United States Code, section 804(2) and is an economically significant rule under Executive Order 12866.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

IV. Waiver of Proposed Notice

The Medicare statute requires the publication of the monthly actuarial rates and the Part B premium amounts in September. We ordinarily use general notices, rather than notice and comment rulemaking procedures, to make such announcements. In doing so, we note that, under the Administrative Procedure Act, interpretive rules, general statements of policy, and rules of agency organization, procedure, or

practice are excepted from the requirements of notice and comment rulemaking.

We considered publishing a proposed notice to provide a period for public comment. However, we may waive that procedure if we find, for good cause, that prior notice and comment are impracticable, unnecessary, or contrary to the public interest. We find that the procedure for notice and comment is unnecessary because the formula used to calculate the Part B premium is statutorily directed, and we can exercise no discretion in applying that formula. Moreover, the statute establishes the time period for which the premium rates will apply, and delaying publication of the Part B premium rate such that it would not be published before that time would be contrary to the public interest. Therefore, we find good cause to waive publication of a proposed notice and solicitation of public comments.

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

Dated: September 12, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

Approved: September 15, 2005.

Michael O. Leavitt,

Secretary.

[FR Doc. 05-18837 Filed 9-16-05; 4 pm]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1269-N5]

Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) Meeting—October 26, 2005 Through October 28, 2005

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

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), this notice announces the third meeting of the Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG). The purpose of the EMTALA TAG is to review regulations affecting hospital and physician responsibilities under

EMTALA to individuals who come to a hospital seeking examination or treatment for medical conditions. The primary purpose of the third meeting is to enable the EMTALA TAG to hear additional testimony and further consider written responses from medical societies and other organizations on specific issues considered by the TAG at previous meetings. However, the public is permitted to attend this meeting and, to the extent that time permits and at the discretion of the Chairperson, the EMTALA TAG may hear comments from the floor.

DATES: Meeting Date: The meetings of the EMTALA TAG announced in this notice are as follows: Wednesday, October 26, 2005, 9 a.m. to 5 p.m. e.s.t.; Thursday, October 27, 2005, 11 a.m. to 5 p.m. e.s.t.; Friday, October 28, 2005, 9 a.m. to 12 noon e.s.t.

Registration Deadline: All individuals must register to attend this meeting. Individuals who wish to attend the meeting but do not wish to present testimony must register by October 19, 2005. Individuals who wish both to attend the meeting and to present their testimony must register by October 5, 2005, and must submit copies of their testimony in writing by October 12, 2005.

Comment Deadline: Written comments/statements to be presented to the EMTALA TAG must be received by October 12, 2005.

Special Accommodations: Individuals requiring sign-language interpretation or other special accommodations should send a request to these services to Beverly J. Parker by 5 p.m., October 12, 2005 at address listed below.

ADDRESSES: Meeting Address: The EMTALA TAG meeting will be held in the Multipurpose Room at the CMS Headquarters (Central Bldg), 7500 Security Boulevard, Baltimore, MD 21244-1850.

Mailing and E-mail Addresses for Inquiries or Comments: Inquiries or comments regarding this meeting may be sent to—Beverly J. Parker, Division of Acute Care, Centers for Medicare & Medicaid Services, Mail Stop C4-08-06, 7500 Security Boulevard, Baltimore, MD 21244-1850. Inquiries or comments may also be e-mailed to Beverly.Parker@cms.hhs.gov or EMTALATAG@cms.hhs.gov.

Web Site Address for Additional Information: For additional information on the EMTALA TAG meeting agenda topics, updated activities, and to obtain Charter copies, please search our Internet Web site at: <http://>

www.cms.hhs.gov/faca/emtalatag/emtalatagpage.asp.

FOR FURTHER INFORMATION CONTACT:

Beverly J. Parker, (410) 786-5320;
George Morey, (410) 786-4653.

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 or have a request made on their behalf for examination or treatment for a medical condition. EMTALA applies to all 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 for emergency medical conditions, as well as necessary stabilizing treatment or appropriate transfer.

Regulations implementing the EMTALA legislation are set forth at 42 CFR 489.20(l), (m), (q) and (r)(1), (r)(2), (r)(3), and 489.24. 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) for advice concerning issues related to EMTALA regulations and implementation.

Section 945 of the MMA specifies that the EMTALA TAG—

- Shall review the EMTALA regulations;
- May provide advice and recommendations to the Secretary concerning these regulations and their application to hospitals and physicians;
- Shall 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.

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) for the selection of members and the conduct of all meetings.

In the May 28, 2004 **Federal Register** (69 FR 30654), we specified the statutory requirements regarding the charter, general responsibilities, and

structure of the EMTALA TAG. That notice also solicited nominations for members based on the statutory requirements for the EMTALA TAG. In the August 27, 2004 **Federal Register** (69 FR 52699), we solicited nominations again for members in two categories (patient representatives and a State survey agency representative) for which no nominations were received in response to the May 28, 2004 **Federal Register** notice. In the March 15, 2005 **Federal Register** (70 FR 12691), we announced the inaugural meeting of the EMTALA TAG and the membership selection. In the May 18, 2005 **Federal Register** (70 FR 28541) we announced the second meeting of the EMTALA TAG with a purpose to hear public testimony and consider written responses from medical societies and other organizations on specific issues considered by the EMTALA TAG at its inaugural meeting. The EMTALA TAG has established the following three subcommittees:

- *On-Call Subcommittee* (Chairperson, John Kusske, M.D.) charged to review the testimony provided and other materials to identify some specific issues relating to on-call requirements.
- *Action Subcommittee* (Chairperson, Julie Nelson, J.D.) charged to identify issues other than on-call issues.
- *Framework Subcommittee* (Chairperson, Charlotte Yeh, M.D.) charged to clarify the historical context and conceptual basis for the TAG's recommendations and develop a document for review and approval by the TAG.

II. Meeting Format, Agenda, and Presentation Topics

A. Meeting Format

The initial portion of the meeting (convening at 9 a.m. on October 26) will involve opening remarks, followed by a limited period of public testimony on emergency medical services and specialty hospital issues. Participants wishing to present testimony on the EMTALA impact of specialty hospitals are requested to address their comments to the following issues:

- Whether there should be a Federal requirement for specialty hospitals to maintain emergency departments and, if so, whether this is best achieved by amending EMTALA or through some other means.
- Whether specialty hospitals, irrespective of whether they have emergency departments, are subject to the EMTALA requirement under which a Medicare participating hospitals with specialized capabilities or facilities may

not refuse to accept an appropriate transfer of an individual who requires such specialized capabilities or facilities if the hospital has the capacity to treat the individual.

- Whether additional or different, on-call requirements should be established for specialty hospitals (for example, whether specialty hospitals should be required to participate in community protocols).

The public testimony will be followed by discussion of emergency medical services (EMS), specialty hospitals, and other issues under consideration by the On-Call, Action, and Framework Subcommittees. TAG members will be afforded the opportunity to ask questions, prioritize the topics presented, and to conduct other necessary business. At the conclusion of each day's meeting, to the extent that time is available and at the discretion of the Chair, the public will be permitted a reasonable time to comment on issues being considered by the TAG.

B. Tentative Meeting Agenda

The tentative agenda for the EMTALA TAG meetings is as follows:

Day 1

Convenes at 9 a.m.

- Welcome, Call to Order, and Opening Remarks.
- Administrative and Housekeeping Issues.
- Public Testimony on Emergency Medical Services and Specialty Hospital Issues.
 - Report of On-Call Subcommittee.
 - Discussion of On-Call Issues.
 - Report of Action Subcommittee.
 - Discussion of Action Subcommittee Issues (for example, psychiatric emergency medical conditions and stabilizing treatment; hospitals with specialized capabilities; follow-up on other issues discussed at the last TAG meeting).
 - Public Comment.

Day 2

Convenes at 11 a.m.

- Report of Framework Subcommittee.
- Discussion of Framework Issues.
- Discussion of Specialty Hospital Issues.
 - Continuation of discussion of On-Call issues.
 - Continuation of discussion of Action Subcommittee Issues.
 - Discussion of Current Business.
 - Public Comment.

Day 3

Convening at 9 a.m.

- Discussion of Current Business (continued).

C. Public Presentations

Only individuals who register and submit written testimony as specified in section IV. of this notice will be considered registered presenters. The time allotted for each presentation will be approximately 5 minutes but will be based on the number of registered presenters. Presenters will speak in their assigned order. If registered presenters are not given an opportunity to speak because of time restrictions, we will accept and present their testimony to the TAG members. Comments from other participants (individuals who are not registered presenters) may be heard after the scheduled testimonies, if time permits.

If there are individuals who cannot attend the meeting but wish to submit comments/statements regarding emergency medical services or specialty hospitals, we will accept and present their written comments/statements at the meeting if their comments/statements are received via postal mail or email at the address listed in the **ADDRESSES** section of this notice by October 12, 2005.

III. Registration Instructions

The Center for Medicare Management is coordinating meeting registration. While there is no registration fee, all individuals must register to attend due to limited seating. As specified in the **DATES** section of this notice, individuals who wish to attend the meeting but do not plan to present testimony must register by October 19, 2005. Individuals who would like both to attend and to present testimony on the topics of emergency medical services or specialty hospitals must register by October 5, 2005 and must state specifically in their registration request that they wish to present testimony for EMTALA TAG consideration. A copy of the presenter's written testimony must be received by CMS at the address specified in the **ADDRESSES** section of this notice by October 12, 2005.

You may register with Marianne Myers at Marianne.Myers@cms.hhs.gov or by fax to the attention of Marianne Myers at (410) 786-0681, or by telephone at (410) 786-5962. All registration requests must include your name, name of the organization (if applicable), address, telephone and fax numbers, e-mail address (if available). You will receive a registration confirmation with instructions for your

arrival at the CMS Headquarters. If seating has been reached, you will be notified that the meeting has reached capacity. All registrants are asked to arrive at the CMS (Central Building) no later than 20 minutes before the scheduled starting time of each meeting session they wish to attend.

IV. Security Information

Since this meeting will be held in a Federal government building, Federal security measures are applicable. As noted above, in planning your arrival time, we recommend allowing additional time to clear security. All vehicles will be inspected inside and out at the entrance to the grounds. In order to gain access to the building, participants must bring a government-issued photo identification (driver's license, passport, etc.) and a copy of your registration information for the meeting. Access may be denied to persons without proper identification.

All persons entering the building must pass through a metal detector. In addition, all items brought to CMS, whether personal or for the purpose of demonstration or to support a 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 demonstration or to support a presentation.

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; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 13, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05-18925 Filed 9-22-05; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3159-N]

Medicare Program; Meeting of the Medicare Coverage Advisory Committee—November 29, 2005

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

ACTION: Notice.

SUMMARY: This notice announces a public meeting of the Medicare Coverage Advisory Committee (MCAC). The Committee provides advice and recommendations about whether scientific evidence is adequate to determine whether certain medical items and services are reasonable and necessary under the Medicare statute. This meeting concerns the treatments for age-related macular degeneration. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)).

DATES: The public meeting will be held on Tuesday, November 29, 2005 from 7:30 a.m. until 4:30 p.m. e.s.t.

Deadlines: Deadline for Presentations and Comments: Written comments and presentations must be received by October 31, 2005, 5 p.m., e.s.t.

Deadline for Registration to Attend Meeting: For security reasons, individuals wishing to attend this meeting must register by close of business on November 22, 2005.

Special Accommodations: Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary by November 22, 2005 (see **FOR FURTHER INFORMATION CONTACT**).

ADDRESSES: The meeting will be held in the main auditorium of the Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244.

FOR FURTHER INFORMATION CONTACT: Michelle Atkinson, Executive Secretary, by telephone at 410-786-2881 or by e-mail at Michelle.Atkinson@cms.hhs.gov.

Web Site: You may access up-to-date information on this meeting at <http://www.cms.hhs.gov/mcac/default.asp#meetings>.

Presentations And Comments: Interested persons can present data, information, or views orally or in writing on issues pending before the Committee. Please submit written comments to Michelle Atkinson, by e-mail at

Michelle.Atkinson@cms.hhs.gov, or by mail to the Executive Secretary for MCAC, Coverage and Analysis Group, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1-09-06, Baltimore, MD 21244.

SUPPLEMENTARY INFORMATION:

I. Background

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) to describe the Medicare