

ADDRESSES: Mail applications for the Senior Risk Reduction Demonstration to—Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Medicare Demonstrations Program Group, Mail stop S3–02–01, Attention: Pauline Lapin.

FOR FURTHER INFORMATION CONTACT: Pauline Lapin, (410) 786–6883 or Sidney Trieger, (410) 786–6613.

SUPPLEMENTARY INFORMATION:

I. Background

The aging of the population, the prevalence of chronic disease, and the rapidly rising cost of health care in the United States provides a sense of urgency and immediacy for finding innovative solutions that would improve the health and well-being of seniors and prevent or delay debilitating and costly disease onset.

Recent research suggests that well-structured risk reduction programs can achieve significant improvements in a population's health risk profile. Successful programs are founded on solid behavior change theory, use tailored interventions, are personalized and sufficiently intensive, and are delivered with adequate social supports. In 2001, CMS commissioned RAND, and RAND prepared, a report on risk reduction programs entitled, "The Evidence Report and Evidence Based Recommendations: Health Risk Appraisals and Medicare." This report concluded that effective risk reduction programs, beginning with the administration of a Health Risk Appraisal (HRA) and including evidence-based and tailored behavior change through follow-up interventions, exert a beneficial effect on behavioral, physiological, and general health status outcomes. Other supportive studies have shown that multicomponent health promotion programs that engage participants in self-care activities and increase their involvement in health care decision-making can achieve long-term behavior changes and health risk reductions in large populations.

Also, evidence is mounting that successful risk reduction programs may produce a positive return on investment. Based on this evidence, the RAND report concluded that health promotion and disease prevention programs using HRAs and ongoing tailored interventions may be cost beneficial. Experts agree that the approach used in risk reduction programs is promising for Medicare beneficiaries and should be tested in a demonstration project.

II. Provisions of the Notice

The purpose of the notice is to inform interested parties of an opportunity to implement a risk reduction/health management program as part of the Medicare Senior Risk Reduction Demonstration. The goal of this demonstration project is to determine whether risk reduction programs (also referred to as health promotion, health management, demand management, and disease prevention programs) that have been developed and tested in the private sector can also be tailored to, and work well with, Medicare beneficiaries to improve their health and reduce avoidable health care utilization. The specific aims are to—

- Determine whether a senior risk reduction service provided by Medicare will—
 - Be viewed positively by beneficiaries.
 - Be accepted by beneficiaries.
 - Achieve high participation rates.
 - Reduce health risk factors, improve health behaviors, improve functioning, and prevent disability.
- Produce cost savings for the Medicare program.

Applicants must be willing to accept a 10 percent withhold of their fee each year, and as much as a 15 percent withhold over the course of the demonstration should Medicare expenditures for the intervention group exceed those of the control group by more than 5 percent after the first 18 months of the demonstration.

We intend to use a competitive application process to select up to five existing health promotion, disease prevention, health management, or risk reduction organizations to participate in the demonstration project. Interested parties can obtain complete solicitation and supporting information on the CMS Web site at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/Senior_Risk_Reduction_Solicitation.pdf.

We anticipate that we will make final award decisions by April 1, 2007, and that project implementation activities would begin July 1, 2007.

III. Collection of Information Requirements

The document does impose information collection and recordkeeping requirements. However, since we believe there are less than 10 potential respondents, of which CMS will be selecting 5 applicants to participate in the demonstration, this collection is exempt from the PRA as stipulated under 5 CFR 1320.3(c)(4).

Authority: Section 402(a)(1)(B) of the Social Security Amendments of 1967, Pub. L.

No. 90–248, as amended, 42 U.S.C. 1395b–1(a)(1)(B) and (a)(2).

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

Dated: July 20, 2006.

Mark B. McClellan,

Administrator, Centers for Medicaid & Medicare Services.

[FR Doc. 06–7120 Filed 8–21–06; 4:00 pm]

BILLING CODE 4120–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Fogarty International Center; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Fogarty International Center Advisory Board.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 552b(c)(9)(B), Title 5 U.S.C., as amended. The grant applications and/or contract proposals 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 and/or contract proposals, the disclosure of which could constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Fogarty International Center Advisory Board.

Date: September 11–12, 2006.

Closed: September 11, 2006, 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Place: National Institutes of Health, Lawton Chiles International House, Bethesda, MD 20892.

Open: September 12, 2006, 8:30 a.m. to 5 p.m.

Agenda: Preliminary Discussions of the Strategic Planning for the Fogarty International Center.

Place: National Institutes of Health, Lawton Chiles International House, Bethesda, MD 20892.

Jean L. Flagg-Newton, PhD, Special Assistant to the Director, FIC, Fogarty International Center, National Institutes of Health, 9000 Rockville Pike, Building 31, Room B2C29, Bethesda, MD 20892, (301) 496-2968; flaggnej@mail.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of the visitor.

Information is also available on the Institute's/Center's home page: <http://www.nih.gov/fic/about/advisory.html>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.106, Minority International Research Training Grant in the Biomedical and Behavioral Sciences; 93.154, Special International Postdoctoral Research Program in Acquired Immunodeficiency Syndrome; 93.168, International Cooperative Biodiversity Groups Program; 93.934, Fogarty International Research Collaboration Award; 93.989, Senior International Fellowship Awards Program, National Institutes of Health, HHS).

Dated: August 15, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-7082 Filed 8-22-06; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Cancer Institute Director's Consumer Liaison Group.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: National Cancer Institute Director's Consumer Liaison Group.

Date: September 28, 2006.

Time: 2 p.m. to 3:30 p.m.

Agenda: (1) Approval Minutes of June 8, 2006 Teleconference; (2) Introduce new DCLG Members; (3) Report of Summit Working Group to the DCLG; (4) Report of Agenda Working Group; (5) Public Comment; (6) Action Items and Conclusion.

Place: National Institutes of Health, National Cancer Institute, 6116 Executive Boulevard, Rockville, MD 20852, (Telephone Conference Call).

Contact Person: Barbara Guest, Executive Secretary, Office of Liaison Activities, National Cancer Institute, National Institutes of Health, 6116 Executive Blvd, Room 2202, Bethesda, MD 20892-8324, 301-496-0307, guestb@mail.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: <http://deainfo.nci.nih.gov/advisory/dclg/dclg.htm>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: August 16, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-7081 Filed 8-22-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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 Cancer Institute Initial Review Group, Subcommittee J—Population and Patient-Oriented Training, Population and Patient-Oriented Training.

Date: October 24–25, 2006.

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

Agenda: To review and evaluate grant applications.

Place: Radisson Hotel Old Town Alexandria, 901 North Fairfax Street, Alexandria, VA 22314.

Contact Person: Ilda M. McKenna, PhD, Scientific Review Administrator, Research Training Review Branch, Division of Extramural Activities, National Cancer Institute, 6116 Executive Boulevard, Room 8111, Bethesda, MD 20892, 301-496-7481, mckennai@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: August 15, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-7086 Filed 8-22-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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 Heart, Lung, and Blood Institute Special Emphasis Panel Mentored Patient-Oriented Research Career Development Award.

Date: September 5, 2006.

Time: 2 p.m. to 3 p.m.

Agenda: To review and evaluate grant applications.