before the Committee. Written submissions may be made to the contact person on or before two days prior to the Committee's meeting date. Oral comments from the public will be scheduled in the agenda. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled public comment period, ONC will take written comments after the meeting until close of business on that day.

ONC welcomes the attendance of the public at its advisory committee meetings. If you require special assistance due to a disability, please contact MacKenzie Robertson at least seven (7) days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App. 2).

Dated: July 18, 2012.

MacKenzie Robertson,

FACA Program Lead, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2012–18592 Filed 7–30–12; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notification of Single Source Cooperative Agreement Award for Project Hope

AGENCY: Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Policy and Planning (OPP).

ACTION: Notification of Single Source Cooperative Agreement Award for Project Hope, the publisher of *Health Affairs,* for strengthening emergency care delivery in the United States healthcare system through health information and promotion in Support of National Health Security Strategy (2009) and Implementation Plan (2012) and Homeland Security Presidential Directive-21 (2007). CFDA#93.078.

Statutory Authority: Public Health Service Act, Section 1703(c), 42 U.S.C. Section 300u–2(c).

Amount of Single Source Award: $50,000.

Project Period: September 15, 2012 to December 15, 2012.

SUMMARY: In FY2012, HHS/ASPR/OPP plans to provide a single source cooperative agreement award to Project Hope to strengthen emergency care delivery in the United States healthcare system through health information and promotion in support of the Homeland Security Presidential Directive-21 (2007) and the National Health Security Strategy (2009) and Implementation Plan (2012).

In the past decade, numerous studies have described the delivery of emergency care in the United States as fragmented, overburdened, underfunded, and challenged in its efforts to provide an appropriate level of high quality and cost effective emergency care for Americans on a daily basis and in response to a public health emergency or disaster. These studies have recommended that the emergency care delivery system be redesigned and more broadly integrated into the U.S. healthcare system and healthcare sub-systems. As these changes will have implications for the broader healthcare community, particularly the primary care sub-system, it is essential that both expert and non-expert healthcare professionals, across the healthcare continuum, be informed and engaged in these key policy discussions.

Project Hope will plan the publication of a *Health Affairs* thematic issue that will identify, explore and propose policy options for developing, strengthening and preparing a regionalized, accountable and coordinated system of emergency care that is broadly integrated into the United States healthcare system and capable of responding to a public health emergency or disaster. The project will serve to educate non-emergency medicine healthcare policy professionals and providers about the current state of emergency care delivery in the United States. It will also promote an interdisciplinary dialogue between emergency and other healthcare professionals and providers regarding policy options for the coordinated and integrated delivery of acute unscheduled care that might result from an acute onset of symptoms, exacerbation of a chronic disease, or a public health emergency or disaster. This project will focus on exploring, identifying and proposing policy options regarding workforce, finance, organization and medical care delivery that are essential to redesigning emergency care delivery and supporting its full integration into other healthcare sub-systems as well as the broader U.S. healthcare system. This work will be performed in the context of Homeland Security Presidential Directive-21 and Strategic Objective (4) of the National Health Security Strategy (2009) and Implementation Plan (2012) that seek to foster integrated, scalable healthcare delivery systems that can meet both daily demands and medical surge demands resulting from a public health emergency or disaster.

Single Source Justification

Over the past few years, emergency care delivery and systems research and policy have largely been discussed in research-focused academic journals, publications and forums that have primarily targeted expert emergency care and pre-hospital care communities. While these forums have been successful in engaging emergency care communities, they have had minimal success in engaging the rest of the U.S. healthcare system policy professionals and providers that impact or are impacted by emergency care delivery. In the past, HHS and other federal departments have addressed similar healthcare policy engagement challenges by having Project Hope develop, provide or, promote key healthcare policy information via easy-to-read *Health Affairs* thematic issues and targeted outreach activities that ensured optimal awareness, engagement and discussion by a wide audience of expert and non-expert healthcare policy professionals, healthcare providers, and the general public.

The Project Hope *Health Affairs* journal is uniquely positioned to execute the proposed thematic issue. Although other publications can and do focus on scientific and clinical aspects of emergency care, none of the journals have a primary focus on policy matters related to workforce, financing, organization and the delivery of medical care. *Health Affairs* also has the largest circulation among healthcare policy publications with an estimated eleven thousand individual and institutional subscribers and more than fifty million online page views per year. *Health Affairs* is considered a trusted source for health policy—frequently cited in congressional testimony and the news media—and has a wide-ranging audience that includes healthcare professionals and providers, academia, private sector, health advocates, opinion leaders, industry decision makers, and government leaders. Project Hope has also successfully developed and published other key *Health Affairs* healthcare thematic issues that have significantly increased expert and non-expert interdisciplinary discussions and the general population's awareness and understanding of these topics.

In making this award, ASPR will capitalize on Project Hope's extensive experience in producing and marketing thematic issues that ensure broader

healthcare professional and provider engagement, interdisciplinary discussion, and general public awareness. Utilizing Project Hope's best practices, this new investment will offer HHS and the healthcare community the opportunity to explore, identify, and propose key policy ideas and initiatives for developing, strengthening and preparing a regionalized, accountable, coordinated, and integrated system of emergency care that is able to meet daily demands and respond to and recover from a public health emergency or disaster.

In summary, Project Hope's experience, status as a trusted policy source, and widespread subscribership and global audience will be critical to the viability of this cooperative agreement. This collaboration will support HHS efforts to develop a resilient U.S. healthcare system that is capable of providing integrated, cost-effective and high-quality emergency care both daily and in response to a public health emergency or disaster.

Additional Information

The agency program contact is Kristen Finne, who can be contacted by phone at (202) 691–2013 or via email at *kristen.finne@hhs.gov.*

Dated: July 25, 2012.

Edward J. Gabriel,

Principal Deputy Assistant Secretary for Preparedness and Response.

[FR Doc. 2012–18683 Filed 7–30–12; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for ''The Million Hearts Risk Check Challenge''

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

AWARD APPROVING OFFICIAL: Farzad Mostashari, National Coordinator for Health Information Technology.

ACTION: Notice.

SUMMARY: In communities across America, there are thousands of convenient and inexpensive ways to know your risk for heart-related conditions—often, all it takes is making an appointment for a screening with your doctor or pharmacies. But, according to recent studies, up to 1 in 3 people at risk for cardiovascular disease (CVD) have not been screened and are therefore less likely to take preventative action. Through an initiative sponsored by Million Hearts and the Office of the National Coordinator for Health IT, we are reaching out to the millions of Americans who have significant risks for CVD and do not know it, and those that suspect it but have not yet overcome the inertia to act on their concern. By connecting these individuals to pharmacies for lipid and blood pressure screenings, we are intending to make it easy for them to turn their back-of-mind worries into personal knowledge and then help them hook into the delivery system if necessary.

This new campaign and technology product will follow three steps:

1. Reach out to individuals across the country, taking special aim at those who may be at risk for CVD and don't know it.

2. Conduct a ''light'' health risk assessment that roughly estimates risk in an engaging interface and then ''hooks'' the user by showing that with the addition of LDL and BP readings, the accuracy of the risk assessment could be much more robust. This is done to drive folks to scale the next hurdle: The BP and blood test.

3. Direct individuals to nearby, convenient options for biometric screenings. National pharmacies and others will offer locations and special offers for this step.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Public L. 111–358).

DATES: Effective on July 27, 2012. Challenge submission period ends October 31, 2012, 11:59 p.m. et.

FOR FURTHER INFORMATION CONTACT: Adam Wong, 202–720–2866.

SUPPLEMENTARY INFORMATION:

Subject of Challenge Competition

The purpose of the challenge is threefold:

1. Encourage further testing (specifically lipids and BP), especially for those with some risk,

2. Encourage lifestyle changes for those at some risk, and

3. Encourage seeing a health professional if they are at high risk.

In order to engage individuals about their heart risk, and then connect them with nearby options for a biometric screening, we require a new consumer app. Developers will have access to, and will need to hew closely to, two sources of content when responding to the challenge and designing the app:

1. A new Application Programming Interface (API) for conducting the ''light'' health risk assessment over a consumer-facing interface, hosted by Archimedes and built using their Indigo product.

2. Locations (and specific descriptors) of places where individuals can go for a lipid and blood pressure screening, made available through flat files from Million Hearts and a new API hosted by Surescripts.

Each of these source APIs are described in more detail at the challenge registration sites. Unlike some other challenges, HHS would like to formally ''sponsor'' the winning app. For this reason, it will be important (and it is part of the reviewing criteria) for applicants to follow the inputs and outputs of the two APIs specifically.

The app should begin with a ''light'' health risk assessment, designed to engage individuals by asking them personal questions about their health. To conduct the ''light'' health risk assessment, the app should ask questions to follow the required inputs of the Archimedes API (see registration sites and *https://demo-indigo4health.archimedesmodel.com* and *https://demo-indigo4health.archimedesmodel.com/IndiGO4Health/IndiGO4Health*). The app should also ask whether the individual has recent data on their blood pressure and cholesterol measurements (biomarker data). Once an individual has entered complete data including blood pressure and cholesterol measurements, the app should generate and communicate the individual's risk.

In the case that the user does not enter blood pressure and cholesterol values, after prompting individuals about the importance of a blood pressure and lipid screening, the app should then prompt them to enter their address (or use a device-enabled technology for getting their latitude and longitude such as the iPhone's ''current location'' feature). The app should send individuals the closest locations where they can go for a risk screening in a map-like output. Screening locations will be provided from two sources.

1. Through an API from the Surescripts Corporation. This API will be located on the Surescripts network, where it can be accessed by developers working on responding to this challenge, and available for free to the winning app throughout the campaign period. See registration sites for specific detail on the API. This information will also be available via the Million Hearts Challenge Web site.

2. Flat file, which the developers will receive from participating cities and/or HHS, and will be expected to make available to users via the app.