

available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 25, 2007.

A. Federal Reserve Bank of Chicago (Burl Thornton, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414

1. *First Michigan Bancorp, Inc., Troy, Michigan*; to become a bank holding company by acquiring 100 percent of the voting shares of First Michigan Bank (in organization), Troy, Michigan.

Board of Governors of the Federal Reserve System, June 29, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E7-12985 Filed 7-3-07; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH); Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board) and Subcommittee for Dose Reconstruction Reviews (SDRR)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention announces the following meeting of the aforementioned committee and Subcommittee:

Subcommittee Meeting Time and Date:

9:30 a.m.–11:30 a.m., July 17, 2007.

Committee Meeting Times and Dates:

1 p.m.–4:30 p.m., July 17, 2007.

9:45 a.m.–5 p.m., July 18, 2007.

8:30 a.m.–4:30 p.m., July 19, 2007.

Public Comment Times and Dates:

5 p.m.–6 p.m., July 17, 2007.

7:30 p.m.–8:30 p.m., July 18, 2007.

Place: Red Lion Richland Hanford House, 802 George Washington Way, Richland, Washington, 99352. Telephone 509-946-7611, Fax 509-943-8564.

Status: Open to the public, limited only by the space available. The meeting space accommodates approximately 75 to 100 people.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program (EEOICP) Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2007.

Purpose: This Advisory Board is charged with (a) Providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: The topics for the Subcommittee Meeting will focus on issues related to the conduct on Blind Review as well as the conduct of Basic vs. Advanced Reviews. Also to be considered are plans for future Reviews as well as the Sanford Cohen

& Associates Contract for the next fiscal year. The agenda for the Advisory Board meeting includes SEC Petitions for Hanford, Ames Iowa, Blockson Chemical, Chapman Valve, and Bethlehem Steel; SEC Petition Update on Dow Chemical; Status of Upcoming SEC Petitions; NIOSH Report on the Progress of the Redo of Rocky Flats Cases; SC&A Contract Actions for the next Fiscal Year; Agency Reports: NIOSH, Department of Labor and Department of Energy; Timeliness of NIOSH/Board Actions; Work Group Reports; Board Future Meetings and Schedules; and Board Working Time.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

FOR FURTHER INFORMATION CONTACT: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, Telephone 513-533-6825, Fax 513-533-6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 27, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7-12982 Filed 7-3-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5042-N2]

RIN 0938-ZB00

Medicare Program; Solicitation for Proposals From Rural Hospitals to Participate in the Medicare Hospital Gainsharing Demonstration Program Under Section 5007 of the Deficit Reduction Act

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

ACTION: Notice.

SUMMARY: This notice is to inform rural inpatient hospitals of an opportunity to

apply to participate in the Medicare Hospital Gainsharing Demonstration being implemented by CMS. The Medicare Hospital Gainsharing Demonstration authorized under section 5007 of the Deficit Reduction Act (DRA) of 2005 was established to test and evaluate methodologies and arrangements between hospitals and physicians designed to govern the utilization of inpatient hospital resources and physician work. The purpose of this demonstration is to improve the quality and efficiency of care provided to Medicare beneficiaries and to develop improved operational and financial hospital performance with the sharing of remuneration payments between hospitals and physicians in six projects, each project consisting of one hospital. Two projects must be rural. Because we received a limited response from rural hospitals to our original solicitation in September 2006, we are re-issuing our solicitation for proposals from rural hospitals only. Rural hospitals that submitted proposals previously are eligible to reapply. The goals and objectives of the demonstration remain unaltered. This demonstration will be limited in scope: we intend to focus on the short-term impacts of gainsharing programs.

DATES: Applications will be considered timely if we receive them on or before 5 p.m., eastern standard time, on September 4, 2007.

ADDRESSES: Mail or deliver applications to the following address:

Centers for Medicare & Medicaid Services, Attention: Lisa Waters (CMS-5042-N2), Mail Stop: C4-17-27, 7500 Security Boulevard, Baltimore, Maryland 21244.

Because of staff and resource limitations, we cannot accept applications by facsimile (FAX) transmission or by e-mail.

FOR FURTHER INFORMATION CONTACT: Lisa Waters at (410) 786-6615 or GAINSHARING@cms.hhs.gov. Interested parties can obtain a complete solicitation, application, and supporting information on the following CMS Web site at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2006_DRA_5007_Medicare_Hospital_Gainsharing_Demonstration.pdf.

Paper copies can be obtained by writing to Lisa Waters at the address listed in the **ADDRESSES** section of this notice.

Eligible Organizations: CMS is seeking applications from rural inpatient hospitals that receive payment under section 1886(d) of the Social Security Act (the Act), which is the authority for the hospital inpatient

prospective payment system. For purposes of this demonstration, a hospital will be considered rural if it is rural under the inpatient prospective payment system (see 42 CFR 412.64(b)(1)).

For the purpose of this demonstration, section 5007(g)(4) of the DRA provides that hospitals may provide gainsharing payments to physicians (as defined in section 1861(r)(1) or (r)(3) of the Act) and practitioners (as “described in section 1842(e)(18)(C) of the Act”). The latter reference to “section 1842(e)(18)(C)” of the Act, however, clearly is a typographical error, as there is no such section, and it is clear from the context and legislative history that the reference was intended to be to section 1842(b)(18)(C) of the Act. Section 5007(g) of DRA explicitly provides that the reference to physicians who are permitted to participate in the demonstration is deemed to include certain “practitioners.” Conference Report language also specifically refers to the inclusion of practitioners as part of the gainsharing arrangement. Since section 1842(e)(18)(C) of the Act does not exist, and since section 1842(b)(18)(C) of the Act is, with the exception of substituting (b) for (e), identical to that section, and specifically defines practitioners, we believe that section 1842(b)(18)(C) of the Act is the intended reference. We do not believe this typographical error impedes any authority to otherwise implement this demonstration. Furthermore, a comprehensive list of all eligibility requirements can be found in the “Eligible Organizations” section of the solicitation.

SUPPLEMENTARY INFORMATION:

I. Background

Section 5007 of the Deficit Reduction Act of 2005 (DRA) requires the establishment of a qualified gainsharing demonstration program that will test and evaluate methodologies and arrangements between hospitals and physicians designed to govern the utilization of inpatient hospital resources and physician work to improve the quality and efficiency of care provided to beneficiaries and to develop improved operational and financial hospital performance with the sharing of remuneration as specified in the project. It will have a short-term focus given the limited size of the demonstration.

II. Provisions of the Notice

This notice solicits applications to participate in the DRA section 5007 Medicare Hospital Gainsharing

Demonstration that will assist in determining if gainsharing can align incentives between hospitals and physicians to improve the quality and efficiency of care provided to beneficiaries, which will promote improved operational and financial performance of hospitals. The focus of each demonstration will be to link physician incentive payments to improvements in quality and efficiency. Each demonstration will provide measures to ensure that the quality and efficiency of care provided to beneficiaries is monitored and improved.

Overall, we seek demonstration models that result in savings to Medicare. We will assure the demonstration is budget neutral.

III. Collection of Information Requirements

This information collection requirement is subject to the Paperwork Reduction Act of 1995; however, the collection is currently approved under OMB control number 0938-0880 entitled “Medicare Demonstration Waiver Application.”

Authority: Section 5007 of the Deficit Reduction Act of 2005, Pub. L. 109-171. (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 4, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

Editorial Note: This document was received at the Office of the Federal Register on June 29, 2007.

[FR Doc. 07-3265 Filed 6-29-07; 4:00 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary and Alternative Medicine; 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