

Mississippi (\$23,243,995) and 17 percent to Alabama (\$10,532,965).

This supplemental grant program is to fund State payments to general, acute care hospitals, IPFs, CMHCs, and SNFs in impacted communities that face financial pressures because of changing wage rates that are not yet reflected in Medicare PPS payment methodologies.

The grant funds must be used by the States to make payments to all Medicare participating general acute care hospitals, IPFs, CMHCs and SNFs that are currently paid under a Medicare PPS in the impacted communities. States have some flexibility in determining the methodology to determine the timing and amount of provider payments, but the methodology must reflect each provider's relative share of total Medicare payments during a specified period of time.

Grant funds may not be distributed to general acute care hospitals, IPFs, CMHCs and SNFs that are not in operation. States' payment methodologies should specify the relevant time periods and any other factors that will be considered in distributing available grant funds according to the principles specified above, and are subject to approval by CMS.

Under the authority of section 6201(a)(4) of the DRA of 2005, the Secretary, Department of Health and Human Services, has invoked his authority to restore health care in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will enable States to make payments to assist general acute care hospitals, IPFs, CMHCs, and SNFs that are paid under a Medicare PPS, with the financial pressures that may result from changing wage rates in those impacted communities.

Louisiana, Mississippi and Alabama are the only states with knowledge and ability to administer a grant designed to affect impacted communities in their states. For the reasons cited above, the Secretary has directed the CMS to offer supplemental single-source awards to the States of Louisiana, Alabama and Mississippi.

FOR FURTHER INFORMATION CONTACT: Wendy J. Taparanskas, Ph.D., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2-26-12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-5245.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Dated: July 2, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Medicaid Program; Notice of Single-Source Grant Award to the State of Louisiana for the Grant Entitled "Deficit Reduction Act-Hurricane Katrina Healthcare Related Professional Workforce Supply"

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

ACTION: Single-Source Non-Competitive Supplemental Award.

Funding Amount: \$35,000,000.

Period of Performance: June 18, 2007-September 30, 2009.

CFDA: 93.779.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Purpose

These supplemental grant funds will be made available to the State of Louisiana to fund additional State payments for professional healthcare workforce fulfillment in Greater New Orleans, which has continued to face unique health professional shortages as a result of Hurricane Katrina and its subsequent floods. With nearly 4,500 doctors displaced and approximately 50 percent of the physicians who worked in Region 1 before Hurricane Katrina, no longer practicing there, Greater New Orleans is experiencing a shortage of primary care doctors to see Medicaid and uninsured patients.

Funding awarded under this grant program must be used by the State to make payments for purposes of recruitment and retention of professional health care staff for the impacted communities. For purposes of this grant, impacted communities are those four parishes located in the State of Louisiana that comprise Region 1, as defined by the Louisiana Department of Health and Hospitals, namely, Orleans, Jefferson, St. Bernard, and Plaquemines.

The grant funds must be used only for purposes of recruitment or retention of healthcare workforce professionals in Greater New Orleans. The State has been given flexibility in determining the payment methodology, the scope and type of activities, criteria for awarding

payment, and the amount of payments to be made to such professionals. Payment recipients are limited to licensed healthcare professionals. Activities include those that were recommended by the Louisiana Health Care Redesign Collaborative (LHCRC) in their concept paper submitted to the Secretary on October 20, 2006. These activities include but are not limited to: income guarantees, annual medical malpractice payment relief, loan repayments, and incentive payments (relocation expenses and sign-on bonuses). Grant funds may not be distributed to staff who are no longer providing professional healthcare services in the Greater New Orleans area at the time of the disbursement of grant funds. All payments must be made under this grant program by September 30, 2009.

Payments to physicians, nurses, and other professional healthcare workforce staff under this program are not allowed to be considered payments for Medicare, Medicaid or other specific services, and are not available as the non-Federal share of expenditures or for supplemental disproportionate share hospital payments. Payments cannot be made conditional on the provision of any particular items or services by the professionals.

Under the authority of section 6201(a)(4) of the Deficit Reduction Act (DRA), the Secretary, Department of Health and Human Services (DHHS) has invoked his authority to restore health care in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will give further incentive to the retention and recruitment of health care workforce professionals in Greater New Orleans. Louisiana is the only State with knowledge and ability to administer a grant designed to affect impacted Louisiana communities. For this reason, the Secretary has directed the Centers for Medicare & Medicaid Services to issue a single-source award to the State of Louisiana to increase access to health care services and to relieve economic pressures suffered by health care providers resulting from both the hurricane and its subsequent flooding.

For Further Information Contact: Wendy J. Taparanskas, Ph.D., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2-26-12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-5245.

Dated: July 2, 2007.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3193-N]

Town Hall Meeting Regarding the Effect of Coverage and Payment on Clinical Research Study Participation and Retention, September 20, 2007

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

ACTION: Notice of Town Hall Meeting.

SUMMARY: This notice announces a Town Hall meeting to allow interested parties to provide individual advice and recommendations to Centers for Medicare and Medicaid Services (CMS) regarding the impacts of health insurance coverage, and payment for items, and services in clinical research studies on the generalizability and validity of study results and findings to guide decision-making.

DATES: *Meeting Date:* The public meeting will be held on September 20, 2007 from 1 p.m. until 4 p.m., D.S.T.

Registration and Special Accommodations Deadlines: For security reasons, individuals wishing to attend this meeting must register by 5 p.m., D.S.T. on September 13, 2007. Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify Michelle Atkinson as specified in the **FOR FURTHER INFORMATION CONTACT** section, by 5 p.m. D.S.T. on September 13, 2007.

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

Registration: Register by contacting Maria Ellis (410-786-0309; Maria.Ellis@cms.hhs.gov; Centers for Medicare & Medicaid Services, OCSQ-Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244). You may access up-to-date information on this meeting at <http://www.cms.hhs.gov/center/coverage.asp>. Please use this site to access the system that will permit you to submit written comments.

FOR FURTHER INFORMATION CONTACT:

Michelle Atkinson, 410-786-2881; Michelle.Atkinson@cms.hhs.gov; Centers for Medicare & Medicaid Services, OCSQ-Coverage and Analysis Group, C1-09-06, 7500 Security Boulevard, Baltimore, MD 21244.

SUPPLEMENTARY INFORMATION:

I. Meeting Topic

In May 2007, CMS entered into an interagency agreement with the Agency for Healthcare Research and Quality (AHRQ) to work with the Duke Evidence-Based Practice Center to develop a White Paper that will assist CMS in our decisions regarding payment policy, especially the timing of initiating coverage, for new therapeutic agents. The Duke Evidence-Based Practice Center has assembled a panel for this project. The agenda for the town hall meeting is as follows:

- Review the planned methodology.
- Advise the investigators at the Duke Center for Clinical Health Policy Research regarding key informants.
- Provide critical input on content of the conference calls, topics for discussion, and direction for the literature search.

Background information about this topic, including instructions for submitting written comments, is available on the Internet at <http://www.cms.hhs.gov/center/coverage.asp>. This meeting will specifically discuss the following issues:

- How do payment policies by CMS and other third-party payers affect enrollment into clinical trials?
- How do payment policies by CMS and other third-party payers affect randomization and blinding within clinical trials?
- What is the summary impact of this effect?
- Does the timing of third-party payment in the clinical trial process impact the development of better evidence?
- Do differing payment structures within clinical trials affect the resulting evidence?

All interested parties are invited to attend or participate via teleconference. The perspectives expressed during this meeting and in writing will assist the Duke Center for Clinical Health Policy Research in drafting the White Paper.

II. Registration Instructions

The CMS Coverage and Analysis Group is coordinating meeting registration. While there is no registration fee, individuals must register to attend. Register by contacting Maria Ellis at the address by the dates specified in the **ADDRESSES** and **DATES**

sections of the notice, respectively. Please provide your name, address, organization, telephone and fax numbers, and e-mail address.

You will receive a registration confirmation with instructions for your arrival at the CMS complex. You will be notified if the seating capacity has been reached.

III. Security, Building, and Parking Guidelines

This meeting will be held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security.

In order to gain access to the building and grounds, individuals must present photographic identification to the Federal Protective Service or Guard Service personnel before being allowed entrance. Security measures also include inspection of vehicles, inside and out, at the entrance to the grounds. In addition, all individuals entering the building must pass through a metal detector. All items brought to CMS, whether personal or for the purpose of demonstration or to support a demonstration, 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 demonstration.

Parking permits and instructions will be issued upon arrival.

Note: Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 45 minutes prior to the convening of the meeting.

All visitors must be escorted in areas other than the lower and first floor levels in the Central Building.

Authority: Medicare—Supplementary Medical Insurance Program.

Dated: August 9, 2007.

Herb B. Kuhn,

Acting Deputy Administrator, Centers for Medicare & Medicaid Services.

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