

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. In this capacity, NIOSH will conduct in-depth interviews designed to assess perceptions and opinions among the target audience, small construction business owners, and to provide content for the development of a survey to assess the occupational safety and health needs and motivators for seeking occupational safety and health (OSH) information among small construction business owners.

Exploring the OSH Needs of Small Construction Business is a four year field study for which the overall goal is to identify the occupational safety and health (OSH) needs of small construction businesses (SCBs), and to inform methods that will successfully motivate SCB owners to seek OSH training relevant to their unique work situations. The data gathered in this study regarding SCB owners' specific business training needs, motivational factors, and preferred information sources will be of significant practical value when designing and implementing future interventions.

As part of this project, a survey will be developed to assess SCB owners businesses' specific training needs, motivational factors, and preferred information sources. The proposed in-depth interviews described here are a critical step toward the development of this survey. Phase 1 of this project included interview development and

revision. The goal of Phase 2 of this project is to gather key-informant perceptions and opinions among the target audience, small construction business owners in the greater Cincinnati area with 10 or fewer employees. Data gathered from in-depth interviews will provide response content for the development of a survey to assess the occupational safety and health needs and motivators for seeking OSH information among small construction business owners. That is, the results of these interviews will be analyzed to identify common sets of responses, and these responses will be used in the development of the survey mentioned above.

Construction had the most fatal injuries of any sector, with 1,178 fatalities in 2006 (21% of total) (U.S. Dept. of Labor, 2008). More than 79% of construction businesses employ fewer than 10 employees (CPWR, 2007), and this establishment size experiences the highest fatality rate within construction (U.S. Dept. of Labor, 2008). The need for reaching this population with effective, affordable, and culturally appropriate training has been documented in publications and is increasingly becoming an institutional priority at NIOSH. Given the numerous obstacles which small construction business owners face in effectively managing occupational safety and health (e.g., financial and time constraints), there is a need for identifying the most crucial components of occupational safety and health training. Additionally, previous investigations suggest a need for

persuading small construction business owners to seek out occupational safety and health training.

This interview will be administered to a sample of *approximately 30 owners of construction businesses with 10 or fewer employees from the Greater Cincinnati area*. The sample size is based on recommendations related to qualitative interview methods and the research team's prior experience.

Participants for this data collection will be recruited with the assistance of contractors who have successfully performed similar tasks for NIOSH in the past. The interview questionnaire will be administered verbally to participants in English.

Once this study is complete, results will be made available via various means including print publications and the agency internet site. The information gathered by this project could be used by OSHA to determine guidelines for the development of appropriate training materials for small construction businesses. The results of this project will benefit construction workers by developing recommendations for increasing the effectiveness of occupational safety and health outreach methods specifically targeted to small construction businesses. Although beyond the scope of this study, it is expected that improved use of OSH programs will lower rates of injuries and fatalities for workers.

There is no cost to respondents other than their time. The total estimated annual burden hours are 45.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average Burden per response (in hours)
SCBs	30	1	1.5

Dated: July 19, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011-18809 Filed 7-25-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Indiana State Plan Amendments (SPA) 11-011

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to be held on September 13, 2011, at the CMS Chicago Regional Office, 233 N. Michigan

Avenue, Suite 600, Chicago, IL 60601, to reconsider CMS' decision to disapprove Indiana SPA 11-011.

DATES: Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by August 10, 2011.

FOR FURTHER INFORMATION CONTACT: Benjamin Cohen, Presiding Officer CMS, 2520 Lord Baltimore Drive, Suite L, Baltimore, Maryland 21244, Telephone: (410) 786-3169.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove Indiana SPA 11-011, which

was submitted on May 15, 2011, and disapproved on June 1, 2011. The SPA proposed to prohibit the State Medicaid agency from entering into a contract or grant with providers that perform abortions or maintain or operate facilities where abortions are performed, except for hospitals or ambulatory surgical centers.

CMS based the disapproval on a determination that SPA 11-011 would not comply with the requirements of section 1902(a)(23) of the Social Security Act (the Act). Whether SPA 11-011 complies with section 1902(a)(23) of the Act is the only issue in this reconsideration. Section 1902(a)(23) of the Act provides that beneficiaries may obtain covered services from any qualified provider that undertakes to provide such services. Contrary to that requirement, this SPA would eliminate the ability of Medicaid beneficiaries to receive services from specific providers for reasons unrelated to their qualifications to provide such services. It is not consistent with section 1902(a)(23) for Medicaid programs to exclude qualified health care providers from providing services that are funded under the program because of a provider's scope of practice. Such a restriction would have a particular effect on beneficiaries' ability to access family planning providers. It is important to note that access to family planning providers is an important statutory priority, as evidenced by the additional protections for beneficiary choice of family planning providers under section 1902(a)(23)(B) of the Act for managed care enrollees. It is also important to note that neither SPA 11-011 nor the disapproval affect the applicable restrictions on Federal funding of abortion services.

Section 1116 of the Act and Federal regulations at 42 CFR part 430, establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. CMS is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing, and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as

amicus curiae must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Indiana announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Ms. Patricia Casanova,
Director, MS 07, 402 W. Washington Street,
Room W382, Indianapolis, IN 46204-
2739.

Dear Ms. Casanova:

I am responding to your request for reconsideration of the decision to disapprove the Indiana State Plan Amendment (SPA) 11-011 which was submitted on May 15, 2011, and disapproved on June 1, 2011. The SPA proposed to prohibit the State Medicaid agency from entering into a contract or grant with providers that perform abortions or maintain or operate facilities where abortions are performed, except for hospitals or ambulatory surgical centers.

Whether SPA 11-011 complies with section 1902(a)(23) of the Act is the only issue in this reconsideration.

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I am scheduling a hearing on your request for reconsideration to be held on September 13, 2011, at the CMS Chicago Regional Office, 233 N. Michigan Avenue, Suite 600, Chicago, IL 60601, in order to reconsider the decision to disapprove SPA 11-011.

If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed by Federal regulations at 42 CFR Part 430.

I am designating Mr. Benjamin Cohen as the presiding officer. If these arrangements present any problems, please contact the presiding officer at (410) 786-3169. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that

has been scheduled and provide names of the individuals who will represent the State at the hearing. As you requested, I will also provide this response to Indiana Solicitor General Thomas M. Fisher.

Sincerely,
Donald M. Berwick, M.D.

Section 1116 of the Social Security Act (42 U.S.C. 1316; 42 CFR 430.18).

(Catalog of Federal Domestic Assistance program No. 13.714, Medicaid Assistance Program.)

Dated: July 20, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-18831 Filed 7-25-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2011-N-0010]

Cooperative Agreement With the World Health Organization Department of Food Safety and Zoonoses in Support of Strategies That Address Food Safety Problems That Align Domestically and Globally (U01); Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of June 28, 2011 (76 FR 37817). The document announced the availability of funds for the support of a sole source cooperative agreement with the World Health Organization. The document published stating that the total funding available was up to \$260,000 (total costs including indirect costs) in fiscal year 2011 in support of this project. This document corrects that error.

FOR FURTHER INFORMATION AND ADDITIONAL REQUIREMENTS CONTACT:

For Programmatic Questions and Concerns Contact

Katherine Bond, Office of International Programs, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993-0002, 301-796-8318, e-mail: Katherine.bond@fda.hhs.gov.

For Financial and Administrative Questions and Concerns Contact

Gladys Melendez, Office of Acquisition and Grant Services (HFA-