

378–3160, or you may contact BCPI at its Web site: <http://www.BCPIWEB.com>. When ordering documents from BCPI, please provide the appropriate FCC document number, for example, DA 12–236 for this Public Notice. The *Public Notice* and related documents also are available on the Internet at the Commission's Web site: <http://wireless.fcc.gov/auctions/901/> or by using the search function for AU Docket No. 12–25 on the Commission's Electronic Comment Filing System (ECFS) Web page at <http://www.fcc.gov/cgb/ecfs/>.

1. The Wireless Telecommunications and Wireline Competition Bureaus (the Bureaus) extend the deadline for filing comments and reply comments on census block eligibility challenges. Interested parties should file comments challenging the Bureaus' determinations with respect to the potential eligibility of specific census blocks for Mobility Fund Phase I support by March 16, 2012. Reply comments on such challenges should be filed no later than March 26, 2012. With respect to all other issues in this proceeding, the comment and reply comment deadlines are unchanged and respectively remain February 24, 2012, and March 9, 2012.

2. On February 2, 2012, the Bureaus released the *Auction 901 Comment Public Notice*, 77 FR 7152, February 10, 2012, which seeks comment on auction procedures and certain related program requirements for Auction 901, a reverse auction to award \$300 million in one-time Mobility Fund Phase I support, scheduled for September 27, 2012. Auction 901 will award Mobility Fund Phase I support to carriers that commit to provide 3G or better mobile voice and broadband services in census blocks where such services are unavailable.

3. As required by the Commission in the *USF/ICC Transformation Order*, 76 FR 73830, November 29, 2011 and 76 FR 81562, December 28, 2011, the Bureaus announced in the *Auction 901 Comment Public Notice* that they would use January 2012 American Roamer data to determine the availability of 3G or better service at the centroid of individual census blocks. Because the Bureaus had not concluded their analysis of the January 2012 American Roamer data, they provided a preliminary list of such blocks based on their analysis of earlier data. On February 10, 2012, the Bureaus released the updated list of census blocks potentially eligible for Mobility Fund Phase I support, based on January 2012 American Roamer data. The *Auction 901 Comment Public Notice* asked commenters to identify any census blocks that should be added or

subtracted from the updated list of potentially eligible census blocks and provide supporting evidence for their assertions. The *Auction 901 Comment Public Notice* stated that the Bureaus would consider such challenges only in the form of comments to that Public Notice.

4. On February 13, 2012, the Commission received two motions requesting additional time for the review of the American Roamer data and the filing of census block eligibility challenges. The Bureaus found that a limited extension of time for the consideration of census block eligibility challenges will serve the public interest and will not prejudice any interested party given the issues involved in identifying potentially eligible census blocks and in light of the Bureaus recent release of an updated list of potentially eligible blocks based on January 2012 American Roamer data. The Bureaus therefore extended to March 16, 2012, the deadline for filing comments challenging the potential eligibility of particular census blocks for Mobility Fund Phase I Funding and the reply comment deadline to March 26, 2012.

Federal Communications Commission.

**Gary D. Michaels,**

*Deputy Chief, Auctions and Spectrum Access Division, WTB.*

[FR Doc. 2012–4361 Filed 2–23–12; 8:45 am]

**BILLING CODE 6712–01–P**

## FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

### Sunshine Act Meeting

February 21, 2012.

**TIME AND DATE:** 10 a.m., Thursday, March 1, 2012.

**PLACE:** The Richard V. Backley Hearing Room, 9th Floor, 601 New Jersey Avenue NW., Washington, DC.

**STATUS:** Open.

**MATTERS TO BE CONSIDERED:** The Commission will consider and act upon the following in open session: *Secretary of Labor v. Black Beauty Coal Co.*, Docket No. LAKE 2008–477. (Issues include whether the judge erred in concluding that adequate berms had not been provided and that the violations were “significant and substantial” and due to unwarrantable failures to comply.)

Any person attending this meeting who requires special accessibility features and/or auxiliary aids, such as sign language interpreters, must inform the Commission in advance of those needs. Subject to 29 CFR 2706.150(a)(3) and 2706.160(d).

### CONTACT PERSON FOR MORE INFORMATION:

Jean Ellen (202) 434–9950/(202) 708–9300 for TDD Relay/1–800–877–8339 for toll free.

**Emogene Johnson,**

*Administrative Assistant.*

[FR Doc. 2012–4487 Filed 2–22–12; 4:15 pm]

**BILLING CODE 6735–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Draft National Plan To Address Alzheimer's Disease

**AGENCY:** Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

**ACTION:** Comment period.

**SUMMARY:** HHS is soliciting public input on the draft National Plan to Address Alzheimer's Disease, which is available at <http://aspe.hhs.gov/daltcp/napa/NatlPlan.shtml>.

**DATES:** Submit input by email or USPS mail before March 30, 2012.

**ADDRESSES:** You may submit your comments in one of two ways:

1. *Electronically.* You may submit electronic comments to [napa@hhs.gov](mailto:napa@hhs.gov)
2. *By mail.* You may mail written comments to:

Helen Lamont, Ph.D., Office of the Assistant Secretary for Planning and Evaluation, Room 424E Humphrey Building, Department of Health and Human Services, 200 Independence Avenue SW., Washington, DC 20201.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

**FOR FURTHER INFORMATION CONTACT:**

Helen Lamont (202) 690–7996, [helen.lamont@hhs.gov](mailto:helen.lamont@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Inspection of all Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received on the following Web site as soon as possible after they have been received: <http://aspe.hhs.gov/daltcp/napa/#comments>.

### Background

On January 4, 2011, President Barack Obama signed into law the National Alzheimer's Project Act (NAPA), requiring the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the National Alzheimer's Project to:

- Create and maintain an integrated national plan to overcome Alzheimer's disease.

- Coordinate Alzheimer's disease research and services across all federal agencies.

- Accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's disease.

- Improve early diagnosis and coordination of care and treatment of Alzheimer's disease.

- Improve outcomes for ethnic and racial minority populations that are at higher risk for Alzheimer's disease.

- Coordinate with international bodies to fight Alzheimer's globally.

The law also establishes the Advisory Council on Alzheimer's Research, Care, and Services and requires the Secretary of HHS, in collaboration with the Advisory Council, to create and maintain a national plan to overcome Alzheimer's disease (AD).

On February 22, 2012, HHS released a draft National Plan to Address Alzheimer's Disease. The draft National Plan has five goals:

1. Prevent and Effectively Treat Alzheimer's Disease by 2025.
2. Optimize Care Quality and Efficiency.
3. Expand Supports for People with Alzheimer's Disease and Their Families.
4. Enhance Public Awareness and Engagement.
5. Track Progress and Drive Improvement.

The draft National Plan includes strategies to achieve each goal and specific actions that HHS or its federal partners will take to drive progress towards achieving the goal.

**Sherry Glied,**

*Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2012-4278 Filed 2-23-12; 8:45 am]

**BILLING CODE P**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

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**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and

Budget (OMB) approve the proposed information collection project: "System Redesign for Value in Safety Net Hospitals and Delivery Systems." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by April 24, 2012.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:**

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*System Redesign for Value in Safety Net Hospitals and Delivery Systems*

This proposed project is a case study of 8 safety net (SN) hospitals. The goals of the project are to:

- (1) Identify the tools and resources needed to facilitate system redesign in SN hospitals; and
- (2) Identify any barriers to adoption of these in SN environments, or any gaps that exist in the available resources.

These goals are consistent with The National Strategy for Quality Improvement in Health Care, published by the U.S. Department of Health and Human Services in March 2011, which articulated a need for progress toward three goals: (1) Better Care; (2) Healthy People/Healthy Communities; and (3) Affordable Care. SN hospitals and systems are critical to achieving all three. SN hospitals are hospitals and health systems which provide a significant portion of their services to vulnerable, uninsured and Medicare patients. While all hospitals face challenges in improving both quality and operating efficiency, safety net (SN) hospitals face even greater challenges due to growing demand for their services and decreasing funding opportunities.

Despite these challenging environmental factors, some SN hospitals and health systems have achieved financial stability and implemented broad-ranging efforts to improve the quality of care they deliver. However, while there have been successful quality improvement initiatives for SN providers, most

initiatives aim at specific units within large organizations. The improvements introduced into these units have not often been spread throughout the organization. Additionally, these improvements often are hard to sustain. "System redesign" refers to aligned and synergistic quality improvement efforts across a hospital or health system leading to multidimensional changes in the management or delivery of care or strategic alignment of system changes with an organization's business strategy. System redesign, if done successfully, will allow SN providers to improve their operations, remain afloat financially, and provide better quality healthcare to vulnerable and underserved populations. Resources, as defined here, may include learning materials and environments developed to support, advance, and facilitate quality improvement efforts (e.g., tools, guides, webinars, learning collaboratives, training programs). The term "resources" should not be interpreted here to imply financial support for routine staffing or operations of Safety Net systems, but may include quality improvement grants, fellowships, collaboratives and trainings.

Many tools, guides, and other learning environments have been developed to support the implementation of individual quality improvement initiatives.

However, the development of resources to support alignment across multiple domains of a health system has been limited. Furthermore, the applicability of existing resources to SN environments is unknown.

This study is being conducted by AHRQ through its contractor, Boston University, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

**Method of Collection**

To achieve the goals of this project the following activities and data collections will be implemented:

- (1) In-person interviews will be conducted during a 2-day site visit with senior medical center leaders, clinical managers and staff involved in system redesign from each of the 8 participating SN hospitals. These interviews may be conducted one-on-one or in small groups, depending upon the participants' availability. The purpose