

listen to the online Committee meeting. There will be no opportunity for oral public comments during the online Committee meeting. Written comments, however, can be e-mailed to healthypeople@nhic.org.

To listen to the Committee meeting, individuals must pre-register to attend at the Healthy People Web site located at <http://www.healthypeople.gov>. Participation in the meeting is limited. Registrations will be accepted until maximum capacity is reached and must be completed by 5 p.m. E.D.T. on June 29, 2011. A waiting list will be maintained should registrations exceed capacity. Individuals on the waiting list will be contacted as additional space for the meeting becomes available.

Registration questions may be directed to Hilary Scherer at HP2020@norc.org (e-mail), (301) 634-9374 (phone), or (301) 634-9301 (fax).

Dated: May 26, 2011.

Carter Blakey,

Acting Director, Office of Disease Prevention and Disease Prevention.

[FR Doc. 2011-14338 Filed 6-8-11; 8:45 am]

BILLING CODE 4150-32-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

CHIPRA Pediatric Quality Measures Program: Request for Nominations for Expert Panelists

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of request for nominations for expert panelists.

SUMMARY: This notice requests members of the public to nominate experts to provide individual input into the CHIPRA Pediatric Quality Measures Program. Section 401(a) of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111-3) amended the Social Security Act (the Act) by adding Section 1139A, which directs the Secretary of the Department of Health and Human Services (HHS) to establish a Pediatric Quality Measures Program. The purpose of the Pediatric Quality Measures Program is to (a) Improve and strengthen the initial core child health care quality measures established pursuant to Section 1139A(a) of the Act; (b) expand on existing quality measures used by public and private health care purchasers and advance the development of such new and emerging quality measures; and (c) increase the

portfolio of evidence-based, consensus pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers. A meeting of the experts will be held on September 18, 2011, in Bethesda, Maryland. We are seeking experts who can provide individual comment on the criteria by which new or enhanced children's health care quality measures will be evaluated. Expert panels will be convened in subsequent years to evaluate new or enhanced children's health care quality measures using these criteria. These evaluations will take place annually before recommended changes to the core set of children's health care quality measures are published in the **Federal Register** on or before January 1, 2013; January 1, 2014; and December 31, 2014. The initial core set of children's health care quality measures was published December 29, 2009, in Volume 74, No. 248 of the **Federal Register**.

Section 1139A(b) of the Act identifies several minimum criteria that the core set of children's health care quality measures must meet and requires consultation with stakeholders in identifying gaps in existing pediatric quality measures and establishing priorities for development and advancement of such measures. AHRQ will convene a group of experts representing a broad range of stakeholder groups. These experts will be asked to provide individual comments on the additional aspects of validity, feasibility, importance, understandability, or other criteria that should be considered when reviewing quality measures. They will also be asked to provide individual comments on the documentation required to provide evidence that each criterion has been met.

We seek nominations for a panel of 15 experts that will include representatives from among the following groups: State Medicaid Programs and Children's Health Insurance Programs (CHIP); pediatricians, children's hospitals, and other primary and specialized pediatric health care professionals (including members of the allied health professions) who specialize in the care and treatment of children, particularly children with special physical, mental, and developmental health care needs; dental professionals, including pediatric dental professionals; health care providers that furnish primary health care to children and families who live in urban and rural medically underserved communities or who are members of distinct population subgroups at heightened risk for poor

health outcomes; national organizations representing children, including children with disabilities and children with chronic conditions; national organizations representing consumers and purchasers of children's health care; national organizations and individuals with expertise in pediatric health quality measurement; and voluntary consensus standards setting organizations and other organizations involved in the advancement of evidence-based measures of health care. Individuals, who are affiliated with the CHIPRA PQMP Centers of Excellence as subcontractors, stakeholders, or key personnel ("affiliated individuals"), are not eligible to apply. However, other individuals from entities represented by the affiliated individuals are eligible to apply.

We are seeking individuals who are distinguished in their knowledge of health care disparities (e.g., racial and ethnic disparities), child health quality measurement methods, and the application of health information technology to quality measurement. Individuals are particularly sought with experience and success in activities specified in the summary above.

DATES: Nominations should be received on or before 21 days after date of publication.

ADDRESSES: Nominations should be e-mailed to chipra@AHRQ.hhs.gov. Nominations may also be mailed to Edwin Lomotan, AHRQ, 540 Gaither Road, Room 2202, Rockville, Maryland 20850.

FOR FURTHER INFORMATION CONTACT: chipra@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION: Section 401(a) of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111-3) amended the Social Security Act (the Act) by adding Section 1139A, which directs the Secretary of HHS to establish a Pediatric Quality Measures Program. Section 1139A(b)(3) of the Act provides that the Secretary of HHS shall consult with various entities in establishing priorities for development and advancement of children's health care quality measures. The Secretary delegated this task to the Centers for Medicare & Medicaid Services (CMS). The Centers for Medicare & Medicaid Services (CMS) entered into an Interagency Agreement with the Agency for Healthcare Research and Quality (AHRQ), by which CMS and AHRQ would collaborate to develop the Pediatric Quality Measures Program.

Under the Pediatric Quality Measures Program, AHRQ has funded seven

Centers of Excellence through cooperative agreements under the funding opportunity announcement HS11-001, the CHIPRA PQMP Centers of Excellence. For more information, see <http://www.AHRQ.gov/chipra/PQMPFACT.htm>. These seven Centers of Excellence, in concert with two CMS-funded CHIPRA Quality Demonstration grantee States (Massachusetts and Illinois), will develop new and enhanced children's health care quality measures and will participate in the process to identify and refine criteria by which new or enhanced children's health care quality measures will be evaluated.

The expected time commitment for expert panelists is up to 3 days. This includes travel to and from the expert panel meeting to be held on September 18, 2011, as one of the pre-meetings to the AHRQ Annual Conference in Bethesda, Maryland; review of materials in advance of the in-person meeting; and attendance at the full-day in-person meeting on September 18, 2011.

Interested persons may nominate one or more qualified persons for the expert panel. Self-nominations are accepted. Nominations shall include: (1) A copy of the nominee's resume or curriculum vitae; (2) a statement of the stakeholder group or groups that the nominee would represent, from among the following: State Medicaid Programs and Children's Health Insurance Programs (CHIP); pediatricians, children's hospitals, and other primary and specialized pediatric health care professionals (including members of the allied health professions) who specialize in the care and treatment of children, particularly children with special physical, mental, and developmental health care needs; dental professionals, including pediatric dental professionals; health care providers that furnish primary health care to children and families who live in urban and rural medically underserved communities or who are members of distinct population subgroups at heightened risk for poor health outcomes; national organizations representing children, including children with disabilities and children with chronic conditions; national organizations representing consumers and purchasers of children's health care; national organizations and individuals with expertise in pediatric health quality measurement; and voluntary consensus standards setting organizations and other organizations involved in the advancement of evidence-based measures of health care; (3) a statement that the nominee is willing to serve as a member of the expert panel; (4) a statement about any

financial interest, arrangement or affiliation with any entity that may create a potential conflict of interest for the nominee or his or her family; if any, please describe the relationship with each entity as either Grant/Research Support, Consultant, Speakers Bureau, Major Stock Shareholder, or Other Financial or Material Support; and (5) a statement about any intellectual interest in a study or other research related to children's health care quality measures, if any. Please note that once you are nominated, AHRQ may consider your nomination for future expert panels related to the Pediatric Quality Measures Program.

AHRQ strives to ensure that membership on expert panels is fairly balanced in terms of points of view represented and the panel's function. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on expert panels and, therefore, AHRQ encourages nominations of qualified candidates from these groups. AHRQ also encourages geographic diversity in the composition of expert panels. Selection of panelists shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Dated: May 27, 2011.

Carolyn M. Clancy,

Director, AHRQ.

[FR Doc. 2011-14112 Filed 6-8-11; 8:45 am]

BILLING CODE 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Extension of Certification of Maintenance of Effort for the Title III and Minor Revisions to the Certification of Long-Term Care Ombudsman Program Expenditures

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by July 11, 2011.

ADDRESSES: Submit written comments on the collection of information by fax 202-395-6974 to the OMB Desk Officer for AoA, Office of Information and Regulatory Affairs, OMB.

FOR FURTHER INFORMATION CONTACT:

Becky Kurtz, National Long-Term Care Ombudsman, Administration on Aging, Washington, DC 20201.

SUPPLEMENTARY INFORMATION:

In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance. AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Certification on Maintenance of Effort for the Title III and Certification of Long-Term Care Ombudsman Program Expenditures provides statutorily required information regarding state's contribution to programs funded under the Older American's Act and conformance with legislative requirements, pertinent Federal regulations and other applicable instructions and guidelines issued by the Administration on Aging. This information will be used for Federal oversight of Title III Programs and the Title VII Ombudsman Program.

AoA estimates the burden of this collection of information as follows: 56 State Agencies on Aging respond annually with an average burden of one half (1/2) hour per State agency or a total of twenty-eight hours for all state agencies annually. The proposed data collection tools may be found on the AoA Web site for review at http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/Cert_Forms.aspx.

In the **Federal Register** of March 29, 2011 (Vol. 76 No. 60 Page 17419) the agency requested comments on the proposed collection of information. One comment was received. The National Association of State Long-Term Care Ombudsmen (NASOP) commented that the forms are necessary for proper stewardship of public funds and to assure that states are complying with the requirements of the Older