

A. Federal Reserve Bank of Atlanta
(Steve Foley, Vice President) 1000
Peachtree Street, N.E., Atlanta, Georgia
30309:

1. *Caja de Ahorros y Monte de Piedad de Madrid, and Caja Madrid Cibeles S.A.*, both of Madrid, Spain, and CM Florida Holdings, Inc., Coral Gables, Florida, to become bank holding companies by acquiring 83 percent of the voting shares of City National Bancshares, Inc., and thereby acquire City National Bank of Florida, both of Miami, Florida.

Board of Governors of the Federal Reserve System, May 23, 2008.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E8-11950 Filed 5-28-08; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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

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 for the aforementioned subcommittee:

Time and Date: 9 a.m.-5 p.m., June 10, 2008.

Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018. Telephone (859) 334-4611, Fax (859) 334-4619.

Status: Open to the public, but without a public comment period. To access by conference call dial the following information 1 (866) 659-0537, Participant Pass Code 9933701.

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.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program 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 that 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 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, 2009.

Purpose: The 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. The Subcommittee for Dose Reconstruction Reviews was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters To Be Discussed: The agenda for the Subcommittee meeting includes the discussion of cases under review on the 6th, 7th, and 8th sets of individual dose reconstruction; selection of cases for future review; and discussion of the summary report on the first 100 cases.

The agenda is subject to change as priorities dictate.

ABRWH determines that agency business requires its consideration of this matter on less than 15 days notice to the public and that no earlier notice of this meeting was possible.

Contact Person for More Information: Christine Branche, Ph.D., Executive Secretary, NIOSH, CDC, 395 E. Street, SW., Suite 9200, Washington, DC 20201, Telephone (513)533-6800, Toll Free 1(800)35-NIOSH, E-mail ocas@cdc.gov.

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: May 20, 2008.

Elaine L. Baker,

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

[FR Doc. E8-11941 Filed 5-28-08; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Texas State Plan Amendment (SPA) 07-020

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

ACTION: Notice of Hearing.

SUMMARY: This notice announces an administrative hearing to be held on July 8, 2008, at the CMS Dallas Regional Office, 1301 Young Street, Suite 833, Room 1196, Dallas, Texas 75202, to reconsider CMS' decision to disapprove Texas SPA 07-020.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by June 13, 2008.

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 Texas SPA 07-020 which was submitted on July 20, 2007, and disapproved on February 22, 2008.

Under this SPA, the State would guarantee that, at the request of a hospital impacted as a result of a federally declared natural disaster, disproportionate share hospital (DSH) payments to that hospital would remain level from the prior year. In addition, the SPA would amend the conversion factors that expire August 31, 2007, and would update cost reporting citations that have changed due to a format change in the CMS Hospital and Hospital Health Care Complex Cost Report.

The amendment was disapproved because it does not comply with the requirements of section 1902(a)(13)(A) of the Social Security Act (the Act) together with the hospital specific limits under 1923(g)(1) of the Act.

The hearing will involve the following issues:

- Compliance with section 1923(g) of the Act. Whether the proposed State plan language concerning DSH payments assures compliance with hospital specific payment limits for current year DSH payments, and sufficient documentation of such compliance;
- Applicability of section 1923(e)(2) of the Act providing an exception to the section 1923(g) limits. Whether section

1923(e)(2) provides an exception to section 1923(g), and, if so, whether the State meets the criteria for such an exception; and

- Clarification of the status of State plan amendment components that address changes to conversion factors and updates to cost reporting citations based on changes to the CMS Hospital Cost Report. If the State does not prevail on the first two issues, whether the State is asking the hearing officer to withdraw affected components of the State plan amendment and remand remaining components for a determination of whether approval is warranted.

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 Texas announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Mr. Chris Traylor, State Medicaid Director,
Texas Health and Human Services
Commission, P.O. Box 13247, Austin, TX
78711.

Dear Mr. Traylor: I am responding to your request for reconsideration of the decision to disapprove the Texas State plan amendment (SPA) 07-020, which was submitted on July 20, 2007, and disapproved on February 22, 2008.

Under this SPA, the State would guarantee that, at the request of a hospital impacted as a result of a federally declared natural disaster, disproportionate share hospital (DSH) payments to that hospital would remain level from the prior year. In addition, the SPA would amend the conversion factors that expire August 31, 2007, and would update cost reporting citations that have changed due to a format change in the Centers for Medicare & Medicaid Services' (CMS) Hospital and Hospital Health Care Complex Cost Report.

The amendment was disapproved because it does not comply with the requirements of section 1902(a)(13)(A) of the Social Security Act (the Act) together with the hospital specific limits under 1923(g)(1) of the Act.

The hearing will involve the following issues:

- Compliance with section 1923(g) of the Act. Whether the proposed State plan language concerning DSH payments assures compliance with hospital specific payment limits for current year DSH payments, and sufficient documentation of such compliance;
- Applicability of section 1923(e)(2) of the Act providing an exception to the section 1923(g) limits. Whether section 1923(e)(2) provides an exception to section 1923(g) and, if so, whether the State meets the criteria for such an exception; and
- Clarification of the status of SPA components that address changes to conversion factors and updates to cost reporting citations based on changes to the CMS Hospital and Hospital Health Care Complex Cost Report. If the State does not prevail on the first two issues, whether the State is asking the hearing officer to withdraw affected components of the SPA and remand remaining components for a determination of whether approval is warranted.

I am scheduling a hearing on your request for reconsideration to be held on July 8, 2008, at the CMS Dallas Regional Office, 1301 Young Street, Suite 833, Room 1196, Dallas, Texas 75202, in order to reconsider the decision to disapprove SPA 07-020. 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.

Sincerely,
Kerry Weems,
Acting Administrator.

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: May 20, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8-12022 Filed 5-28-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a Modified or Altered System of Records

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of a modified or altered system of records.

SUMMARY: The Privacy Act of 1974 and section 1106 of the Social Security Act (the Act) explain when and how CMS may use and disclose the personal data of people with Medicare. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173) added requirements for releasing and using personal data. To meet these additional requirements, CMS proposes to modify the existing system of records (SOR) titled "Medicare Drug Data Processing System (DDPS)," System No. 09-70-0553, established at 70 FR 58436 (October 6, 2005). Under this modification we are clarifying the statutory authorities for which these data are collected and disclosed. The original SOR notice cited the statutory section governing CMS's payment of Part D plan sponsors (Social Security Act § 1860D-15) that limits the uses of the data collected to purposes related to plan payment and oversight of plan payment. However, the broad authority of § 1860D-12(b)(3)(D) authorizes CMS to collect, use and disclose Part D data for broader purposes related to CMS's responsibilities for program administration and research. Furthermore the authority under § 1106 of the Act allows the Secretary to use and disclose data pursuant to a regulation, which in this case would be 42 CFR 423.505. CMS has published a final rule in order to clarify our statutory authority and explain how we propose to implement the broad authority of § 1860D-12(b)(3)(D) and 1106 of the Act. This SOR is being revised to reflect our intended use of this broader statutory authority.

In addition to updating this SOR to reflect our broader statutory authority, CMS proposes to make the following modifications to the DDPS system:

- Revise published routine use number 1 to include CMS grantees that perform a task for the agency.
- Add a new routine use number 2 to allow the use and disclosure of information to other Federal and state agencies for accurate payment of