Sustainability, Tourist Opportunities, and Revived Economies of the Gulf Coast States Act of 2012 (RESTORE Act), 33 U.S.C. 1321(f)(3). The Council announces the Spill Impact Component Notice of Funding Availability (NOFA). The NOFA provides guidance to eligible entities on the steps necessary to submit an SEP for approval in the first phase as required by the RESTORE Act and to complete the second phase of submitting their grant applications for individual projects and programs contained in the State’s approved SEP. Only projects contained in an approved SEP are eligible. The full text of the NOFA can be found at www.grants.gov and at https://www.restorethegulf.gov/spill-impact-component.

Will D. Spoon, Program Analyst, Gulf Coast Ecosystem Restoration Council.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

(CMS–7041–N)

Health Insurance Marketplace℠, Medicare, Medicaid, and Children’s Health Insurance Program; Meeting of the Advisory Panel on Outreach and Education (APOE), June 22, 2016

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the new meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of Health Insurance Marketplace℠, Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) consumer education strategies. This meeting is open to the public.

DATES: Meeting Date: Wednesday, June 22, 2016 8:30 a.m. to 4:00 p.m. eastern daylight time (e.d.t.).

Deadline for Meeting Registration, Presentations, Special Accommodations

For Further Information Contact: Abigail Huffman, Designated Federal Official (DFO), Division of Forum and Conference Development, Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1–05–06, Baltimore, MD 21244–1830 or via email at Abigail.Huffman1@cms.hhs.gov.


Presentations and Written Comments: Presentations and written comments should be submitted to: Abigail Huffman, Designated Federal Official (DFO), Division of Forum and Conference Development, Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1–05–06, Baltimore, MD 21244–1830 or via email at Abigail.Huffman1@cms.hhs.gov.

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the Web site https://www.regonline.com/apoejune2016meeting or, by contacting the DFO as listed in the FOR FURTHER INFORMATION CONTACT section of this notice, by the date listed in the DATES section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice.

FOR FURTHER INFORMATION CONTACT:

Abigail Huffman, Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1–05–06, Baltimore, MD 21244, 410–786–0897, email Abigail.Huffman1@cms.hhs.gov.


SUPPLEMENTARY INFORMATION:

I. Background

The Advisory Panel for Outreach and Education (APOE) (the Panel) is governed by the provisions of Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of federal advisory committees. The Panel is authorized by section 1114(f) of the Social Security Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a).

The Secretary of the U.S. Department of Health and Human Services (HHS) (the Secretary) signed the charter establishing the Citizen’s Advisory Panel on Medicare Education 2 (the predecessor to the APOE) on January 21, 1999 (64 FR 7899, February 17, 1999) to advise and make recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare education programs, including with respect to the Medicare+Choice (M+C) program added by the Balanced Budget Act of 1997 (Pub. L. 105–33).

The Medicare Modernization Act of 2003 (MMA) (Pub. L. 108–173) expanded the existing health plan options and benefits available under the M+C program and renamed it the Medicare Advantage (MA) program. We have had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. The successful MA program implementation required CMS to consider the views and policy input from a variety of private sector constituents and to develop a broad range of public-private partnerships.

In addition, Title I of the MMA authorized the Secretary and the Administrator of CMS (by delegation) to establish the Medicare prescription drug benefit. The drug benefit allows beneficiaries to obtain qualified prescription drug coverage. In order to effectively administer the MA program and the Medicare prescription drug benefit, we have substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options and benefits available, and to develop better tools to evaluate these plans and benefits.

The Affordable Care Act (Patient Protection and Affordable Care Act, Pub. L. 111–148, and Health Care and Education Reconciliation Act of 2010, Pub. L. 111–152) expanded the availability of other options for health care coverage and enacted a number of changes to Medicare as well as to Medicaid and the Children’s Health Insurance Program (CHIP). Qualified individuals and qualified employers are now able to purchase private health insurance coverage through competitive marketplaces, called Affordable Insurance Exchanges (we also call an Exchange a Health Insurance Marketplace℠ or Marketplace℠). In order to effectively implement and administer these changes, we must...
provide information to consumers, providers, and other stakeholders through education and outreach programs regarding how existing programs will change and the expanded range of health coverage options available, including private health insurance coverage through the MarketplaceSM. The APOE (the Panel) allows us to consider a broad range of views and information from interested audiences in connection with this effort and to identify opportunities to enhance the effectiveness of education strategies concerning the Affordable Care Act.

The scope of this panel also includes advising on issues pertaining to the education of providers and stakeholders with respect to the Affordable Care Act and certain provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA).

On January 21, 2011, the Panel’s charter was renewed and the Panel was renamed the Advisory Panel for Outreach and Education. The Panel’s charter was most recently renewed on January 21, 2015, and will terminate on January 21, 2017 unless renewed by appropriate action.

Under the current charter, the APOE will advise the Secretary and the Administrator on optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for, Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), or coverage available through the Health Insurance MarketplaceSM,
- Enhancing the federal government’s effectiveness in informing Health Insurance MarketplaceSM, Medicare, Medicaid, and CHIP consumers, issuers, providers, and stakeholders, through education and outreach programs, on issues regarding these programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers, and stakeholders,
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Health Insurance MarketplaceSM, Medicare, Medicaid, and CHIP education programs,
- Assembling and sharing an information base of “best practices” for helping consumers evaluate health coverage options,
- Building and leveraging existing community infrastructures for information, counseling, and assistance.

- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices, and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services,
- Visiting the Affordable Care Act.

The current members of the Panel are: Kellan Baker, Associate Director, Center for American Progress; Robert Blancto, President, Matz, Blancto & Associates; Dale Blasier, Professor of Orthopedic Surgery, Department of Orthopedics, Arkansas Children’s Hospital; Deborah Britt, Executive Director of Community & Public Relations, Piedmont Fayette Hospital; Deena Chisolm, Associate Professor of Pediatrics & Public Health, The Ohio State University, Nationwide Children’s Hospital; Josephine DeLeon, Director, Anti-Poverty Initiatives, Catholic Charities of California; Robert Espinoza, Vice President of Policy, Paraprofessional Healthcare Institute; Jennifer Gross, Manager of Political Field Operations, Planned Parenthood of Montana; Louise Scherer Knight, Director, The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins; Mia Moellby-Smith, Dean, Director of Strategic Alliances, Pharmacy Technicians Certification Board; Roanne Osborne-Gaskin, M.D., Senior Medical Director, MDWise, Inc.; Cathy Phan, Outreach and Education Coordinator, Asian American Health Coalition DBA HOPE Clinic; Kamilah Pickett, Litigation Support, Independent Contractor; Brendan Riley, Outreach and Enrollment Coordinator, NC Community Health Center Association; Alvia Siddiqi, Medicaid Managed Care Community Network (MCCN) Medical Director, Advocate Physician Partners, Carla Smith, Executive Vice President, Healthcare Information and Management Systems Society (HIMSS); Tobin Van Ostern, Vice President and Co-Founder, Young Invincible Advisors; and Paula Villegaz, Senior Consultant, Assembly Health Committee, California State Legislature.

II. Meeting Agenda

In accordance with section 10(a) of the FACA, this notice announces a meeting of the APOE. The agenda for the June 22, 2016 meeting will include the following:

- Welcome and listening session with CMS leadership
- Recap of the previous (January 13, 2016) meeting
- Affordable Care Act initiatives
- An opportunity for public comment
- Meeting summary, review of recommendations, and next steps

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice. The number of oral presentations may be limited by the time available.

Individuals not wishing to make an oral presentation may submit written comments to the DFO at the address listed in the ADDRESSES section of this notice by the date listed in the DATES section of this notice.

III. Security, Building, and Parking Guidelines

This meeting will be held in a federal government building; therefore, federal security measures are applicable. The Real ID Act, enacted in 2005, establishes minimum standards for the issuance of state-issued driver’s licenses and identification (ID) cards. It prohibits Federal agencies from accepting an official driver’s license or ID card from a state unless the Department of Homeland Security determines that the state meets these standards. Beginning October 2015, photo IDs (such as a valid driver’s license) issued by a state or territory not in compliance with the Real ID Act will not be accepted as identification to enter Federal buildings. Visitors from these states/territories will need to provide alternative proof of identification (such as a valid passport) to gain entrance into CMS buildings. The current list of states from which a Federal agency may accept driver’s licenses for an official purpose is found at http://www.dhs.gov/real-id-enforcement-brief. We recommend that confirmed registrants arrive reasonably early, but no earlier than 45 minutes prior to the start of the meeting, to allow additional time to clear security. Security measures include the following:

- Presentation of government issued photographic identification to the Federal Protective Service or Guard Service personnel.
- Inspection of vehicle’s interior and exterior (this includes engine and trunk inspection) at the entrance to the grounds. Parking permits and instructions will be issued after the vehicle inspection.
- Inspection, via metal detector or other applicable means, of all persons entering the building. We note that all items brought into CMS, whether personal or for the purpose of presentation or to support a presentation, 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 presentation or to support a presentation.

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: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 97–65 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102–3).

Dated: May 26, 2016.

Andrew M. Slavitt,
Acting Administrator, Centers for Medicare & Medicaid Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1666–N]

Medicare, Medicaid, and Children’s Health Insurance Programs;
Announcement of the Advisory Panel on Clinical Diagnostic Laboratory Tests Meeting on July 18, 2016

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

ACTION: Notice.

SUMMARY: This notice announces the next public meeting date of the Advisory Panel on Clinical Diagnostic Laboratory Tests (the Panel) on Monday, July 18, 2016. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services (DHHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) on issues related to clinical diagnostic laboratory tests.

DATES: Meeting Date: The meeting of the Panel is scheduled for Monday, July 18, 2016 beginning at 9:00 a.m., Eastern Daylight Time (EDT). The morning session will be held jointly with the Public Meeting on New and Reconsidered Clinical Diagnostic Laboratory Test Codes for the Clinical Laboratory Fee Schedule (CLFS) for Calendar Year (CY) 2017 (see 81 FR 29863, May 13, 2016 for notice of the 2016 Laboratory Public Meeting).

During the afternoon session, the Panel will deliberate and make recommendations regarding the new and reconsidered laboratory codes for CY 2017. The Panel may also hear public presentations on additional issues concerning the CY 2017 CLFS that are designated in the Panel’s charter and specified in the Panel meeting agenda for the afternoon session.

Meeting Registration: The public may attend the Panel meeting in-person, view via webcast, or listen via teleconference. Beginning Monday, June 6, 2016 and ending Friday, July 1, 2016 at 5:00 p.m. EDT, registration to attend the Panel meeting in-person may be completed online at http://cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html. On this Web page, under “Related Links,” double-click the “Clinical Diagnostic Laboratory Tests FACA Panel Meeting Registration” link and enter the required information. All the following information must be submitted when registering:

- Name.
- Company name.
- Address.
- Email addresses.

Note: Participants who do not plan to attend the Panel meeting in-person on July 18, 2016 should not register. No registration is required for participants who plan to view the Panel meeting via webcast or listen via teleconference. Participants planning to attend only the morning session which includes the 2016 Laboratory Public Meeting, or both the morning and afternoon sessions, should register only once, for the 2016 Laboratory Public Meeting (see instructions for registering for the 2016 Laboratory Public Meeting at 81 FR 29863). Participants planning to attend only the afternoon session of the Panel meeting must register using the above link and instructions.

Presenter Registration and Submission of Presentations and Comments: In the morning session only, we are interested in in-person presentations concerning the payment methodologies for new or reconsidered laboratory codes. The instructions for submitting such comments and presentations are also included in 2016 Laboratory Public Meeting notice (81 FR 29863). Although these comments and presentations will be made during the morning joint session of the 2016 Laboratory Public Meeting and Panel Meeting, the Panel may wish to ask follow-up questions to presenters at the afternoon session of the Panel Meeting. As previously mentioned, additional issues concerning the calendar year (CY) 2017 clinical laboratory fee schedule (CLFS) that are designated in the Panel’s charter and specified in the meeting agenda, may also be discussed at the afternoon session of the Panel meeting. Any such issues to be discussed will be specified in the Panel meeting agenda, to be published approximately 3 weeks before the meeting (A preliminary agenda is described in section II. of this notice.) Should issues be added to the agenda, we would be interested in public comments or presentations related to those issues. The comments and presentations should not address issues not specified in the agenda for the Panel meeting. The deadline to register to be a presenter and to submit written presentations for agenda items for the Panel’s afternoon session (that is, presentations on issues other than payment for new and reconsidered laboratory codes for CY 2017) is 5:00 p.m. EDT July 1, 2016. Presenters may register by email by contacting the person listed in the FOR FURTHER INFORMATION CONTACT section of this notice. Presentations should be sent via email to the same person’s email address.

Meeting Location, Webcast, and Teleconference: The Panel meetings will be held in the Auditorium of the CMS, Central Office, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Alternately, the public may either view the Panel meetings via a webcast or listen by teleconference. During the scheduled Panel meeting, webcasting is accessible online at http://cms.gov/live. Teleconference dial-in information will appear on the final Panel meeting agenda, which will be posted on the CMS Web site when available at http://cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonClinicalDiagnosticLaboratoryTests.html.

Meeting Format: This Panel meeting is open to the public. The on-site check-in for visitors will be held from 8:30 a.m. to 9:00 a.m. on Monday, July 18, 2016, preceding the morning session of the 2016 Laboratory Public Meeting, and again at 12:30 p.m. for visitors attending only the Panel meeting (afternoon session).

During the morning session, the Panel, along with the public, will hear and pose questions to presenters recommending crosswalks or gapfilling for new and reconsidered laboratory codes for calendar year (CY) 2017. During the afternoon session, the Panel will deliberate and make recommendations to the Secretary of HHS and the Acting Administrator of CMS regarding crosswalks or gapfilling for new and reconsidered laboratory codes discussed during the morning