

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****Draft Guideline for Hand Hygiene in Healthcare Settings**

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice of availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the Draft Guideline for Hand Hygiene in Healthcare Settings, available on the CDC website at www.cdc.gov/ncidod/hip/hhguide.htm. The guideline has been developed for practitioners who provide care for patients and who are responsible for monitoring and preventing infections in healthcare settings. The guideline is intended to replace the hand hygiene recommendations in Guideline for Handwashing and Hospital Environmental Control, 1985.

DATES: Comments on the Draft Guideline for Hand Hygiene in Healthcare Settings must be received in writing on or before December 24, 2001.

FOR FURTHER INFORMATION CONTACT: Requests for copies of the Draft Guideline for Hand Hygiene in Healthcare Settings should be submitted to the Resource Center, Attention: HHGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Rd., NE., Atlanta, Georgia 30333; fax 404 498-1244; e-mail: hhrequests@cdc.gov; or Internet: www.cdc.gov/ncidod/hip/hhguide.htm.

ADDRESSES: Comments on the Draft Guideline for Hand Hygiene in Healthcare Settings should be submitted to the Resource Center, Attention: HHGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Road, NE., Atlanta, Georgia 30333; fax 404 498-1244; e-mail: hhcomments@cdc.gov; or Internet: www.cdc.gov/ncidod/hip/hhguide.htm.

SUPPLEMENTARY INFORMATION: The Draft Guideline for Hand Hygiene in Healthcare Settings is designed to provide healthcare practitioners with (1) a thorough review of evidence dealing with handwashing and hand antisepsis in healthcare settings and (2) specific recommendations to promote improved hand hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in healthcare settings. Part I: Review of Scientific Data on Hand Hygiene Practices in Healthcare Settings

provides a historical perspective on hand hygiene and reviews in detail the efficacy of various agents used for handwashing and hand antisepsis and factors affecting adherence of healthcare personnel to recommended hand hygiene practices. Part I also discusses evidence documenting transmission of pathogens on hands, the relation between hand hygiene and acquisition of healthcare-acquired pathogens, and methods for improving hand hygiene. Part II: Recommendations provides consensus recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and other professional societies for the practice of hand hygiene in healthcare settings, including hospitals and ambulatory care, home care, and long-term care settings.

HICPAC was established in 1991 to provide advice and guidance to the Secretary and the Assistant Secretary for Health, DHHS; the Director, CDC; and the Director, National Center for Infectious Diseases, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections in U.S. healthcare facilities. The committee advises CDC on guidelines and other policy statements regarding prevention of healthcare-associated infections and related adverse events.

Dated: November 5, 2001.

Karen Groux,

Deputy Associate Director for Management and, Operations Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****Notice of Hearing: Reconsideration of Disapproval of Louisiana State Plan Amendment (SPA) 01-03**

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to reconsider our decision to disapprove Louisiana SPA 01-03 on December 19, 2001, at 10 a.m.; at 1301 Young Street; Conference Room 1113; Dallas, Texas 75202.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by 15 days after publication.

FOR FURTHER INFORMATION CONTACT:

Kathleen Scully-Hayes, Office of Hearings, Centers for Medicare & Medicaid Services, Suite L, 2520 Lord Baltimore Drive, Baltimore, Maryland 21244-2670, Telephone: (410) 786-2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to disapprove Louisiana SPA 01-03.

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish HHS procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. The Centers for Medicare & Medicaid Services (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.

At issue is whether Louisiana may include in the calculation of disproportionate share hospital (DSH) payments the uncompensated costs of providing certain health care services that were not within the regulatory definition of hospital services and are not treated as hospital services for any other purpose. This amendment proposed including rural health clinic uncompensated care costs in a hospital's DSH payment calculation.

Section 1923(g)(1) of the Act sets forth a hospital-specific limit on DSH payments and permits only the costs of "hospital services" furnished by a hospital to be included in calculating this limit. Medicaid outpatient hospital services are defined in Federal regulations at 42 CFR 440.20(a). This regulation requires the services to be provided by an institution that is licensed or formally approved as a hospital by an officially designated authority for state standard setting. The institution also must meet the