(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of the Office of the National Coordinator

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

All individual members of a team must meet the eligibility requirements.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

**Registration Process for Participants**

1. During the Challenge Submission Period, visit *http://YourRecord.Challenge.gov* and register (Registration is free) or log in with an existing ChallengePost account. After a Contestant signs up, a confirmation email will be sent to the email address provided. The Contestant must use the confirmation email to verify his or her email address. The registered Contestant will then be able to enter a Submission.

2. On YourRecord.Challenge.gov, click ''Accept this challenge'' to register your interest in participating. This step ensures that you will receive important challenge updates.

3. Create a video and ensure the following (please read the Official Rules on *http://YourRecord.challenge.gov* for complete requirements):

a. Your video addresses questions such as:

i. What prompted you to ask for access to your health record?

ii. What did you find when you reviewed your health record?

iii. How did you, or your health care provider, improve your quality of care or that of a loved one after gaining access to your health record? In other words, what was the benefit of being able to view what was in your record?

iv. What did you, or your provider learn from accessing your health record? Was any information missing or incorrect?

v. What kinds of things were you able to do with your record once you had access to it? Share it with other providers? Check to make sure the information was correct? What else?

b. Your video gives a specific example (personal story, experience, testimonial, or thoughtful idea) of the benefits of having access to view your health record and the ability to review what is in your health record.

c. Your video encourages viewers to visit *www.HealthIT.gov* and to ask their health care provider to see and get a copy of their medical record.

d. Your video is no longer than 2 minutes.

4. Confirm that you have read and agreed to the Official Rules. A Contestant will be required to fill out the submission form on *YourRecord.Challenge.gov* and must provide:

- The title of the Video;
- A link to the Video on *YouTube.com* or *Vimeo.com* (the Video should be no longer than 2 minutes);
- A text description of how you or a loved one benefitted from having access to your health record
- A transcript of the words spoken or sung in the video; and
- Uploaded consent forms for everyone who appears in the video regardless of age.

All individuals that appear in a Video must complete and sign the Video Consent Form. If a minor appears in the Video, the minor's parent/legal guardian must also sign the Video Consent Form. A Submission will not be considered complete and eligible to win prizes without a completed Video Consent Form being uploaded from all individuals that appear in the Video. All completed Video Consent Forms must include a handwritten signature, and be scanned, combined in to a single file (ZIP, PDF, or doc), and uploaded on the submission form on *BloodPressure.Challenge.gov.*

**Amount of the Prize**

| Winner | Prize | Quantity |
|---|---|---|
| First Prize | $3,000 | 1 |
| Second Prize | 2,000 | 1 |
| Third Prize | 1,000 | 1 |
| Honorable Mention | 500 | 2 |
| Popular Choice Award | 700 | 1 |

**Basis Upon Which Winner Will Be Selected**

Submissions that meet category requirements will be evaluated by an internal panel of judges for Category Prizes based on the following criteria (to be equally weighted):

1. *Quality of the Story* (Includes elements such as the authenticity and originality of your story and how you described getting a copy of your information and using it to improve your quality of care or the care of a loved one.)

2. *Potential Impact for motivating and inspiring others to access their health record* (Includes whether the video is compelling, instructive, and easy to follow so that others can achieve similar benefits after gaining access to their health record.)

The five (5) Contestants whose Submissions earn the highest overall score will win, the prize money as outlined in the chart. In the event of a tie, winners will be selected based on their score on the criteria described in (1) and then (2). If there is still a tie then the winner will be selected based on a vote by the judging panel.

**Authority:** 15 U.S.C. 3719.

Dated: June 28, 2012.

**Erin Poetter,**

*Consumer e-Health Policy Analyst, Office of the National Coordinator for Health Information Technology (ONC), Office of the Secretary (OS).*

[FR Doc. 2012–16821 Filed 7–9–12; 8:45 am]

**BILLING CODE 4150–45–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

### AHRQ Workgroups on ICD–10–CM/PCS Conversion of Quality Indicators (QIs) — Extension Date for Nominations

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

**ACTION:** Notice of date extension.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) is seeking nominations for members of approximately 10 multidisciplinary workgroups, to be convened by AHRQ's contractor, on ICD–10–CM/PCS conversion of the AHRQ Quality Indicators (QIs). This notice was previously published on June 4, 2012 *(http://www.gpo.gov/fdsys/pkg/FR–2012–06–04/pdf/2012–13306.pdf).*

**DATES:** Please submit nominations on or before July 22, 2012. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve on the workgroup. Selected candidates will be notified no later than July 31, 2012.

**ADDRESSES:** Nominations can be sent in the form of a letter or email, preferably as an electronic file with an email attachment and should specifically address the submission criteria as noted

below. Electronic submissions are strongly encouraged. Responses should be submitted to: Attn: John Bat, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5119, Rockville, MD 20850, Email: *john.bott@AHRQ.hhs.gov.*

**FOR FURTHER INFORMATION CONTACT:** John Bott, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5119, Rockville, MD 20850, Email: *john.bott@AHRQ.hhs.gov;* Phone: (301) 427–1317; Fax: (301) 427–1430.

**SUPPLEMENTARY INFORMATION:** These workgroups are being formed as part of a structured approach for converting the existing QI specifications from ICD–9–CM to ICD–10–CM/PCS, incorporating coding expertise, clinical expertise, and health services research/quality measurement expertise. The workgroups will evaluate the results of automated 'code mapping'' from ICD–9–CM to ICD–10–CM/PCS, providing input and advice regarding similarities and differences between ICD–9–CM and ICD–10–CM/PCS codes that are mapped to each other. This workgroup process will lead to recommendations regarding how the existing AHRQ QIs should be re-specified using ICD–10–CM/PCS codes, retaining the original clinical intent of each indicator while taking advantage of the greater specificity of ICD–10–CM/PCS to improve the indicator's validity. Workgroup participation will be uncompensated.

For additional information about the AHRQ QIs, please visit the AHRQ Web site at *http://www.QUALITYindicators.AHRQ.gov.*

Specifically, each Workgroup on ICD–10–CM/PCS Conversion of Quality Indicators will consist of:

—At least three individuals with relevant clinical expertise (e.g., cardiovascular disease, neurologic disease, orthopedic and musculoskeletal disease, obstetrics and gynecologic disease, surgery, critical care and pulmonary disease, diabetes and endocrine disease, infectious disease, neonatology and pediatric disease, miscellaneous) and at least two individuals with relevant coding expertise.

—One or more individuals with field experience using AHRQ QI measures for assessing hospital performance.

—One or more individuals with expertise in validating ICD–9–CM or ICD–10–CM/PCS codes using chart abstraction (to assess criterion validity), or otherwise assessing their accuracy and usefulness in identifying individuals with specific adverse outcomes.

—One or more individuals with experience using data from the AHRQ Healthcare Cost and Utilization Project or similar data for the purpose of calculating AHRQ QIs.

**Submission Criteria**

To be considered for membership on a QI ICD–10–CM/PCS Conversion Workgroup, please send the following information for each nominee:

1. A brief nomination letter highlighting experience and knowledge relevant to the development, refinement, or testing of quality measures based on ICD9–CM and/or ICD–10–CM/PCS coded data, and demonstrating familiarity with the AHRQ QIs and health care administrative data. (See selection criteria below.) The nominee's clinical or coding profession and specialty, and the spectrum of his or her clinical or coding expertise, should be described. Please include full contact information of nominee: name, title, organization, mailing address, telephone and fax numbers, and email address.

2. Curriculum vita (with citations to any pertinent publications related to quality measure specification, ICD–9–CM, or ICD–10–CM/PCS).

3. Description of any financial interest, recent conduct, or current or planned commercial, non-commercial, institutional, intellectual, public service, or other activities pertinent to the potential scope of the workgroups, which could be perceived as influencing the workgroup's process or recommendations. The objective is not to prevent nominees with potential conflicts of interest from serving on the panels, but to obtain such information so as to best inform the selection of workgroup members, and to help minimize such conflicts.

**Nominee Selection Criteria**

Nominees should have technical expertise in health care quality measure development, refinement, or application, and familiarity with the ICD–9–CM and ICD–10–CM/PCS code sets (especially insofar as they are used to specify quality measures).

More specifically, each candidate will be evaluated using the following criteria:

—Knowledge of health care quality measurement using administrative data in specific, relevant clinical domains (e.g., cardiovascular disease, neurologic disease, orthopedic and musculoskeletal disease, obstetrics and gynecologic disease, surgery, critical care and pulmonary disease, diabetes and endocrine disease, infectious disease, neonatology and pediatric disease, miscellaneous);

—Peer-reviewed publications relevant to developing, refining, testing, or applying health care quality measures based on ICD-coded administrative data;

—Other experience developing, refining, testing, or applying health care quality measures based on ICD-coded administrative data;

—Expertise in ICD–9–CM and/or ICD–10–CM/PCS coding;

—Expertise in hospital quality improvement, patient safety, and/or clinical documentation improvement;

—Familiarity with the AHRQ Quality Indicators and their application; and,

—Availability to participate in conference calls and provide written comments starting from late August through October 2012.

**Time Commitment**

In an effort to solicit expert input and recommendations on conversion of the AHRQ QIs from ICD–9–CM to ICD–10–CM/PCS, we are initiating a technical review process that will require participation in approximately three to five conference calls with some pre and post evaluation time (estimated at 13 hours). Results from this process will influence the conversion of the AHRQ QI from ICD–9–CM to ICD–10–CM/PCS. Beginning in late August through October, selected nominees will be asked to participate in the following activities:

**Workgroup Activities**

1. Review the current ICD–9–CM specifications of AHRQ QIs within the workgroup's clinical domain (e.g., cardiovascular disease, neurologic disease, orthopedic and musculoskeletal disease, obstetrics and gynecologic disease, surgery, critical care and pulmonary disease, diabetes and endocrine disease, infectious disease, neonatology and pediatric disease, miscellaneous), along with background documents justifying or explaining those specifications (about 1.5 hours).

2. Participate in teleconference to explain the workgroup activities and processes, and to discuss current QI specifications and their justification (1.0 hours).

3. Review proposed mapping of ICD–9–CM to ICD–10–CM/PCS codes and identify relevant questions and concerns (about 3 hours).

4. Participate in teleconference to discuss the proposed mappings, including relevant questions and concerns (1.5 hours).

5. Following a structured process (e.g., modified Delphi), provide specific input to support or modify the proposed mappings (about 2.5 hours).

6. Participate in teleconference to discuss areas of disagreement among workgroup members, and to achieve consensus when possible (1.5 hours).

7. Following a structured process (e.g., modified Delphi), provide specific input to support or modify the proposed mappings, incorporating changes accepted in previous steps (about 1.0 hour).

8. Participate in final (optional) teleconference to review final recommendations and discuss contextual issues (1.0 hour).

Please note that should additional conference calls be necessary, workgroup members are expected to make every effort to participate. The workgroups will conduct business by telephone, email, or other electronic means as needed.

**Background**

The AHRQ Quality Indicators (AHRQ QIs) are a unique set of measures of health care quality that make use of readily available hospital inpatient administrative data. The QIs have been used for various purposes. Some of these include tracking, hospital self-assessment, reporting of hospital-specific quality or pay for performance. The AHRQ QIs are provider- and area-level quality indicators and currently consist of four modules: the Prevention Quality Indicators (PQI), the Inpatient Quality Indicators, the Patient Safety Indicators (PSI), and the Pediatric Quality Indicators (PedQIs). AHRQ is committed to converting the QIs from ICD–9–CM to ICD–10–CM/PCS in an accurate and transparent manner, taking advantage of the additional specificity of ICD–10–CM/PCS to improve the validity and usefulness of the QIs, from October 2014 onward.

Dated: July, 2, 2012.

**Carolyn M. Clancy,**

*AHRQ Director.*

[FR Doc. 2012–16734 Filed 7–9–12; 8:45 am]

**BILLING CODE 4160–90–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health (MSHRAC, 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 (CDC) announces the following meeting for the aforementioned committee:

*Times and Dates:*

8:30 a.m.–5:15 p.m., August 20, 2012
8:30 a.m.–4:30 p.m., August 21, 2012

*Place:* Hilton Garden Inn Pittsburgh/Southpointe, 1000 Corporate Drive, Canonsburg, Pennsylvania 15317. Telephone: (724) 743–5000, Fax: (724) 743–5010.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

*Purpose:* This committee is charged with providing advice to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NIOSH, on priorities in mine safety and health research, including grants and contracts for such research, 30 U.S.C. 812(b)(2), Section 102(b)(2).

*Matters To Be Discussed:* The meeting will focus on engineering noise controls, reducing coal dust exposures, reducing injuries through improved illumination, demographics survey of the mining industry, implementation of the National Academy of Science's recommendations, oxygen supply partnership, safety culture, occupational health and safety management systems, preventing coal dust explosions, and reducing silica exposures.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Jeffery L. Kohler, Ph.D., Designated Federal Officer, MSHRAC, NIOSH, CDC, 626 Cochrans Mill Road, Mailstop P05, Pittsburgh, Pennsylvania 15236, telephone (412) 386–5301, fax (412) 386–5300.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: July 2, 2012.

**Elaine L. Baker,**

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

[FR Doc. 2012–16776 Filed 7–9–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. FDA–2012–N–0001]**

### Anti-Infective Drugs Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee:* Anti-Infective Drugs Advisory Committee.

*General Function of the Committee:* To provide advice and recommendations to the Agency on FDA's regulatory issues.

*Date and Time:* The meeting will be held on September 5, 2012, from 8 a.m. to 5 p.m.

*Location:* FDA White Oak Campus, 10903 New Hampshire Ave., Building 31 Conference Center, the Great Room (rm. 1503), Silver Spring, MD 20993–0002. Information regarding special accommodations due to a disability, visitor parking, and transportation may be accessed at: *http://www.fda.gov/AdvisoryCommittees/default.htm;* under the heading ''Resources for You,'' click on ''Public Meetings at the FDA White Oak Campus.'' Please note that visitors to the White Oak Campus must enter through Building 1.

*Contact Person:* Diane Goyette, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, Rm. 2417, Silver Spring, MD 20993–0002, 301–796–9001, FAX: 301–847–8533, email: *AIDAC@fda.hhs.gov,* or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area) to find out further information regarding FDA advisory committee information. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency's Web site at *http://www.fda.gov/AdvisoryCommittees/default.htm* and scroll down to the appropriate advisory committee meeting link, or call the appropriate advisory committee information line to learn about possible modifications before coming to the meeting.

*Agenda:* The committee will discuss new drug application (NDA) 201688,