

Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3198, MSC 7808, Bethesda, MD 20892, 301-435-2306, boundst@csr.nih.gov.

Name of Committee: Healthcare Delivery and Methodologies; Community-Level Health Promotion Study Section.

Date: February 4–5, 2010.

Time: 8:30 a.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: Hotel Monaco, 495 Geary Street, San Francisco, CA 94102.

Contact Person: Jacinta Bronte-Tinkew, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3164, MSC 7770, Bethesda, MD 20892, (301) 435-1503, brontetinkewjm@csr.nih.gov.

Name of Committee: Biobehavioral and Behavioral Processes Integrated Review Group Adult Psychopathology and Disorders of Aging Study Section.

Date: February 4–5, 2010.

Time: 8:30 a.m. to 6 p.m.

Agenda: To review and evaluate grant applications.

Place: Melrose Hotel, 2430 Pennsylvania Ave., NW., Washington, DC 20037.

Contact Person: Estina E. Thompson, PhD, MPH, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3178, MSC 7848, Bethesda, MD 20892, 301-496-5749, thompsones@mail.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Neurotechnology 2.

Date: February 5, 2010.

Time: 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: The Westin St. Francis, 335 Powell Street, San Francisco, CA 94102.

Contact Person: Robert C. Elliott, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3130, MSC 7850, Bethesda, MD 20892, 301-435-3009, elliottro@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: December 30, 2009.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–35 Filed 1–6–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Medicare Prescription Drug, Improvement, and Modernization Act of 2003 Section 1013: Request for Nominations—The Effective Health Care Stakeholder Group

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

ACTION: Notice of invitation to submit nominations for the Effective Health Care Stakeholder Group.

SUMMARY: The DHHS Agency for Healthcare Research and Quality (AHRQ) invites nominations from interested organizations and knowledgeable individuals for members of the Stakeholder Group to support the work of the Effective Health Care Program, established [for consultation] pursuant to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The goals of this program are to develop evidence on the effectiveness and comparative effectiveness of different treatments and health care interventions of importance to the Medicare, Medicaid, and State Child Health Insurance programs. To achieve these goals, AHRQ supports projects to review, synthesize, generate, and translate scientific evidence, as well as identify important issues for which existing scientific evidence is insufficient to inform decisions about health care. The Effective Health Care Program makes the evidence information it develops readily available to health care decision makers. The Stakeholder Group is critical to the success of the Effective Health Care Program by providing input to improve the applicability and relevance of research products to health care decision makers. The Effective Health Care Program Stakeholder Group will be a part of the Citizen's Forum initiative, funded by the American Recovery and Reinvestment Act, to formally and broadly engage stakeholders, and to enhance and expand public involvement in the entire Effective Health Care enterprise.

The role of the Stakeholder Group will be to:

- Provide guidance on program implementation including:
 - i. Quality improvement.
 - ii. Opportunities to maximize impact and expand program reach.
 - iii. Ensuring stakeholder interests are considered and included.

iv. Evaluating success.

- Provide input on implementing Effective Health Care Program reports and findings in practice and policy settings.

- Identify options and recommend solutions to issues identified by Effective Health Care Program staff.

- Provide input on critical research information gaps for practice and policy, as well as research methods to address them. Specifically:

- i. Information needs and types of products most useful to consumers, clinicians and policy makers.

- ii. Feedback on Effective Health Care Program reports, reviews and summary guides.

- iii. Scientific methods and applications.

- Champion objectivity, accountability and transparency in the Effective Health Care program.

Members will serve as volunteers for a two-year period from summer 2010 through summer 2012. Stakeholder Group members will attend 3–4 meetings per year in Rockville, MD, and possibly other cities to be determined. Meetings will be 1–2 days in length, and AHRQ or a group designated by AHRQ will be responsible for travel planning and expenses. The first meeting will be held in late summer or early fall 2010 in Rockville, MD.

Members are expected to actively participate in meetings and to engage in related activities by phone and e-mail between meetings. Between-meeting work may include reviewing and providing input on the overall product development strategy and direction for the Effective Health care program, consulting with AHRQ staff on constituency issues, and serving as a resource to the Program. It is anticipated that the Stakeholder Group member time commitment between meetings will not exceed 10 hours.

The Stakeholder Group will be composed of up to 20 members with a diversity of perspectives and opinions. The group will represent several broad constituencies of stakeholders and decision-makers at the policy, system, and clinical levels, which will include:

- Patient/caregiver/consumer.
- Consumers of Federal and State beneficiary programs.
- Healthcare providers.
- Third party healthcare payers (including, but not limited to public State or Federal Medicare or Medicaid programs, and private insurance health plans and Health Maintenance Organizations).
- Employers and health-related businesses.
- Pharmacy and therapeutic committees.

- Healthcare, industry, and professional organizations.
- Academic researchers (including, but not limited to, those with expertise in evidence-based methods and effectiveness and translational research).

Self-nominations are encouraged. Materials to be submitted include a cover letter and curriculum vitae or similar supportive documentation. The cover letter should provide information on how the nominee's experience, skills and roles would help to reflect the diverse perspectives and expertise of the group and help to address the functions and goals of the Stakeholder Group as described above. Specific information on nominee experience in the constituency groups described above is required. If nominating a second party, a statement of the nominee's permission and willingness to serve must be provided. Nominees chosen for the Stakeholder Group will be required to declare and submit conflict of interest documentation. Nominees may indicate their willingness to be considered in subsequent calls for nominations if not selected for this Stakeholder Group.

All nominations received by the submission deadline will be reviewed by a committee composed of representatives from AHRQ. Nominees who best represent the broad constituencies sought for composition of the Stakeholder Group as described above, will be selected and notified by May 7, 2010.

DATES: Nominations for the Effective Health Care Stakeholder Group must be received by February 8, 2010.

ADDRESSES: Nominations for consideration may be e-mailed to EffectiveHealthCare@AHRQ.gov.

FOR FURTHER INFORMATION CONTACT: Effective Health Care Program at (301) 427-1502 or EffectiveHealthCare@AHRQ.gov.

More information about the Effective Health Care Program is available at <http://www.EffectiveHealthCare.AHRQ.gov>.

SUPPLEMENTARY INFORMATION: Nominees not selected for the Stakeholder Group are invited to participate in the Effective Healthcare Program by making suggestions for research and providing comment on key questions and draft reviews. A listserv has been established and everyone interested may join to be notified when items become available for review or public comment. Opportunities for involvement in the Effective Health Care Program are described at <http://www.EffectiveHealthCare.AHRQ.gov>.

Dated: December 22, 2009.

Carolyn M. Clancy,
Director.

[FR Doc. E9-31341 Filed 1-6-10; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG-2007-28460]

Record of Decision (ROD) on the U.S. Coast Guard Long Range Aids to Navigation (Loran-C) Program

AGENCY: Coast Guard, DHS.

ACTION: Notice of availability.

SUMMARY: The Department of Homeland Security (DHS), United States Coast Guard (USCG), announces the availability of the Record of Decision (ROD) to decommission the USCG Loran-C Program and terminate transmission of the North American Loran-C Radionavigation Signal. The ROD is supported by the Final Programmatic Environmental Impact Statement (PEIS) addressing the future of the USCG Loran-C Program. The Final PEIS availability was announced by the Environmental Protection Agency (EPA) on June 12, 2009 (74 FR 28046).

DATES: The Final PEIS and ROD are now available in the docket. The USCG intends to begin termination of the broadcast of the North American Loran-C Radionavigation Signal beginning on or about February 8, 2010. Loran stations are expected to cease transmitting the Loran-C radionavigation signal by October 1, 2010.

ADDRESSES: To view the ROD or the Final PEIS, go to <http://www.regulations.gov>, insert USCG-2007-28460 in the "Keyword" box, and then click "Search." Project documents, including the Final PEIS, are also available on the "USCG Long Range Aids to Navigation (Loran-C) Program" Web site at <http://loranpeis.uscg.e2m-inc.com/>. If access to the Internet is not available, you may view the docket online by visiting the Docket Management Facility in Room W12-140 on the ground floor of the Department of Transportation West Building, 1200 New Jersey Avenue, SE., Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: If there are questions on this notice, call LCDR Robert Manning, Electronic Navigation Division, USCG, telephone

202-372-1560, or e-mail robert.j.manning@uscg.mil. If you have questions on viewing or submitting material to the docket, call Renee V. Wright, Program Manager, Docket Operations, telephone 202-366-9826.

Background and Purpose

Loran is a radionavigation system first developed during World War II and operated by the USCG. The current Loran-C system is a low frequency hyperbolic radionavigation system approved for use in the Coastal Confluence Zone and as a supplemental air navigation aid. The Loran-C radionavigation system provides navigation, location, and timing services for both civil and military air, land, and marine users in the continental United States (CONUS) and Alaska. The USCG operates 18 CONUS Loran Stations, 6 Alaska Loran Stations, and 24 monitoring sites.

On January 22, 2009 (74 FR 4047), the USCG made available the Draft PEIS. The USCG delivered the Final PEIS addressing the future of the USCG Loran-C Program to the EPA, and the EPA announced the availability of the Final PEIS on June 12, 2009 (74 FR 28046).

By separate notice published today in the **Federal Register**, the USCG advised the public of the USCG's intention to begin planning for the termination of the broadcast of the North American Loran-C Radionavigation Signal beginning on or about February 8, 2010. The USCG advised that if plans were implemented, Loran stations would cease transmitting the Loran-C radionavigation signal by October 1, 2010.

The Final PEIS on the future of the USCG Loran-C Program is a program-level document that provided the USCG with high-level analysis of the potential impacts on the human environment from the alternatives for the future of the USCG Loran-C Program. The Final PEIS evaluated the following five alternatives on the future of the USCG Loran-C Program:

(1) No Action Alternative. The No Action Alternative refers to the current, existing conditions without implementation of the Proposed Action.

(2) Decommission the USCG Loran-C Program and Terminate the North American Loran-C Radionavigation Signal.

(3) Automate, Secure, and Unstaff Loran-C Stations.

(4) Automate, Secure, Unstaff, and Transfer Management of the Loran-C Program to Another Government Agency.