

533–8611. All materials submitted to the Agency should reference NIOSH docket number 141 and must be submitted by March 9, 2009, to be considered by the Agency. All electronic comments should be formatted as Microsoft Word.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, Room 111, 4676 Columbia Parkway, Cincinnati, Ohio 45226. After the comment period has closed, comments may be accessed electronically at <http://www.cdc.gov/NIOSH> under the link to the NIOSH docket. As appropriate, NIOSH will post comments with the commenters' names, affiliations, and other information, on the Internet.

Background: This document highlights hazards and provides recommendations for preventing fire fighter deaths and injuries when working in structures that are known or suspected to be vacant or unoccupied. This document summarizes fatality statistics from the National Fire Protection Association as well as the NIOSH Fire Fighter Fatality Investigation and Prevention Program (FFFIPP) databases. Selected case reports from the NIOSH FFFIPP program are presented to illustrate the risks to fire fighters entering structures known to be unoccupied and to highlight recommended interventions. The primary audiences are expected to be fire commissioners, fire chiefs, fire department and municipal managers, fire fighters, labor unions, safety and health professionals, trainers, fire investigators, State fire marshals, contractors, building owners and other interested parties.

This guidance document does not have the force and effect of law.

CONTACT PERSON FOR TECHNICAL

INFORMATION: Timothy R. Merinar, Safety Engineer, CDC/NIOSH, Division of Safety Research, 1095 Willowdale Road, H1808, Morgantown, West Virginia, 26505, telephone (304) 285–5916, e-mail tmerinar@cdc.gov.

Reference: Web address for this document: <http://www.cdc.gov/niosh/review/public/141/>.

Dated: December 15, 2008.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–30382 Filed 12–19–08; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1555–CN]

RIN 0938–AP20

Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2009; Corrections

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

ACTION: Correction notice.

SUMMARY: This document corrects technical errors that appeared in the update notice published in the **Federal Register** on November 3, 2008, entitled “Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2009.”

DATES: *Effective Date:* This correction is effective on January 1, 2009.

FOR FURTHER INFORMATION CONTACT: Sharon Ventura, (410) 786–1985.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. E8–26142 of November 3, 2008 (73 FR 65351), the notice entitled “Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2009” there were several technical errors that this correction notice serves to identify and correct. The corrections are effective January 1, 2009.

II. Summary of Errors

On pages 65365 through 65382, Addendum B, we are correcting several CBSA names and constituent county references.

III. Correction of Errors

In FR Doc. E8–26142 of November 3, 2008 (73 FR 65351), make the following corrections:

1. On page 65365, in the second column, add “Manatee County, FL” under “Bradenton-Sarasota-Venice, FL”. Then insert “Sarasota, FL” under “Manatee County, FL”.
2. On page 65366, in the second column, “Charleston-North Charleston, SC” is corrected to read “Charleston-North Charleston-Summerville, SC”.
3. On page 65368, in the second column, “Des Moines, IA” is corrected to read “Des Moines-West Des Moines, IA”.
4. On page 65368, in the second column, “Edison, NJ” is corrected to read “Edison-New Brunswick, NJ”.

5. On page 65370, in the second column, “Greenville, SC” is corrected to read “Greenville-Mauldin-Easley, SC”.

6. On page 65370, in the second column, remove “Litchfield County, CT”.

7. On page 65371, in the second column, “Houston-Baytown-Sugar Land, TX” is corrected to read “Houston-Sugar Land-Baytown, TX”.

8. On page 65371, in the second column, “Indianapolis, IN” is corrected to read “Indianapolis-Carmel, IN”.

9. On page 65372, in the second column, “Kennewick-Richland-Pasco, WA” is corrected to read “Kennewick-Pasco-Richland, WA”.

10. On page 65373, in the second column, add “Mohave County, AZ” under “Lake Havasu City-Kingman, AZ”.

11. On page 65373, in the second column, “Lakeland, FL” is corrected to read “Lakeland-Winter Haven, FL”.

12. On page 65373, in the second column, “Little Rock-North Little Rock, AR” is corrected to read “Little Rock-North Little Rock-Conway, AR”.

13. On page 65373, in the second column, “Louisville, KY-IN” is corrected to read “Louisville-Jefferson County, KY-IN”.

14. On page 65374, in the second column, under Manchester-Nashua, NH” remove “Merrimack County, NH”.

15. On page 65374, in the second column, “McAllen-Edinburg-Pharr, TX” is corrected to read “McAllen-Edinburg-Mission, TX”.

16. On page 65375, in the second column, “Myrtle Beach-Conway-North Myrtle Beach, SC” is corrected to read “Myrtle Beach-North Myrtle Beach-Conway, SC”.

17. On page 65375, in the second column, “Nashville-Davidson-Murfreesboro, TN” is corrected to read “Nashville-Davidson-Murfreesboro-Franklin, TN”.

18. On page 65376, in the second column, “Orlando, FL” is corrected to read “Orlando-Kissimmee, FL”.

19. On page 65377, in the second column, “Port St. Lucie-Fort Pierce, FL” is corrected to read “Port St. Lucie, FL”.

20. On page 65380, in the second column, add “Indian River County, FL” under “Sebastian-Vero Beach, FL”.

21. On page 65382, “Warren-Farmington Hills-Troy, MI” is corrected to read “Warren-Troy-Farmington Hills, MI”.

IV. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a rule

take effect in accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). However, we can waive this notice and comment procedure if the Secretary finds, for good cause, that the notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons therefore in the notice.

Section 553(d) of the APA ordinarily requires a 30-day delay in effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the findings and its reasons in the rule issued. Therefore, we are waiving proposed rulemaking and the 30-day delayed effective date for the technical corrections in this notice. This correction notice merely corrects technical errors in Addendum B of the Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2009 and does not make substantive changes to the policies or payment methodologies that were adopted in the final rule. Therefore, we do not believe this correction notice is a substantive rule that would be subject to notice and comment rulemaking or a delay in effective date; but rather, merely reflects policies or payment methodologies that were already subject to notice and comment rulemaking and were previously adopted by us. As a result, this notice is intended to ensure that the CY 2009 HHPPS Update Notice accurately reflects the policies adopted after public comment. Therefore, we find that undertaking further notice and comment procedures to incorporate these corrections into the update notice or delaying the effective date of these changes is unnecessary and contrary to the public interest.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 16, 2008.

Ann C. Agnew,

Executive Secretary to the Department.

[FR Doc. E8–30453 Filed 12–19–08; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1411–N]

Medicare Program; Request for Nominations to the Advisory Panel on Ambulatory Payment Classification Groups

AGENCY: Centers for Medicare & Medicaid Services, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice solicits nominations of five new members to the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel). There will be five vacancies on the Panel as of August 16, 2009.

The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services (CMS), concerning the clinical integrity of the APC groups and their associated weights.

The Secretary rechartered the Panel in 2008 for a 2-year period effective through November 21, 2010.

DATES: *Submission of Nominations:* We will consider nominations if they are received no later than 5 p.m. (e.s.t.), March 13, 2009.

ADDRESSES: You may mail or hand deliver nominations for membership to: Centers for Medicare and Medicaid Services; Attn: Shirl Ackerman-Ross, Designated Federal Official (DFO), Advisory Panel on APC Groups; Center for Medicare Management, Hospital & Ambulatory Policy Group, Division of Outpatient Care; 7500 Security Boulevard, Mail Stop C4–05–17; Baltimore, MD 21244–1850.

Web Site: For additional information on the APC Panel and updates to the Panel's activities, we refer readers to view our Web site at: http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage. (Use control + click the mouse in order to access the previous URL.) (Note: There is an underscore after FACA/05; there is no space.)

Advisory Committee's Information Lines: You may also refer to the CMS Federal Advisory Committee Hotlines at 1–877–449–5659 (toll-free) or 410–786–9379 (local) for additional information.

Further Information Contact: Persons wishing to nominate individuals to

serve on the Panel or to obtain further information may also contact Shirl Ackerman-Ross, the DFO, at CMS APCPanel@cms.hhs.gov, or call (410) 786–4474. (Note: There is no underscore in this e-mail address; there is a space between CMS and APCPanel.), or call 410–786–4474.

News Media: Representatives should contact the CMS Press Office at 202–690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act) to consult with an expert outside advisory Panel regarding the clinical integrity of the APC groups and relative payment weights that are components of the Medicare hospital Outpatient Prospective Payment System (OPPS).

The Charter requires that the Panel meet up to three times annually. CMS considers the technical advice provided by the Panel as we prepare the proposed and final rules to update the OPPS for the next calendar year.

The Panel may consist of a chair and up to 15 members who are full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPPS. (For purposes of the Panel, consultants or independent contractors are not considered to be full-time employees in these organizations.)

The current Panel members are as follows: (The asterisk [*] indicates the Panel members whose terms end on August 16, 2009.)

- E. L. Hambrick, M.D., J.D., Chair, a CMS Medical Officer
- Glorienne Bryant, B.S., RHIA, RHIT, CCS*
- Kathleen M. Graham, R.N., MSHA, CPHQ
- Patrick A. Grusenmeyer, Sc.D., FACHE
- Judith T. Kelly, B.S.H.A., RHIT, RHIA, CCS
- Michael D. Mills, Ph.D.
- Thomas M. Munger, M.D., FACC*
- Agatha L. Nolen, D.Ph., M.S.
- Randall A. Oyer, M.D.
- Beverly Khnie Philip, M.D.
- Russ Ranallo, M.S., B.S.
- James V. Rawson, M.D.*
- Michael A. Ross, M.D., FACEP
- Patricia Spencer-Cisek, M.S., APRN-BC, AOCN®
- Kim Allen Williams, M.D., FACC, FABC*
- Robert M. Zwolak, M.D., Ph.D., FACS*

Panel members serve without compensation, according to an advance written agreement; however, for the