

may be found online at <http://biospecimens.cancer.gov/bestpractices/>.

Dated: August 12, 2010.

Douglas R. Lowy,

*Deputy Director, National Cancer Institute,
National Institutes of Health.*

[FR Doc. 2010-20872 Filed 8-20-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Measures of Health Plan Efforts To Address Health Plan Members' Health Literacy Needs

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

ACTION: Notice of request for measures.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is soliciting the submission of instruments or items that measure how well health plans and health providers address health plan enrollees' health literacy needs and how well they communicate with health plan enrollees. This initiative is in response to the need identified by AHRQ to develop a new supplemental item set (the "new instrument") for addressing health literacy for the CAHPS® Health Plan Survey. The intent of the planned survey is to gain patients' perspective on how well health and health plan information is communicated to them by healthcare professionals and health plans. The results of the planned survey may become an important source of information for health plans, clinicians, group practices, and other interested parties assessing quality of health information or planning changes in how health plan information is delivered to health plan enrollees.

Based on prior work, there are several functional areas that the new instrument could address. Depending on the communication mode, the new instrument could assess, for example, clarity and simplicity of provided health information related to: (a) Preventive services (*e.g.*, risks and benefits of the service, explanation of screening results); (b) health problems/concerns (*e.g.*, information on how to stay healthy or prevent illness); (c) treatment choices, instructions, or goals (*e.g.*, pros and cons of each option); (d) medications (*e.g.*, reason for taking medications, instructions on how to take medications, possible side effects); and, (e) care management/disease management. A survey using the new

instrument may also assess the quality of services supporting health information delivery such as language access (*e.g.*, availability and timeliness of customer service and interpreter services in other languages, availability of forms and patient education materials in other languages), the quality and accessibility of member services and nurse advice lines, the quality and accessibility of health plan information on coverage, benefits, and billing information (including availability in other languages), health plan system navigation and health plan environment (language access and assistance in completing medical paperwork or forms, signage).

DATES: Please submit instruments and supporting information on or before October 22, 2010. AHRQ will not respond individually to submitters, but will consider all submitted instruments and publicly report the results of the review of the submissions in aggregate.

ADDRESSES: Submissions should include a brief cover letter, a copy of the instrument or items for consideration and supporting information as specified under the Submission Criteria below. Submissions may be in the form of a letter or e-mail, preferably with an electronic file as an E-mail attachment. Responses to this request should be submitted to:

Cindy Brach, Center for Delivery, Organization, and Markets, Agency for Healthcare Research and Quality, 540 Gaither Road, Room 5129, Rockville, MD 20850, *Phone:* (301) 427-1444, *Fax:* (301) 427-1430, *E-mail:* Cindy.Brach@AHRQ.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Cindy Brach, at the address above.

Submission Criteria

Instruments and items submitted should focus on patients' perspective on quality of health and health plan information provided by health plans, clinicians, and/or group practices.

Measures submitted must meet these criteria to be considered: (a) Assess patients' or their caregivers' experiences receiving health and health plan information and (b) demonstrate substantial reliability and validity. Submitters must agree to grant to the Government a nonexclusive, irrevocable, royalty-free right to use, distribute to the public, reproduce and create derivative works from the proffered instruments, items or their arrangement. AHRQ must have the right to freely use and authorize others to use the new instrument, which will be distributed under the CAHPS® trademark. The new instrument will

combine the best features of all the submissions as well as any ideas that may develop from reviewing them. AHRQ, in collaboration with CAHPS grantees, will evaluate all submitted instruments or items. As they construct the CAHPS instrument, they may select one or more proffered instruments and their items either in whole or in part or modify the items prior to testing them. AHRQ will own and assume responsibility for new instrument as well as any future modifications to it. The new instrument will bear the CAHPS® trademark and it will be made freely available for use by all interested parties.

Each submission should include the following information: The name of the instrument, domains included, language(s) the instrument is available in, evidence of cultural/cross group comparability, if any, instrument reliability (internal consistency, test-retest, *etc.*), validity (content, construct, criterion-related), response rates, methods and results of cognitive interviews/testing and field-testing and description of sampling strategies (including payer type) and data collection protocols, including such elements as mode of administration, use of advance letters, timing and frequencies of contacts. In addition, a list of where the instrument has been fielded should also be included in the submission. Submission of copies of existing report formats developed to disclose findings to consumers and providers is desirable, but not required. Additionally, information about existing database(s) for the instrument(s) submitted is helpful, but not required for submission. Evidence of the criteria should be demonstrated through publication and submission of peer-reviewed journal article(s) or through the best evidence available at the time of submission. Please include citations of peer-reviewed journal articles.

To facilitate handling of submissions, please include full information about the instrument developer or contact: (a) Name; (b) title; (c) organization; (d) mailing address; (e) telephone number; (f) fax number; and (g) e-mail address.

SUPPLEMENTARY INFORMATION:

Background

The CAHPS program was initiated in 1995 to develop a survey and report on the consumers' perspective on the quality of their health plans. Since that time, the CAHPS program in partnership with CMS and others has expanded its scope and developed surveys and reports regarding individual clinicians, group practices, in-center hemodialysis services, nursing

homes and hospitals. AHRQ determined that the CAHPS teams should develop a survey to obtain the consumers' perspective on the quality of health information. The CAHPS program is conducted pursuant to AHRQ's statutory authority to conduct and support research and disseminate information on health care and on systems for the delivery of such care, including activities with respect to: The quality, effectiveness, efficiency, appropriateness and value of health care services; quality measurement and improvement; the outcomes, cost, cost-effectiveness, and use of health care services and access to such services; and health statistics, surveys, database development, and epidemiology. *See* 42 U.S.C. 299a(a)(1), (2), (3) and (8).

The vision of the Agency for Healthcare Research and Quality is to foster health care research that helps the American health care system provide access to high-quality, cost effective services; be accountable and responsive to consumers and purchasers; and improve health status and quality of life. The CAHPS program was developed as a result of the AHRQ's vision. One of the components missing from the current measurement set is an assessment of patients' perspective on how well health plans, hospital, clinicians, and group practices address health literacy issues.

Dated: August 10, 2010.

Carolyn M. Clancy,
Director.

[FR Doc. 2010-20679 Filed 8-20-10; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-3311-EM; Docket ID FEMA-2010-0002]

Rhode Island; Amendment No. 4 to Notice of an Emergency Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of an emergency declaration for the State of Rhode Island (FEMA-3311-EM), dated March 30, 2010, and related determinations.

DATES: *Effective Date:* July 29, 2010.

FOR FURTHER INFORMATION CONTACT: Peggy Miller, Recovery Directorate, Federal Emergency Management

Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, pursuant to the Supplemental Appropriations Act, 2010, Public Law 111-212, FEMA is amending the cost-sharing arrangement concerning Federal funds provided under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5140b, 5172, and 5123 for the emergency declared on March 30, 2010, for the State of Rhode Island due to the damage resulting from severe storms and flooding. The Rhode Island emergency declaration is amended as follows:

Federal funds for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program provided under this declaration are authorized at 90 percent of total eligible costs.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households in Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.)

W. Craig Fugate,
Administrator, Federal Emergency Management Agency.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-1932-DR; Docket ID FEMA-2010-0002]

Kansas; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major disaster for the State of Kansas (FEMA-1932-DR), dated August 10, 2010, and related determinations.

DATES: *Effective Date:* August 10, 2010.

FOR FURTHER INFORMATION CONTACT:

Peggy Miller, Recovery Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-3886.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated August 10, 2010, the President issued a major disaster declaration under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 *et seq.* (the "Stafford Act"), as follows:

I have determined that the damage in certain areas of the State of Kansas resulting from severe storms, flooding, and tornadoes during the period of June 7 to July 21, 2010, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 *et seq.* (the "Stafford Act").

Therefore, I declare that such a major disaster exists in the State of Kansas.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Public Assistance in the designated areas and Hazard Mitigation throughout the State. Consistent with the requirement that Federal assistance is supplemental, any Federal funds provided under the Stafford Act for Public Assistance and Hazard Mitigation will be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration for the approved assistance to the extent allowable under the Stafford Act.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Administrator, under Executive Order 12148, as amended, Michael R. Scott, of FEMA is appointed to act as the Federal Coordinating Officer for this major disaster.

The following areas of the State of Kansas have been designated as adversely affected by this major disaster:

The counties of Atchison, Brown, Butler, Chase, Clay, Cloud, Comanche, Doniphan, Ellis, Franklin, Greenwood, Harvey, Jewell, Kiowa, Lyon, Marion, Marshall, Miami, Mitchell, Morris, Norton, Osage, Osborne, Pawnee, Phillips, Pottawatomie, Republic, Riley, Rooks, Rush, Smith, Wabaunsee, Washington, and Woodson for Public Assistance.

All counties within the State of Kansas are eligible to apply for assistance under the Hazard Mitigation Grant Program.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA);