Quality Advisor/NEPA Program Manager, GSA, at 415–522–3617. Please also call this number if special assistance is needed to attend and participate in the public meeting.

SUPPLEMENTARY INFORMATION:

Background

The San Luis I LPOE is located on the U.S.–Mexico international border in the City of San Luis, Arizona. It is the westernmost LPOE in Arizona and is approximately four miles from the California border. The San Luis I LPOE was built in 1982 to accommodate noncommercial traffic to and from Mexico. The facilities at the LPOE are in a deteriorated condition and are inadequate for the present volume of pedestrian and vehicle traffic. There has been a 58 percent increase in the number of personal vehicles processed since 2010. The higher volume and outdated facilities create long wait times, leading to traffic backups in downtown San Luis.

GSA is proposing to expand and modernize the San Luis I LPOE to correct operational deficiencies imposed by deteriorating building conditions and improve the LPOE's functionality, capacity, and security. Three alternatives, the Proposed Action Alternative, Alternative 1, and the No Action Alternative, are evaluated in the DEIS.

Proposed Action Alternative—Demolition and Redevelopment. GSA would acquire the land adjacent to the western end of the LPOE, the former Friendship Park, and the LPOE would be reconfigured to streamline CBP operations and inspection processes. GSA would demolish the old, deteriorated buildings and construct new buildings and infrastructure on the expanded site to accommodate the increasing volume of pedestrian and vehicle traffic. The Proposed Action would be implemented in a phased approach to alleviate potential disruptions to operations at the LPOE.

Alternative 1—Renovate and Modernize. GSA would not acquire former Friendship Park, but would renovate and modernize all existing facilities and infrastructure at the LPOE. The LPOE layout would remain as currently configured, and current traffic patterns entering and leaving the LPOE would remain the same.

No Action Alternative. GSA would not renovate or modernize any portion of the LPOE. The LPOE would remain as-is and continue its operations in facilities as they are currently configured.

Public Meeting

The meeting will be conducted in an open house format, where project information will be presented and distributed. Comments must be received by April 29, 2019, and emailed to *osmahn.kadri@gsa.gov,* or sent to the address listed above.

Dated: March 13, 2019.

Moonyeen Alameida,

Acting Director, Portfolio Management Division, Pacific Rim Region, Public Buildings Service.

[FR Doc. 2019–04985 Filed 3–15–19; 8:45 am]

BILLING CODE 6820–YF–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2019–0016, NIOSH–325]

Mining Automation and Safety Research Prioritization

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information and comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) has recently established a research program to address the rapidly expanding area of automation and associated technologies in mining. NIOSH is requesting information to inform the prioritization of research to be undertaken by The Institute's Mining Program. NIOSH is seeking input on priority gaps in knowledge regarding the safety and health implications of humans working with automated equipment and associated technologies in mining, with an emphasis on worker safety and health research in which NIOSH has the comparative advantage, and is unlikely to be undertaken by other federal agencies, academia, or the private sector.

DATES: Electronic or written comments must be received by May 17, 2019.

ADDRESSES: You may submit comments, identified by CDC–2019–0016 and NIOSH–325, by any of the following methods:

- *Federal eRulemaking Portal http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC–2019–0016; NIOSH–325]. All relevant comments received will be posted without change to *https://www.regulations.gov,* including any personal information provided. For access to the docket to read background documents or comments received, go to *https://www.regulations.gov.* All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226–1998.

FOR FURTHER INFORMATION CONTACT: Jeffrey H. Welsh, NIOSH Office of Mine Safety and Health Research, 315 E Montgomery Ave., Spokane, WA 99207. Phone: 412–386–4040 (not a toll-free number).

SUPPLEMENTARY INFORMATION:

Background: The mining industry has been undergoing significant changes as companies look to adopt automation technologies to decrease costs and increase efficiency and, according to some companies, improve safety. These new technologies include automated mobile equipment, robotics, teleoperation, wireless communications and sensing systems, wearable sensors and computers, virtual and augmented reality, and data analytics. Surface iron ore mines in Western Australia are moving rapidly to adopt automation technologies, and they appear to be the closest in achieving completely autonomous mining. In U.S. mines, the adoption of automation technology is gaining momentum, with some of the first automation having been applied to processing facilities, drilling equipment, underground coal mine longwalls, and now pilot projects with automated haulage trucks and loaders.

Information Needs: To prepare for expanded use of automation technologies, NIOSH seeks to both proactively address worker health and safety challenges that may be associated with automation, as well as leverage new technologies to improve miner health and safety. To understand the state of automation technologies, their implementation in the United States, and the health and safety concerns associated with the technology, NIOSH seeks public input on the following questions:

1. To what extent will automation and associated technologies be implemented in mining and in what timeframe?

2. What are the related health and safety concerns with automation and associated technologies in mining?

3. What gaps exist in occupational health and safety research related to automation and associated technologies?

While the above questions have priority, NIOSH also seeks public comment on the state of the technology and the health and safety concerns associated with the following specific topics related to automation:

4. What are the major safety concerns associated with humans working near or interacting with automated mining equipment? Have other organizations addressed the safety concerns associated with humans working near or interacting with automated mining equipment? If yes, please provide a description.

5. What research has been conducted, or approaches taken, to address the potential for human cognitive processing confusion, misunderstanding, and task or information overload associated with monitoring or controlling automated mining equipment or other monitoring systems (*e.g.,* fleet management, environmental monitoring, safety systems, health care systems)?

6. What is the state of the art for display methodologies and technologies to provide mine personnel and equipment operators with information on operational status, location, and sensory and environmental feedback from automated mining equipment or systems?

7. What sensor technology improvements are needed to ensure the safety of humans working on or near automated equipment?

8. How are existing methods of big data analytics applied to automated mining equipment or systems? Are there health and safety benefits to these applications? If yes, please describe.

9. Are there any needed improvements to guidelines or industry standards for automated mining system safe design and operation practices? If yes, please describe.

10. Are there any needed improvements to training materials, training protocols, and operating procedures for system safety design principles related to automated mining systems? If yes, please describe.

NIOSH is seeking feedback on the research areas identified above and on any additional knowledge gaps, ideas, innovations, or practice improvements not addressed by these research areas, as well as feedback on how the research areas should be prioritized. NIOSH is especially interested in any creative and new ideas as they relate to protecting the health and safety of miners today and in the future. When possible, NIOSH asks that commenters provide data and citations of relevant research to justify their comments. NIOSH is also seeking key scientific articles addressing worker safety and health related to mining automation that could inform our research activities.

References

DoD [2000]. Standard practice for system safety. U.S. Department of Defense, MIL–STD–882D.

Endsley MR [1995]. Toward a theory of situational awareness in dynamic systems. Hum Factors *37*(1):32–64.

USBM [1988]. Human factors in mining. By Sanders MS, Peay JM. Pittsburgh, PA: U.S. Department of the Interior, Bureau of Mines, IC 9182.

Frank J. Hearl,

Chief of Staff, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2019–04926 Filed 3–15–19; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3370–FN]

Medicare and Medicaid Programs: Approval of an Application From the Accreditation Association for Hospitals and Health Systems/ Healthcare Facilities Accreditation Program for Continued CMS Approval of Its Hospital Accreditation Program

AGENCY: Centers for Medicare and Medicaid Services, HHS.

ACTION: Final notice.

SUMMARY: This final notice announces our decision to approve the Accreditation Association for Hospitals and Health Systems/Healthcare Facilities Accreditation Program (AAHHS/HFAP) (formerly known as the American Osteopathic Association/ Healthcare Facilities Accreditation Program (AOA/HFAP)) for continued recognition as a national accrediting organization for hospitals that wish to participate in the Medicare or Medicaid programs.

DATES: This final notice is effective September 25, 2019 through September 25, 2023.

FOR FURTHER INFORMATION CONTACT: Tara Lemons (410) 786–3030, Mary Ellen Palowitch (410) 786–4496, or Monda Shaver, (410) 786–3410.

SUPPLEMENTARY INFORMATION:

I. Background

A healthcare provider may enter into an agreement with Medicare to participate in the program as a hospital provided certain requirements are met. Section 1861(e) of the Social Security Act (the Act) establishes criteria for providers seeking participation in Medicare as a hospital. Regulations concerning Medicare provider agreements in general are at 42 CFR part 489 and those pertaining to the survey and certification for Medicare participation of providers and certain types of suppliers are at 42 CFR part 488. The regulations at 42 CFR part 482 specify the specific conditions that a provider must meet to participate in the Medicare program as a hospital. Hospitals that wish to be paid under the Medicaid program must be approved to participate in Medicare, in accordance with 42 CFR 440.10(a)(3)(iii).

Generally, to enter into a Medicare hospital provider agreement, a facility must first be certified as complying with the conditions set forth in part 482 and recommended to the Centers for Medicare & Medicaid Services (CMS) for participation by a State survey agency. Thereafter, the hospital is subject to periodic surveys by a State survey agency to determine whether it continues to meet these conditions. However, there is an alternative to certification surveys by State agencies. Accreditation by a nationally recognized Medicare accreditation program approved by CMS may substitute for both initial and ongoing state review.

Section 1865(a)(1) of the Act provides that, if the Secretary of the Department of Health and Human Services (the Secretary) finds that accreditation of a provider entity by an approved national accrediting organization meets or exceeds all applicable Medicare conditions, we may treat the provider entity as having met those conditions, that is, we may ''deem'' the provider entity to be in compliance. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

Part 488, subpart A, implements the provisions of section 1865 of the Act and requires that a national accrediting organization applying for approval of its Medicare accreditation program must provide CMS with reasonable assurance that the accrediting organization requires its accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.5. The regulations at §