TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Laboratory Test Result Form	754	2	10/60

Dated: July 9, 2007.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–13605 Filed 7–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP), National Center for Environmental Health (NCEH)

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) announce the following meeting of the aforementioned committee:

Times and Dates:
8:30 a.m.–5 p.m., September 18, 2007.
8:30 a.m.–12:30 p.m., September 19, 2007.

Place: Radisson Plaza Hotel Minneapolis, 35 South 7th Street, Minneapolis, MN 55402, Telephone: (612) 339–4900.

Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people.

Purpose: The Committee provides advice and guidance to the Secretary; the Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The Committee also reviews and reports regularly on childhood lead poisoning prevention practices and recommends improvements in national childhood lead poisoning prevention efforts.

Matters To Be Discussed: The meeting will include discussion on the potential approaches to strengthen existing strategies to achieve the Healthy People 2010 goal of eliminating Elevated Blood Lead Levels as a Public Health Problem in the United States by 2010, the development of a prevention based research agenda, and the study designs related to adverse effects from Blood Lead Levels (BLLs) < 10 µg/dl; and updates on the school performance and concurrent BLLs.

Agenda items are subject to change as priorities dictate.

Opportunities will be provided during the meeting for oral comments. Depending on the time available and the number of requests, it may be necessary to limit the time of each presenter.

Contact Person for More Information: Claudine Johnson, Clerk, Lead Poisoning Prevention Branch, Division of Environmental Emergency Health Services, NCEH, CDC, 4770 Buford Hwy, NE., Mailstop F–40, Atlanta, GA 30341, Telephone (770) 488–3629, Fax (770) 488–3635.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 6, 2007.

Elaine L. Baker,

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

[FR Doc. E7–13596 Filed 7–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Racial and Ethnic Approaches to Community Health Across the United States (REACH US), Request for Applications (RFA) DP07–707

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), the Centers for Disease Control and Prevention (CDC) announces a meeting of the aforementioned Special Emphasis Panel.

Times and Dates: 3 p.m.–8 p.m., July 31, 2007 (Closed), 8 a.m.–5 p.m., August 1, 2007 (Closed), 8 a.m.–5 p.m., August 2, 2007 (Closed), 3 p.m.–8 p.m., August 6, 2007 (Closed), 8 a.m.–5 p.m., August 7, 2007 (Closed), 8 a.m.–5 p.m., August 8, 2007 (Closed), 8 a.m.–5 p.m., August 9, 2007 (Closed).

Place: Sheraton Gateway Hotel Atlanta Airport, 1900 Sullivan Road, Atlanta, GA 30337, Telephone (800) 454–6835.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Pub. L. 92–463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of research grant applications in response to RFA DP07–707, ''Racial and Ethnic Approaches to Community Health Across the United States (REACH US).''

For Further Information Contact: Thijuanie Lockhart, Program & Management Analyst, CDC, 4770 Buford Highway, NE., Mail Stop K–30, Atlanta, GA 30341, Telephone (404) 488–5303.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 9, 2007.

Elaine L. Baker,

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

[FR Doc. E7–13602 Filed 7–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–67776, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 72 FR 35491–35492, dated June 28, 2007) is amended to reflect the establishment of the Extramural Research Program Office within the National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows: After the functional statement for the Program Services Branch (CUC13), Office of the Director (CUC1), National Center for Chronic Disease Prevention and Health Promotion (CUC), insert the following:

Extramural Research Program Office (CUC18). The Extramural Research Program Office (ERPO) plans, develops,

coordinates, and evaluates extramural research activities in cooperation with centers, divisions, and offices within the Coordinating Center for Health Promotion. In carrying out its mission, the ERPO: (1) Coordinates, monitors, and directs the extramural research program which is designed to address center priorities; (2) provides scientific leadership in the processes supporting extramural research of the center; (3) works with National Centers to prepare and promote initiatives to stimulate extramural research in relevant priority areas; (4) coordinates and conducts in-depth external peer review and secondary program relevance review of extramural research applications by use of consultant expert panels; (5) makes recommendations to the center directors on award selections on the basis of secondary reviews; (6) staff members serve as the program officials and work with CDC grants management officers, and the Procurement and Grants Office to implement and monitor the scientific, technical, and administrative aspects of awards; (7) facilitates scientific collaborations between external and internal investigators; (8) evaluates extramural research progress and impact and disseminates findings; and (9) assists Office of the Chief Science Officer, CDC, in developing extramural research policies and oversees the implementation of those policies within the center.

Dated: June 28, 2007.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

[FR Doc. 07–3427 Filed 7–12–07; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10137, CMS–10237 and 10214, CMS–10242, CMS–379 and CMS–10102]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Application for Prescription Drug Plans (PDP); Application for Medicare Advantage Prescription Drug (MA–PD); Application for Cost Plans to Offer Qualified Prescription Drug Coverage; Application for Employer Group Waiver Plans to Offer Prescription Drug Coverage; Service Area Expansion Application for Prescription Drug Coverage; *Use:* Collection of this information is mandated in Part D of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The application requirements are codified in Subpart K of 42 CFR 423. Coverage for the prescription drug benefit is provided through prescription drug plans (PDPs) that offer drug-only coverage, or through Medicare Advantage (MA) organizations that offer integrated prescription drug and health care coverage (MA–PD plans). PDPs must offer a basic drug benefit. Medicare Advantage Coordinated Care Plans (MA–CCPs) must offer either a basic benefit or may offer broader coverage for no additional cost. Medicare Advantage Private Fee for Service Plans (MA–PFFS) may choose to offer a Part D benefit. Cost Plans that are regulated under Section 1876 of the Social Security Act, and Employer Group Plans may also provide a Part D benefit. If any of the contracting organizations meet basic requirements, they may also offer supplemental benefits through enhanced alternative coverage for an additional premium.

The information will be collected under the solicitation of proposals from PDP, MA–PD, Cost Plan, and Employer Group Waiver Plans applicants. The collected information will be used by CMS to: (1) Insure that applicants meet CMS requirements, and (2) support the determination of contract awards.

Refer to the ''High-Level Summary of Changes in Employer Group Waiver Plan Part D Applications'' and ''High-Level Summary of All Part D Application Revisions from 2008 Solicitation for the 2009 Solicitation'' documents to review changes from 2008 to 2009; *Form Number:* CMS–10137 (OMB#: 0938–0936); *Frequency:* Reporting: Once; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 455; *Total Annual Responses:* 455; *Total Annual Hours:* 11,890.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Advantage (MA) Applications—Part C; *Use:* An entity seeking a contract as an MA organization must be able to provide Medicare's basic benefits plus meet the organizational requirements set out in regulations at 42 CFR part 422. An applicant must demonstrate that it can meet the benefit and other requirements within the specific geographic area it is requesting. The application forms are designed to give CMS the information they need about the health plan to determine compliance with Federal regulations at 42 CFR part 422 in an efficient manner. The cited regulations outline the MA application process that begins with submission of an application in the form and manner that the Secretary provides. The MA application forms will be used by CMS to determine whether an entity is eligible to enter into a contract to provide services to Medicare beneficiaries. Refer to the ''2009 Medicare Advantage Application Changes'' document to review a list of the 2009 changes. *Form Number:* CMS–10237 and 10214 (OMB#: 0938–0935); *Frequency:* Reporting: Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 241; *Total Annual Responses:* 241; *Total Annual Hours:* 5,858.

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Revisions to Payment Policies Under the Physician Fee Schedule, Other Changes to Payment Under Part B, and Revisions to Payment Policies for Ambulance Services for CY 2008 (42 CFR 424.36—Signature Requirements); *Use:* 42 CFR 424.33(a)(3) states that all claims must be signed by the beneficiary or the beneficiary's representative (in accordance with 42 CFR 424.36(b)). 42 CFR 424.36(a) states that the beneficiary's signature is required on a claim unless the beneficiary has died or the provisions of § 424.36(b), (c), or (d) apply. The statutory authority requiring a beneficiary's signature on a claim submitted by a provider is located in section 1835(a) and in 1814(a) of the