DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute for Occupational Safety and Health

Decision To Evaluate a Petition To Designate a Class of Employees for the Lake Ontario Ordnance Works, Niagara Falls, New York, To Be Included in the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HHS gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees for the Lake Ontario Ordnance Works, Niagara Falls, New York, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Lake Ontario Ordnance Works.

Location: Niagara Falls, New York.

Job Titles and/or Job Duties: All employees of the Department of Energy, its predecessor agencies, and their contractors and subcontractors.

Period of Employment: January 1, 1944 through December 31, 1953.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C–46, Cincinnati, OH 45226, Telephone 513–533–6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to *OCAS@CDC.GOV.*

Christine M. Branche,

Acting Director, National Institute for Occupational Safety and Health.

[FR Doc. E9–14306 Filed 6–17–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Information Technology Policy Committee; Notice of Meeting

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice and request for comments.

Authority: Section 3002, Public Law 111–5, 123 Stat. 115.

SUMMARY: This notice invites comments, within ten (10) days of the June 16, 2009, HIT Policy Committee (the ''Committee'') meeting, on the Committee's discussions of and draft recommendations for the term ''meaningful use'' available at *http://healthit.hhs.gov.* Comments will be received by the Committee for consideration and further recommendations to the National Coordinator of Health Information Technology on the elements and measures of Meaningful Use of a certified EHR.

The HIT Policy Committee is a Federal Advisory Committee (FACA) to the U.S. Department of Health and Human Services (HHS), which will be meeting on June 16, 2009, to explore further the term ''meaningful use'' of electronic health records (EHRs). Announcement of this meeting was published in the **Federal Register** on June 4 (74 FR 26866). This meeting is an important next step for the Department, as it investigates possible definitions for the term meaningful use.

The American Recovery and Reinvestment Act of 2009 (the ''Recovery Act'') (Pub. L. 111–5) provides for Medicare and Medicaid incentive payments for eligible providers, such as physicians and hospitals, in order to promote the adoption of EHRs. To receive the incentive payments, providers must demonstrate ''meaningful use'' of a certified EHR. Building upon the work of the HIT Policy Committee, HHS anticipates developing a proposed rule that provides greater detail on the incentive programs and ''meaningful use.'' HHS expects to issue the proposed rule in late 2009, which will be followed by a comment period.

The HIT Policy Committee's Meaningful Use Workgroup will present its recommendations to the HIT Policy Committee at the Committee's June 16, 2009 meeting. The Workgroup's presentation will reflect diverse ideas and contributions from the workgroup members, and build upon the National Committee on Vital and Health Statistics (NCVHS) public hearing on ''meaningful use'' convened in April 2009. The NCVHS hearing brought together key healthcare and information technology stakeholder groups.

DATES: All comments on the draft description of Meaningful Use should be received no later than 5 p.m./Eastern Time on June 26, 2009.

ADDRESSES: Electronic responses to the request for comments on the draft description of Meaningful Use are preferred and should be addressed to: *MeaningfulUse@hhs.gov,* subject line ''Meaningful Use.'' Written comments may also be submitted to the Office of the National Coordinator for Health Information Technology, 200 Independence Ave, SW., Suite 729D, Washington, DC 20201. Attention: HIT Policy Committee Meaningful Use Comments.

FOR FURTHER INFORMATION CONTACT: Cut and paste the link below in your browser. *http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=8&mode=2&in_hi_userid=10741&cached=true.*

For additional information, including any requests for a hard copy (or faxed copy) of the draft description of Meaningful Use, call or e-mail Judith Sparrow, 202–205–4528, *judy.sparrow@hhs.gov.*

SUPPLEMENTARY INFORMATION: The HIT Policy Committee requests comments on the draft description of Meaningful Use by June 26, 2009. We request that comments be no more than 2,000 words in length. Please send comments to the address, for receipt by the due date, specified above.

Dated: June 15, 2009.

Judith Sparrow,

Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. E9–14379 Filed 6–16–09; 11:15 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Extension of the Expiration Date of the Title VI Program Performance Report

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by July 20, 2009.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for AoA, Office of Information and Regulatory Affairs, OMB.

FOR FURTHER INFORMATION CONTACT: Yvonne Jackson; Director; Office for American Indian, Alaskan Native and Native Hawaiian Programs; Administration on Aging; Washington, DC, 20201; (202) 357–3501; *Yvonne.Jackson@aoa.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance. AoA is requesting a continuation of an existing collection for Annual Program Performance Reports for Older Americans Act Title VI grantees. Information from the Title VI Program Performance Report provides a data base for AoA to (1) monitor program achievement of performance objectives; (2) establish program policy and direction; and (3) prepare responses to Congress, the OMB, the U.S. Government Accountability Office, other federal departments, and public and private agencies as required by the OAA Title II sections 202(a)19 and 208; and (4) prepare data for the Federal Interagency Task Force on Older Indians established pursuant to section 134(d) of the 1987 Amendments to the OAA. If AoA did not collect the program data herein requested, it would not be able to monitor and manage total program progress as expected, nor develop program policy options directed toward assuring the most effective use of limited Title VI funds. Reports are due annually on June 30th. AoA submits an annual report to Congress and the reporting data is included in that report. Estimated Number of Responses: 246. Total Estimated Burden Hours: 615.

In the **Federal Register** of April 8, 2009 (Vol. 74, No. 66, Pages 15984–15985), the agency requested comments on the proposed collection of information. No comments were received.

Dated: June 12, 2009.

Edwin L. Walker,

Acting Assistant Secretary for Aging.

[FR Doc. E9–14348 Filed 6–17–09; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–09–0595]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. Alternatively, to obtain a copy of the data collection plans and instrument, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30333; comments may also be sent by e-mail to *omb@cdc.gov*.

Comments are invited on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarify of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

The Model Performance Evaluation Program for HIV Rapid Testing (MPEP HIV–RT) (OMB Control No. 0920–0595, expiration date 3/31/2010)—Revision—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Brief Description and Background

To support CDC's mission of improving public health and preventing disease through continuously improving laboratory practices, CDC is requesting approval from the Office of Management and Budget (OMB) to continue data collection activities of the HIV rapid testing performance evaluation program (MPEP HIV RT) and to make changes to the results form.

This program offers external performance evaluation (PE) twice a year for rapid HIV tests approved by the U.S. Food and Drug Administration (FDA). Examples of such tests are the OraQuick ADVANCE Rapid HIV–½ Antibody Test, the Uni-Gold Recombigen HIV test, the Clearview HIV ½ STAT–PAK, the Clearview COMPLETE HIV ½, and the MedMira Reveal G3 Rapid HIV–1 Antibody Test. Participation in PE programs is expected to lead to improved HIV testing performance because participants have the opportunity to identify areas for improvement in their testing practices. This program helps to ensure accurate HIV rapid testing which is the foundation for HIV prevention and intervention programs.

This program offers laboratories/testing sites opportunities for:

(1) Assuring that the laboratories/testing sites are providing accurate test results through external quality assessment

(2) Improving testing quality through self-evaluation in a non-regulatory environment

(3) Testing well characterized samples from a source outside the test kit manufacturer

(4) Discovering potential testing problems so that laboratories/testing sites can adjust procedures to reduce and eliminate errors

(5) Comparing individual laboratory/testing site results to others at the national and international level, and

(6) Consulting with CDC staff to discuss testing issues.

Program participants receive PE samples twice each year and report testing results to CDC. In addition to conducting the performance evaluation, participants in the MPEP HIV Rapid Testing program are required to complete a biennial (every other year) laboratory practices questionnaire. The burden for the Laboratory Practices Questionnaire has been adjusted for the average per year, since respondents complete the survey every two years. CDC does not charge any fees to sites participating in this external quality assessment program.

There is no cost to respondents to participate in this program.