DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIT Policy Committee's Workgroup Meetings; Notice of Meetings

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

ACTION: Notice of meetings.

This notice announces forthcoming subcommittee meetings of a federal advisory committee of the Office of the National Coordinator for Health Information Technology (ONC). The meetings will be open to the public via dial-in access only.

Name of Committees: HIT Policy Committee's Workgroups: Meaningful Use, Privacy & Security Tiger Team, Quality Measures, Adoption/Certification, and Information Exchange workgroups.

General Function of the Committee: To provide recommendations to the National Coordinator on a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the Federal Health IT Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed.

Date and Time: The HIT Policy Committee Workgroups will hold the following public meetings during October 2011: October 5 and 6, Meaningful Use Workgroup's hearing and public meeting, 9 a.m. to 4 p.m./ET; October 7th, Privacy & Security Tiger Team, 2 to 4 p.m./ET; October 18th Meaningful Use Workgroup, 10 a.m. to 12 p.m./ET; October 20th, Privacy & Security Tiger Team, 2 to 4 p.m./ET.

Location: All workgroup meetings will be available via webcast; for instructions on how to listen via telephone or Web visit *http://healthit.hhs.gov.* Please check the ONC Web site for additional information or revised schedules as it becomes available. Detailed information on the October 5 and 6 Meaningful Use meetings can be found on the ONC Web site as it becomes available.

Contact Person: Judy Sparrow, Office of the National Coordinator, HHS, 330 C Street, SW., Washington, DC 20201, 202–205–4528, *Fax:* 202–690–6079, *e-mail: judy.sparrow@hhs.gov.* Please call the contact person for up-to-date information on these meetings. A notice in the **Federal Register** about last minute modifications that affect a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice.

Agenda: The workgroups will be discussing issues related to their specific subject matter, *e.g.,* meaningful use, information exchange, privacy and security, quality measures, governance, or adoption/certification. If background materials are associated with the workgroup meetings, they will be posted on ONC's Web site prior to the meeting at *http://healthit.hhs.gov.*

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the workgroups. Written submissions may be made to the contact person on or before two days prior to the workgroup's meeting date. Oral comments from the public will be scheduled at the conclusion of each workgroup meeting. Time allotted for each presentation will be limited to three minutes. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public session, ONC will take written comments after the meeting until close of business on that day.

If you require special accommodations due to a disability, please contact Judy Sparrow at least seven (7) days in advance of the meeting.

ONC is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://healthit.hhs.gov* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App. 2).

Dated: September 1, 2011.

Judith Sparrow,

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

[FR Doc. 2011–23049 Filed 9–8–11; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Comments on Research Across Borders: Proceedings of the International Research Panel of the Presidential Commission for the Study of Bioethical Issues

AGENCY: Department of Health and Human Services, Office of the Assistant Secretary for Health, Presidential Commission for the Study of Bioethical Issues.

ACTION: Notice.

SUMMARY: The Presidential Commission for the Study of Bioethical Issues is requesting public comment on the report of the International Research Panel titled, *Research Across Borders: Proceedings of the International Research Panel of the Presidential Commission for the Study of Bioethical Issues,* available for review at *http://www.bioethics.gov.*

DATES: To assure consideration, comments must be received by October 11, 2011.

ADDRESSES: Individuals, groups, and organizations interested in commenting on this study may submit comments by e-mail to *info@bioethics.gov* or by mail to the following address: Public Commentary, Presidential Commission for the Study of Bioethical Issues, 1425 New York Ave., NW., Suite C–100, Washington, DC 20005.

FOR FURTHER INFORMATION CONTACT: Hillary Wicai Viers, Communications Director, Presidential Commission for the Study of Bioethical Issues, 1425 New York Avenue, NW., Suite C–100, Washington, DC 20005. *Telephone:* 202–233–3960. *E-mail: Hillary.Viers@bioethics.gov.* Additional information may be obtained at *http://www.bioethics.gov.*

SUPPLEMENTARY INFORMATION: On November 24, 2009, the President established the Presidential Commission for the Study of Bioethical Issues (Commission) to advise him on bioethical issues generated by novel and emerging research in biomedicine and related areas of science and technology. The Commission is charged to identify and promote policies and practices that assure ethically responsible conduct of scientific research, healthcare delivery, and technological innovation. In undertaking these duties, the Commission seeks to identify and examine specific bioethical, legal, and social issues related to potential scientific and technological advances; examine diverse perspectives and possibilities for international collaboration on these issues; and recommend legal, regulatory, or policy actions as appropriate.

On October 1, 2010, the U.S. Government disclosed that it had supported research on sexually transmitted diseases in Guatemala from 1946 to 1948 involving the intentional infection of vulnerable human populations. In response, President Barack Obama directed the Presidential Commission for the Study of Bioethical Issues (the Commission) to ''oversee a thorough fact-finding investigation into the specifics'' of the U.S. Public Health Service supported research, and to conduct a review of current human subjects protection ''to determine if Federal regulations and international standards adequately guard the health and well-being of participants in scientific studies supported by the Federal Government.'' The President asked specifically for assurance ''that current rules for research participants protect people from harm or unethical treatment, domestically as well as internationally.'' President Obama directed the Commission to consult with its counterparts in the global community and to seek the insight of international experts as part of its work on contemporary protections for human subjects of research. The Commission

assembled a subcommittee called the International Research Panel, which met three times in 2011. The proceedings of the International Research Panel are now available for public review and comment at the Commission's Web site, *www.bioethics.gov*.

Please address comments by e-mail to *info@bioethics.gov,* or by mail to the following address: Public Commentary, Presidential Commission for the Study of Bioethical Issues, 1425 New York Ave., NW., Suite C–100, Washington, DC 20005. Comments will be publicly available, including any personally identifiable or confidential business information that they contain. Trade secrets should not be submitted.

Dated: August 30, 2011.

Valerie H. Bonham,

Executive Director, Presidential Commission for the Study of Bioethical Issues.

[FR Doc. 2011–23030 Filed 9–8–11; 8:45 am]

BILLING CODE 4154–06–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11BJ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

CDC Diabetes Prevention Recognition Program (DPRP)—New—Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is establishing the CDC Diabetes Prevention Recognition Program (DPRP) as authorized by Section 399–V of Public Law 111–148, the Patient Protection and Affordable Care Act. The DPRP will provide a mechanism for recognizing organizations that deliver effective, community-based type 2 diabetes prevention programs according to written program standards.

CDC will collect information to monitor, evaluate, and provide technical assistance to organizations that apply for recognition through the DPRP. Applicant organizations may be public- or private-sector entities. Information collection will include a one-time, on-line application form to verify the organization's eligibility. Thereafter, each applicant organization will submit de-identified program evaluation (process and outcome) data to CDC every six months. Information will be collected electronically. CDC will use the information to monitor program fidelity to a CDC-approved diabetes prevention curriculum, to evaluate its effectiveness and to provide targeted technical assistance to applicant organizations. Contact information for organizations that fully meet DPRP standards will be made available on the DPRP Web site.

OMB approval is requested for three years. CDC anticipates seeking continued OMB approval throughout the lifetime of the DPRP. Participation in the DPRP is voluntary, and there are no costs to organizations other than their time. The total estimated annualized burden hours are 600.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs)
Organizations that deliver type 2 diabetes prevention programs.	DPRP Application Form	120	1	1
	DPRP Evaluation Data	240	2	1

Dated: August 31, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–22789 Filed 9–8–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates to Serve on the Breast and Cervical Cancer Early Detection and Control Advisory Committee (BCCEDCAC)

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for membership on the BCCEDCAC. The BCCEDCAC provides advice and guidance to the Secretary, the Assistant Secretary for Health, and the CDC on the early detection and control of breast and cervical cancer. The role of the BCCEDCAC is to provide advice and make recommendations regarding national program goals and objectives; implementation strategies; program priorities, including surveillance, epidemiologic investigations, education and training, information dissemination, professional interactions and collaborations, and policy.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the committee's objectives. Nominees will be selected based on expertise in the field of medicine, including public health,