past performance of these responsibilities when considering whether to accept additional topics nominated by that organization in subsequent years. Specifically, Partners are expected to serve as resources to EPCs as they develop the evidence reports related to the nominated topic; serve as external peer reviewers of relevant draft evidence reports and assessments; and commit to timely translation of the EPC reports and assessments into their own quality improvement tools (e.g., clinical practice guidelines, performance measures), educational programs, or reimbursement policies; and dissemination of these derivative products to their membership or other health care stakeholders, as appropriate. AHRQ also is interested in all the uses of these derivative products and the products' impact on enhanced health care. AHRQ looks to its Partners to provide use and impact data on products that are based on EPC evidence reports and technology assessments.

4. Topics for Reports

The EPCs prepare evidence reports, technology assessments, and comparative and effectiveness reviews on topics for which there is significant demand for information by health care providers, insurers, purchasers, health-related societies, and patient advocacy organizations. Such topics may include the prevention, diagnosis and/or treatment of particular clinical and behavioral conditions, use of alternative or complementary therapies, and appropriate use of commonly provided services, procedures, or technologies. Topics also may include issues related to the organization and financing of care such as risk adjustment methodologies, market performance measures, provider payment mechanisms, and insurance purchasing tools, as well as measurement or evaluation of provider integration of new scientific findings regarding health care and delivery innovations. Previous reports and reviews can be found at *http://www.ahrq.gov/clinic/epcix.htm* and *http://effectivehealthcare.ahrq.gov/products/progress.cfm*.

AHRQ is very interested in receiving topic nominations from professional societies and organizations composed of members of minority populations, as well as topic nominations that have significant impact on AHRQ priority populations including low-income groups, minority groups, women, children, the elderly, and individuals with special health care needs, such as those with disabilities, those who need chronic care or end-of-life healthcare, or those who live in inner-city and rural areas.

5. Topic Nomination

Nominations of topics for AHRQ evidence reports, technology assessments, and comparative effectiveness reviews should focus on specific aspects of prevention, diagnosis, treatment and/or management of a particular condition; an individual procedure, treatment, or technology; or a specific health care organizational or financial strategy. The processes that AHRQ employs to select clinical and behavioral topics as well as organization and financing topics nominated by the EPCs are described below. For each topic, the nominating organization must provide the following information:

A. Rationale and supporting evidence on the relevance and importance of the topic;

B. Three to five focused questions on the topic to be addressed;

C. Plans for rapid translation of the evidence reports and technology assessments into clinical guidelines, performance measures, educational programs, or other strategies for strengthening the quality of health care services, or plans to inform development of reimbursement or coverage policies;

D. Plans for use and/or dissemination of these derivative products, e.g., to membership and others, if appropriate; and,

E. Process by which the nominating organization will measure the use of these products and impact of such use.

6. Topic Selection

Factors that will be considered in the selection of topics for AHRQ evidence reports, technology assessments, and comparative and effectiveness reviews and which should/may be addressed in nomination material, include:

A. Burden of related disease(s) including severity, incidence and/or prevalence or relevance of the organizational/financial topic to the general population and/or AHRQ's or the Secretary's priorities which are available at *http://www.effectivehealthcare.ahrq.gov;*

B. Total costs associated with a condition, procedure, treatment, technology, or organization/financial topic taking into account the number of people needing such care, the unit cost of care, and related or indirect costs;

C. Relevance to the needs of the Medicare, Medicaid and other Federal health care programs;

D. Controversy or uncertainty about the topic and availability of scientific data to support the systematic review and analysis of the topic;

E. Potential for reducing clinically significant variations in the prevention, diagnosis, treatment, or management of a disease or condition; or in changing the use of a procedure or technology; informing and improving patient and/or provider decision making; improving health outcomes; and/or reducing costs; and,

F. Nominating organization's plan to disseminate derivative products, measure use and impact of these products on outcomes, or otherwise incorporate the report into its managerial or policy decision making.

7. Submission of Nominations

Topic nominations for general topics should be submitted to Beth A. Collins Sharp, Ph.D., R.N., Director, Evidence-based Practice Centers (EPC) Program, Center for Outcomes and Evidence, AHRQ, 540 Gaither Road, Rockville, MD 20850. Electronic submissions to *epc@ahrq.gov* are preferred. Topic nominations for comparative effectiveness reviews should be submitted to *http://www.effectivehealthcare.ahrq.gov.*

Dated: March 8, 2007.

Carolyn M. Clancy,

Director.

[FR Doc. 07–1236 Filed 3–15–07; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: State Title IV–D Agency Caseworkers On-Line Survey.

OMB No.: New Collection.

Description: The Office of Child Support Enforcement (OCSE) plans to reach out to as many State child support enforcement caseworkers as possible to invite them to participate in a brief on-line survey. The responses will be used to determine if OCSE needs to modify the content and the means of communicating information and training materials used to process child support enforcement cases. All information will be treated confidentially and will not be identified by State or e-mail address of respondents. Depending on the overall response rate to the outreach efforts through the title IV–D agencies, the actual number of respondents could be much lower than the nationwide

estimate of 60,000 caseworkers used for the burden estimates.

Respondents: State Title IV–D Agency Caseworkers.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Invitation to participate in on-line survey	60,000	1	.1	6,000

Estimated Total Annual Burden Hours: 6,000.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: *infocollection@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register.** Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: March 12, 2007.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 07–1231 Filed 3–15–07; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Anti-Infective Drugs Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Anti-Infective Drugs Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on April 11, 2007, from 8:30 a.m. to 4 p.m.

Location: Food and Drug Administration, Center for Drug Evaluation and Research Advisory Committee Conference Room, rm. 1066, 5630 Fishers Lane, Rockville, MD.

Contact Person: Lt. Sohail Mosaddegh, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301–827–7001, FAX: 301–827–6776, e-mail: *sohail.mosaddegh@fda.hhs.gov*, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 3014512530. Please call the Information Line for up-to-date information on this meeting.

Agenda: The meeting will be open to the public from 8:30 a.m. to 9:30 a.m., unless public participation does not last that long, from 9:30 a.m. to 4 p.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential commercial information.

FDA intends to make background material available to the public no later than 1 business day before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at *http://www.fda.gov/ohrms/dockets/ac/acmenu.htm*, click on the year 2007 and scroll down to the appropriate advisory committee link.

Procedure: On April 11, 2007, from 8:30 a.m. to 9:30 a.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before March 28, 2007. Oral presentations from the public will be scheduled between approximately 8:30 a.m. and 9:30 a.m. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before March 21, 2007. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by March 22, 2007.

Closed Committee Deliberations: On April 11, 2007, from 9:30 a.m. to 4 p.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential commercial information (5 U.S.C. 552b(c)(4)).

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Sohail Mosaddegh at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: March 8, 2007.

Randall W. Lutter,

Associate Commissioner for Policy and Planning.

[FR Doc. E7–4860 Filed 3–15–07; 8:45 am]

BILLING CODE 4160–01–S