

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the National Coordinator for Health Information Technology; American Health Information Community Chronic Care Workgroup Meeting****ACTION:** Announcement of meeting.**SUMMARY:** This notice announces the 14th meeting of the American Health Information Community Chronic Care Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.)**DATES:** March 22, 2007, from 1 p.m. to 4 p.m.**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. Please bring photo ID for entry to a Federal building.**FOR FURTHER INFORMATION:** <http://www.hhs.gov/healthit/ahic/chroniccare/>**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on ways to deploy widely available, secure technologies solutions for remote monitoring and assessment of patients and for communication between clinicians about patients.The meeting will be available via Web cast. For additional information, go to: [http://www.hhs.gov/healthit/ahic/chroniccare/cc\\_instruct.html](http://www.hhs.gov/healthit/ahic/chroniccare/cc_instruct.html)

Dated: February 12, 2007.

**Judith Sparrow,***Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 07-816 Filed 2-22-07; 8:45 am]

**BILLING CODE 4150-24-M****DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the National Coordinator for Health Information Technology; American Health Information Community Population Health and Clinical Care Connections Workgroup Meeting****ACTION:** Announcement of meeting.**SUMMARY:** This notice announces the 15th meeting of the American Health Information Community Population Health and Clinical Care Connections Workgroup [formerly BioSurveillance Workgroup] in accordance with the Federal Advisory Committee Act (Pub. L. no. 92-463, 5 U.S.C., App.)**DATES:** March 29, 2007, from 1 p.m. to 4 p.m.**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. Please bring photo ID for entry to a Federal building.**FOR FURTHER INFORMATION CONTACT:** <http://www.hhs.gov/healthit/ahic/population/>.**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on how to facilitate the flow of reliable health information among population health and clinical care systems necessary to protect and improve the public's health.The meeting will be available via Web cast. For additional information, go to: [http://www.hhs.gov/healthit/ahic/population/pop\\_instruct.html](http://www.hhs.gov/healthit/ahic/population/pop_instruct.html).

Dated: February 12, 2007.

**Judith Sparrow,***Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 07-817 Filed 2-22-07; 8:45 am]

**BILLING CODE 4150-24-M****DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[30Day-07-0242X]****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](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Estimating the Cost of Sigmoidoscopy and Colonoscopy for Colorectal Cancer Screening in U.S. Healthcare Facilities (SECOST) —New—National Center for Chronic Disease and Public Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. In 2005, it was estimated that approximately 56,300 Americans died from CRC and about 145,300 new cases were diagnosed. The risk of developing CRC increases with advancing age. More than 90% of newly diagnosed CRCs occur in persons 50 years of age and older. Several scientific studies have demonstrated that regular screening for CRC reduces the incidence and mortality from this disease. Other studies have shown that regular screening for CRC is also cost-effective in terms of years of life saved.

Despite strong scientific evidence and evidence-based clinical guidelines recommending screening, current screening rates remain low. A recent CDC study reported that more than 40 million Americans who are 50 years of age or older and at average risk for CRC have not been screened in accordance with current guidelines. The study also reported that screening this population with current endoscopic (*i.e.*, flexible sigmoidoscopy and colonoscopy) capacity in the health care system could require as much as ten years to complete. An effective national effort to promote CRC screening could increase the demand for endoscopic procedures.

It has been reported that reimbursements for endoscopic procedures in publicly-funded programs may not be adequate to cover the costs of performing these procedures. This may be a disincentive for providers to perform endoscopy procedures. Currently, there is little information available about the resources required or the cost of providing these procedures in different types of healthcare facilities in the United States.

The purpose of this project is to conduct a survey of a nationally representative sample of healthcare facilities in order to estimate the average variable costs of providing colonoscopy and flexible sigmoidoscopy for CRC screening and follow-up services. Over time, payments need to cover fixed costs in addition to variable costs. If some facilities have the ability to provide more procedures without additional investment in space or equipment, then recovering fixed costs is not necessary at least in the short run. The estimated average variable cost by procedure will be compared to the reimbursement rates for both screening procedures in order to determine whether the payments to facilities exceed this minimum threshold. Otherwise, facilities will find reimbursement a potential barrier to expansion of CRC screening to

uninsured or underinsured populations even if there is underutilized capacity. The study will also determine whether there are factors that affect average variable costs across facilities such as the number of procedures performed, specialization in types of procedures or

other characteristics of the facility. Results of this study will be used to better understand the economics of colorectal cancer screening.

Respondents include medical facility receptionists, hospital operators, and office/business managers. The total estimated cost to respondents is

approximately \$72,800 assuming an hourly wage of \$37 for office/business managers and an hourly wage of \$11 for others during the study period. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 2072.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Receptionist .....	Telephone screening survey .....	1 4,160	1	5/60
OPHD nurse manager .....	SECOST mail survey .....	1,000	1	1
ASC nurse manager .....	SECOST mail survey .....	725	1	1

Dated: February 16, 2007.

**Joan F. Karr,**

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

[FR Doc. E7-3099 Filed 2-22-07; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Board of Scientific Counselors, National Institute for Occupational Safety and Health: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through February 3, 2009.

For information, contact Dr. Roger Rosa, Executive Secretary, Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, CDC/Washington Office, HHH Building, 200 Independence Ave, SW., Room 715H, MS P12, Washington, DC 20201—telephone 202/205-7856 or fax 202/260-4464.

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 the

Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 15, 2007.

**Elaine L. Baker,**

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

[FR Doc. E7-3103 Filed 2-22-07; 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 Panels (SEP): The Small Business Innovation Research (SBIR) 020, "New Laboratory Tests for Tuberculosis and Detection of Drug Resistance" and SRIB 021, "Development of Novel Information System for Remote Tuberculosis Control and Prevention"

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) announces the aforementioned meeting.

**Times and Dates:** 1 p.m.–2 p.m., March 30, 2007 (Closed). 2 p.m.–4 p.m., March 30, 2007 (Closed).

**Place:** Teleconference.

**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 Public Law 92-463.

**Matters To Be Discussed:** The meeting will include the review, discussion, and evaluation of applications received in

response to The Small Business Innovation Research (SBIR) 020, "New Laboratory Tests for Tuberculosis and Detection of Drug Resistance" and SRIB 021, "Development of Novel Information System for Remote Tuberculosis Control and Prevention."

**Contact Person for More Information:** J. Felix Rogers, PhD, M.P.H., Scientific Review Administrator, Coordinating Center for Infectious Diseases, National Center for Immunization and Respiratory Diseases, Office of the Director, CDC, 1600 Clifton Road NE., Mailstop E05, Atlanta, GA 30333, Telephone 404.639.6101.

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: February 15, 2007.

**Elaine L. Baker,**

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

[FR Doc. E7-3102 Filed 2-22-07; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Health Department Subcommittee of the Board of Scientific Counselors (BSC), Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR): Teleconference Meeting.

<sup>1</sup> We expect that we will have to make 4,160 screening telephone calls to identify a sample of

1,250 HOPDs and 906 ASCs that are eligible for inclusion in the study.