Types of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA).	17	1	7
State and Territorial Education Agency Officials.	Indicators for School Health Programs: HIV Prevention (SEA).	55	1	7
State Education Agency Officials	Indicators for School Health Programs: Coordinated School Health Programs.	23	1	10
Local Education Agency Officials	Indicators for School Health Programs: Asthma Management (LEA).	7	1	7

Dated: March 18, 2008.

Marilyn S. Radke,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–5861 Filed 3–21–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–0008]

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 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Hazardous Substances Emergency Events Surveillance (HSEES)—Extension—(OMB Control #0923–0008), Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. The primary purpose of this activity, which ATSDR has supported since 1992, is to develop, implement, and maintain a state-based surveillance system for hazardous substances emergency events which can be used to (1) describe the distribution of the hazardous substances releases; (2) describe the public health consequences (morbidity, mortality, and evacuations) associated with the events; (3) develop strategies to reduce future public health consequences. The study population will consist of all hazardous substance non-permitted acute releases within the 14 states (Colorado, Florida, Iowa, Louisiana, Michigan, Minnesota, New Jersey, New York, North Carolina, Oregon, Texas, Utah, Washington, and Wisconsin) participating in the surveillance system.

Until this system was developed and implemented, there was no national public health-based surveillance system to coordinate the collation, analysis, and distribution of hazardous substances emergency release data to public health practitioners. It was necessary to establish this national surveillance system which describes the public health impact of hazardous substances emergencies on the health of the population of the United States. The data collection form will be completed by the state health department Hazardous Substances Emergency Events Surveillance (HSEES) coordinator using a variety of sources including written and oral reports from environmental protection agencies, police, firefighters, emergency response personnel; or researched by the HSEES coordinator using material safety data sheets, and chemical handbooks. There is a reduction in the annual burden hours per response because of the reduction in number of states from 15 to 14 and because of a change in the case definition of an HSEES event in 2005, which excludes stack emissions of oxides of nitrogen (NO_X), oxides of sulfur (SOx), and carbon monoxide (CO) when they are not mixed with another hazardous substance.

The HSEES public use data set is available on the ATSDR HSEES Web site. Interested parties complete a brief description of who will be using the data and for what purpose in order to download the data. This allows ATSDR to widely distribute the data and track its usefulness. The estimated annual burden hours are 5,678.

There is no cost to the respondents other than their time.

Estimated Annualized Burden Hours:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Participating State Health Department HSEES Coordinators	14	536	45/60
Persons interested in HSEES data through Web site	500	1	6/60

Dated: March 18, 2008.

Marilyn S. Radke,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–5862 Filed 3–21–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH) Announce An Open Meeting Concerning Antimicrobial Resistance

Name: A Public Health Action Plan to Combat Antimicrobial Resistance (Part I: Domestic Issues): Meeting for Public Comment on the Antimicrobial Resistance Interagency Task Force Annual Report.

Times and Dates: 12:30 p.m.—2 p.m., Wednesday, June 25, 2008.

Place: Hyatt Regency Bethesda, Bethesda, Maryland, One Bethesda Metro Center (7400 Wisconsin Ave), Bethesda, Maryland, USA 20814; Tel: 1–301–652–2000; Fax: 1–301–652–4525).

Status: Open to the public, limited only by the space available.

Purpose: To present the annual report of progress by Federal agencies in accomplishing activities outlined in *A Public Health Action Plan to Combat Antimicrobial Resistance (Part I: Domestic Issues)* and solicit comments from the public regarding the annual report. The *Action Plan* serves as a blueprint for activities of Federal agencies to address antimicrobial resistance. The focus of the plan is on domestic issues.

Matters to be Discussed: The agenda will consist of welcome and introductory comments, an executive summary, and brief reports in four focus areas: Surveillance, Prevention and Control, Research, and Product Development. The Task Force will also provide a brief review of progress on updating the *Action Plan*. The meeting will then be open for comments from the general public.

Comments and suggestions from the public for Federal agencies related to each of the focus areas will be taken under advisement by the Antimicrobial Resistance Interagency Task Force. The agenda does not include development of consensus positions, guidelines, or discussions or endorsement of specific commercial products.

The *Action Plan*, Annual Report, and meeting agenda will be available at *http://www.cdc.gov/drugresistance*. The public meeting is sponsored by the CDC, FDA, and NIH in collaboration with seven other Federal agencies and departments that were involved in developing and writing *A Public Health Action Plan to Combat Antimicrobial Resistance (Part I: Domestic Issues)*.

Agenda items are subject to change as priorities dictate.

Limited time will be available for oral comments, and suggestions from the public. Depending on the number wishing to comment, a time limit of three minutes may be imposed. In the interest of time, visual aids will not be permitted, although written material may be submitted for subsequent review by the Task Force. Written comments and suggestions from the public are encouraged and should be received by the contact person listed below prior to the opening of the meeting or no later than the end of July 2008.

Persons anticipating attending the meeting are requested to send written notification to the contact person below by June 2, 2008, including name, organization (if applicable), address, telephone, fax, and e-mail address.

Contact Person for More Information: Gregory J. Anderson, Office of Antimicrobial Resistance, CCID/CDC, Mailstop A–07, 1600 Clifton Road, NE., Atlanta, GA 30333; telephone 404–639–3539; fax 404–639–7444. E-mail: *gca5@cdc.gov*.

Dated: March 11, 2008.

James D. Seligman,

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

[FR Doc. E8–5858 Filed 3–21–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Texas State Plan Amendment (SPA) 07–011

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of Hearing.

SUMMARY: This notice announces an administrative hearing to be held on May 7, 2008, at the CMS Dallas Regional Office, 1301 Young Street, Room 1196, Dallas, Texas 75202, to reconsider CMS' decision to disapprove Texas SPA 07–011.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by April 8, 2008.

FOR FURTHER INFORMATION CONTACT: Kathleen Scully-Hayes, Presiding Officer, CMS, 2520 Lord Baltimore Drive, Suite L, Baltimore, Maryland 21244, Telephone: (410) 786–2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove Texas SPA 07–011 which was submitted on September 24, 2007, and disapproved on December 20, 2007.

Under this SPA, the State proposed to revise the Medicaid reimbursement methodology for ''birthing center facility'' services by eliminating the 2.5 percent rate reduction implemented September 1, 2003.

The amendment was disapproved because ''birthing center services'' are not a recognized service within the scope of ''medical assistance'' under section 1905(a) of the Social Security Act (the Act), and ''birthing center facility services'' are not a recognized provider type under that section. Thus payment to birthing centers is not consistent with the requirements of sections 1902(a)(10)(A) and 1902(a)(32) of the Act. Section 1905(a) of the Act defines those services eligible for medical assistance under Medicaid, generally based on the type of provider or practitioner. Birthing centers are not a recognized type of provider or facility eligible for payment under that section. Nurse midwife services are a recognized service under section 1905(a)(17) of the Act. On June 29, 2006, CMS disapproved Texas SPAs 04–33(b) and 06–004 for the same reasons cited above. The State did not appeal either of these disapprovals. Through those prior disapprovals, CMS notified Texas of its concern that there is no statutory or regulatory authority for birthing center facility payments that are part of the current approved Medicaid State plan.

The hearing will involve the following issues:

- Whether there is legal authority to provide payment to birthing center facility services in the absence of any statutory authorization for coverage of birthing center facility services.
- Whether the express authorization of coverage for ''nurse midwife services'' as a recognized service under section 1905(a)(17) of the Act identifies the provider of such services as the nurse midwife practitioner rather than as the birthing center.
- Whether direct payment for nurse midwife services can be made to persons or entities other than the nurse midwife, consistent with section