

### Reporting Individuals

The OGE Form 450 is to be filed by each reporting individual with the designated agency ethics official at the executive department or agency where he or she is or will be employed. Reporting individuals are regular employees whose positions have been designated by their agency under 5 CFR 2634.904 as requiring confidential financial disclosure in order to help avoid conflicts with their assigned responsibilities. Under that section, all special Government employees (SGE) are also generally required to file. Agencies may, if appropriate under the OGE regulation, exclude certain regular employees or SGEs as provided in 5 CFR 2634.905. (This citation appears as 5 CFR 2634.904(b) in the proposed rule issued concurrently with this notice.) Reports are normally required to be filed within 30 days of entering a covered position (or earlier if required by the agency concerned), and again annually if the employee serves for more than 60 days in the position.

Most of the persons who file this report are current executive branch Government employees at the time they complete their report. However, some filers are private citizens who are asked by their prospective agency to file a new entrant report prior to entering Government service in order to permit advance checking for any potential conflicts of interest and resolution thereof by agreement to recuse or divest, obtaining of a waiver, etc.

### Reporting Burden

Based on OGE's annual agency ethics program questionnaire responses for 2002 through 2004, OGE estimates that an average of approximately 277,215 OGE Form 450 reports will be filed each year for the next three years throughout the executive branch. This estimate is based on the number of reports filed branchwide for 2002 through 2004 (272,755 in 2002, and 263,463 in 2003, and 295,426 in 2004) for a total of 831,644, with that number then divided by three and rounded, to give the projected annual average of 277,215 reports. Of these reports, OGE estimates that 7.6 percent, or some 21,068 per year, will be filed by private citizens. Private citizen filers are those potential (incoming) regular employees whose positions are designated for confidential disclosure filing as well as potential special Government employees whose agencies require that they file their new entrant reports prior to assuming Government responsibilities. No termination reports are required for the OGE Form 450.

Each filing is estimated to take an average of one and one-half hours to complete. This yields an annual reporting burden of 31,602 hours, an increase of 31,587 hours compared to 15 hours (OGE's current OMB inventory) for this information collection. The current burden hours account for private citizen filers whose reports were filed each year only with OGE itself. (In the past, the number of private citizens whose reports were filed each year with OGE itself was less than 10, but pursuant to 5 CFR 1320.3(c)(4)(i), the lower limit for this general regulatory-based requirement is set at 10 private persons. Thus, OGE reported the current annual burden of 15 hours.) The proposed estimate of burden hours includes private citizen reports filed with departments and agencies throughout the executive branch (including OGE).

### Consideration of Comments

As noted, public comment is invited on the proposed modified OGE Form 450 as set forth in this notice. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), public comments are invited specifically on the need for and practical utility of this proposed modified collection of information, the accuracy of OGE's burden estimate, the enhancement of quality, utility and clarity of the information collected, and the minimization of burden (including the use of information technology).

The Office of Government Ethics is planning to submit to OMB, after this notice and comment period, a modified OGE Form 450 for three-year extension of approval under the Paperwork Reduction Act. Comments received in response to this notice will be summarized for, and may be included with, OGE's future request for OMB paperwork approval for the proposed modified OGE Form 450. Any comments received will also become a matter of public record. After reviewing any comments and deciding on the proposed modifications to the OGE Form 450, OGE will publish a second paperwork notice in the **Federal Register** to inform the agencies and the public at the time it submits the request for OMB paperwork approval.

In addition, OGE invites comments on the changes to the OGE Form 450 that are intended to make it easier for filers to complete. Comments regarding the changes to the content of the form, *i.e.*, the information to be reported, should be made in response to the proposed financial disclosure rule being published concurrently in the **Federal Register** with this notice.

Approved: August 5, 2005.

**Marilyn L. Glynn,**

*General Counsel, Office of Government Ethics.*

[FR Doc. 05-15926 Filed 8-11-05; 8:45 am]

**BILLING CODE 6345-02-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Solicitation for Written Comments on the Proposed Changes to Healthy People 2010 Through the Midcourse Review

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**Authority:** 42 U.S.C. 200u.

**SUMMARY:** The Office of Disease Prevention and Health Promotion (ODPHP), Office of Public Health and Science (OPHS), U.S. Department of Health and Human Services (HHS), acting on behalf of HHS and its lead agencies, as part of the process of conducting the Midcourse Review of Healthy People 2010, is soliciting written comments for consideration on changes and revisions proposed to the Healthy People 2010 objectives. Healthy People 2010, a set of national health objectives, was published by HHS in 2000. The Midcourse Review (MCR), conducted at the midpoint of the decade, is the process through which the Healthy People 2010 objectives are reviewed by HHS, the lead agencies, and other experts, to assess the data trends during the first half of the decade, consider new science and available data, and make changes that ensure that Healthy People 2010 remains current, accurate, and relevant. The proposed revisions take the form of: establishing baselines and targets for formerly developmental objectives (*i.e.*, objectives that had no baseline data or target when Healthy People 2010 was released in 2000); changes to the language of objectives and subobjectives; deletions of objectives and subobjectives; new subobjectives; and baseline and target revisions.

**DATES:** Written comments must be submitted via the Internet Web site by the close of business Eastern Standard Time on September 15, 2005.

**ADDRESSES:** The proposed revisions to Healthy People 2010 objectives can be viewed and commented on at <http://www.healthypeople.gov/data/midcourse>.

**FOR FURTHER INFORMATION CONTACT:** E-mail the Office of Disease Prevention

and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services, at [hp2010@osophs.dhhs.gov](mailto:hp2010@osophs.dhhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Background:** HHS has led a nationwide process to formulate and monitor national disease prevention and health promotion objectives since 1979. The Healthy People initiative began in 1979 with Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, which presented general goals for reducing preventable death and injury in different age groups by 1990. These general goals were followed in 1980 by the publication of Promoting Health/Preventing Disease: Objectives for the Nation, which identified five overarching goals supported by a set 226 objectives organized in 15 strategic areas to be achieved by 1990. The five goals targeted mortality and morbidity for five distinct age groups.

In 1990, HHS published Healthy People 2000, which established three overarching goals and contained 319 objectives in 22 priority areas. The Healthy People 2000 goals were (1) increase the span of healthy life, (2) reduce health disparities, and (3) provide access to preventive health services.

Building on the experiences of the first two decades of objectives, public hearings, and a public comment process that generated more than 11,000 public comments, in January 2000, HHS issued Healthy People 2010, the third generation of 10-year disease prevention and health promotion objectives for the Nation. Healthy People 2010 is a comprehensive set of national health objectives, based on science, for the first decade of the 21st century. It identifies two overarching goals (*i.e.*, increase the quality and years of healthy life, and eliminate health disparities) that are supported by 467 objectives in 28 focus areas. For more information about Healthy People 2010 and its history, visit the Healthy People 2010 Internet Web site at <http://www.healthypeople.gov>.

Through the Healthy People 2010 Midcourse Review, the lead agencies for the 28 Healthy People 2010 focus areas have proposed revisions to the Healthy People 2010 objectives that are now available for public review and comment. Public comment on the objectives will be considered by the appropriate lead agencies. ODPHP, within the OPHS, serves as the overall coordinator for the dissemination and processing of the public comments.

A new HHS report entitled Healthy People 2010 Midcourse Review, featuring the revisions and a status report on progress from 2000 to 2005 toward achieving the targets for the year 2010, is scheduled for publication in 2006.

**Electronic Comments:** By this notice, on behalf of HHS and its lead agencies, ODPHP is soliciting the submission of electronic comments for consideration on changes and revisions proposed to the Healthy People 2010 objectives as a result of the Midcourse Review process. The public is invited to comment through the Internet Web site on: Objectives and subobjectives that are moving from developmental to measurable objective status; objectives and subobjectives with revisions to their overall language; the deletion of objectives and subobjectives; the addition of new subobjectives; the establishment of new baselines, targets, and target setting methods; and changes to data sources. Written comments received in response to this notice will be reviewed and considered by the lead agencies for the objectives to which they pertain.

Dated: August 12, 2005.

**Penelope S. Royall,**

*CAPT, USPHS, Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).*

[FR Doc. 05-16047 Filed 8-11-05; 8:45 am]

**BILLING CODE 4150-32-U**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Advisory Committee on Blood Safety and Availability**

**AGENCY:** Department of Health and Human Services, Office of the Secretary.

**ACTION:** Notice of meeting.

**SUMMARY:** The Advisory Committee on Blood Safety and Availability will meet to review progress and solicit additional comments from the Committee regarding numerous recommendations made over the past year. Specifically, the Committee will hear updates of previous recommendations. In addition, the Committee will be asked to continue its deliberation on strategies for vigilant detection and management of emerging or re-emerging infectious diseases, since it is a necessary first step toward the goal of reducing the risk of transfusion-transmitted diseases as well as disease transmission through other vital products such as bone marrow, progenitor cells, tissues, and organs.

**DATES:** The meeting will take place Monday, September 19, 2005 and

Tuesday, September 20, 2005 from 9 a.m. to 5 p.m. The meeting will be open to the public after 9 a.m.

**ADDRESSES:** Bethesda North Marriott Hotel and Conference Center, 5701 Marinelli Road, North Bethesda, Maryland 20852 (301-984-0004).

**FOR FURTHER INFORMATION CONTACT:** Jerry A. Holmberg, PhD, Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Room 250, Rockville, MD 20852, (240) 453-8809, FAX (240) 453-8456, e-mail [jholmberg@osophs.dhhs.gov](mailto:jholmberg@osophs.dhhs.gov)

**SUPPLEMENTARY INFORMATION:** Public comment will be solicited at the meeting and will be limited to five minutes per speaker. Anyone planning to comment is encouraged to contact the Executive Secretary at his/her earliest convenience. Those who wish to have printed material distributed to Advisory Committee members should submit thirty (30) copies to the Executive Secretary prior to close of business September 15, 2005. Likewise, those who wish to utilize electronic data projection to the Committee must submit their materials to the Executive Secretary prior to close of business September 15, 2005.

Dated: August 5, 2005.

**Jerry A. Holmberg,**

*Executive Secretary, Advisory Committee on Blood Safety and Availability.*

[FR Doc. 05-16048 Filed 8-11-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Chronic Fatigue Syndrome Advisory Committee**

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will be held on Monday, September 12, 2005 from 9 a.m. to 5 p.m.

**ADDRESSES:** Department of Health and Human Services; Room 705A Hubert A. Humphrey Building; 200 Independence Avenue, SW.; Washington, DC 20201