

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 15, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7–5293 Filed 3–22–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children (ACHDGDNC).

Dates and Times: May 17, 2007, 9 a.m. to 5 p.m. May 18, 2007, 8:30 a.m. to 3 p.m.

Place: Ronald Reagan Building and International Trade Center, Rotunda Room, 1300 Pennsylvania Avenue, NW., Washington, DC 20004.

Status: The meeting will be open to the public with attendance limited to space availability.

Purpose: The Advisory Committee was established to advise and guide the Secretary regarding the most appropriate application of universal newborn screening tests, technologies, policies, guidelines and programs for effectively reducing morbidity and mortality in newborns and children having or at risk for heritable disorders. The Committee also provides advice and recommendations concerning the grants and projects authorized under the Heritable Disorders Program.

Agenda: The first day will be devoted to discussion of the Committee's decisionmaking process, including a discussion of the evidence review group's nomination/evaluation process for candidate conditions on the uniform newborn screening panel, and an evaluation of the system infrastructure for long-term follow-up and proposals for strategies for such follow-up. The Committee's subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training will meet in the afternoon. The second day will include a report from the Department of Defense on its newborn screening program and activities and reports to the Committee by its subcommittees on Laboratory Standards and Procedures, Follow-up and Treatment, and Education and Training.

Proposed agenda items are subject to change.

Time will be provided each day for public comment. Individuals who wish to provide public comment or who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the ACHDGDNC Staff, Jill F. Shuger, M.S. (contact information provided below).

Contact Person: Anyone interested in obtaining a roster of members or other relevant information should write or contact Jill F. Shuger, M.S., Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A–19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–1080. Information on the Advisory Committee is available at <http://mchb.hrsa.gov/programs/genetics/committee>.

Dated: March 15, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7–5300 Filed 3–22–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Nurse Education and Practice; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: National Advisory Council on Nurse Education and Practice (NACNEP).

Dates and Times: April 19, 2007, 9 a.m.—5 p.m. April 20, 2007, 8 a.m.—5 p.m.

Place: Hotel Washington, 515 15th Street, NW., Washington, DC 20004.

Status: The meeting will be open to the public.

Agenda: Agency and Bureau administrative updates will be provided. The purpose of the meeting will be to discuss the integration of health information technology into nursing education and practice. Experts will promote the awareness of the latest simulated learning, informatics, distance learning, and telehealth trends, advances, and issues. Data will be presented on use of healthcare information systems to enhance nursing education and practice, optimize patient safety, and drive improvements in health care quality. Representatives from the Department of Health and Human Services, the National Center for Cultural Competence, and the National Nursing Centers Consortium will be presenting. During this meeting, Council workgroups will deliberate on the content presented and formulate recommendations to the Secretary of Health and Human Services and the Congress on the integration of technology into nursing education and practice. This meeting will

form the basis for NACNEP's mandated Eighth Annual Report.

For Further Information Contact: Anyone interested in obtaining a roster of members, minutes of the meeting, or other relevant information should write or contact Dr. Joan Weiss, Executive Secretary, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9–35, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443–5688.

Dated: March 15, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Availability of Final Policy Guidance

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Final Agency Guidance and Response to Public Comments.

SUMMARY: HRSA is publishing a final Agency Guidance (“Policy Information Notice” (PIN) 2007–09) to describe and clarify HRSA's current policy and process for resolving issues and conflicts related to health center service area overlap. The PIN, “Service Area Overlap: Policy and Process,” and the Agency's “Response to Public Comments” are available on the Internet at <http://bphc.hrsa.gov/chc/sao.htm>.

DATES: The effective date of this final Agency guidance is March 12, 2007.

Background: HRSA manages the Health Center Program, which supports more than 3,800 health care delivery sites, including community health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers. Health centers serve clients that are primarily low-income and minorities, and deliver preventive and primary care services to patients regardless of their ability to pay. Charges for health care services are set according to income.

On June 22, 2006, HRSA made the draft PIN, “Service Area Overlap: Policy and Process,” available for public comment on HRSA's Web site. The purpose of the PIN is to describe and clarify HRSA's current policy and process for resolving issues and conflicts related to health center service area overlap. Comments were due to HRSA by August 18, 2006.

Comments were received from 28 organizations and/or individuals. After review and careful consideration of all comments received, HRSA amended the PIN to incorporate certain recommendations from the public. The final PIN reflects these changes.

In addition to making the final PIN available on HRSA's Web site, HRSA is also posting the Agency's "Response to Public Comments." The purpose of that document is to summarize the major comments received and describe the Agency's response, including any corresponding changes made to the PIN. Where comments did not result in a revision to the PIN, explanations are provided.

FOR FURTHER INFORMATION CONTACT:

Please contact Shannon Dunne Faltners at 301-594-4060 for any questions regarding this PIN.

Dated: March 15, 2007.

Elizabeth M. Duke,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Office on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the

quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application Guidance and Instructions FY 2008–2010 and Regulations (OMB No. 0930–0080)—Revision

This **Federal Register** Notice is revised to reflect that information collection approval requirements for the Substance Abuse Prevention and Treatment Block Grant regulation and Uniform Application Guidance were consolidated in August 2004 by a Notice of office of Management and Budget Action memo and terms of clearance. In accordance with that Notice of Action and through this amendment to the January 25, 2007 FRN, the Substance Abuse and Mental Health Services Administration communicates its intent to maintain these as a single item for OMB clearance purposes. Accordingly, a consolidated respondent burden table is included adding the respondent burden for recordkeeping historically associated specifically with the regulation.

Sections 1921 through 1935 of the Public Health Services Act (U.S.C. 300x–21 to 300x–35) provide for annual allotments to assist States to plan, carry out and evaluate activities to prevent and treat substance abuse and for related activities. Under the provisions of the law, States may receive allotments only after an application is submitted and approved by the Secretary, DHHS. For the Federal fiscal year 2008–2010 SAPT block Grant application cycles, the Substance Abuse and Mental Health Services Administration (SAMHSA) will provide States with revised application guidance and instructions to implement changes made in accordance with the recommendations of the Office of Management and Budget's Program Assessment Rating Tool (PART) analysis. In addition, SAMHSA has incorporated recommendations from the National Association of State Alcohol and Drug Abuse Directors and their member States in the revisions and clarification of data reporting requirements and instructions.

During negotiations with the States resulting in agreement on the National Outcome Measures for substance abuse treatment and prevention, SAMHSA pledged to the States to:

1. Reduce respondent burden;
2. Work with the States to improve performance management of the SAPT Block Grant;
3. Improve the availability, timeliness, and quality of data available to Federal, State, and provider administrators of block grant funded programs.

This revision of the Uniform Application and Regulation for the SAPT Block Grant takes initial steps toward implementing these commitments. Individual States may reduce their respondent burden by selecting the option of using SAMHSA pre-populated tables for Section IVa and b. The data for these tables would be drawn from SAMHSA data sets known as DASIS and NSDUH by SAMHSA and provided to the States. SAMHSA is providing the States with the option of reporting on prevention expenditures utilizing the six prevention strategies or utilizing the IOM classification of Universal, Selective or Indicated and is seeking comment regarding the most useful manner to convey and collect the primary prevention expenditure data. SAMHSA has designed the State Prevention Framework State Incentive Grant (SPF SIG) competitive program and funded contracts in States without a SPF SIG to support data driven prevention planning by Substance Abuse State Agencies. This application has been modified to encourage the States to use the State level data collected with support from these programs in the planning in section III of this SAPT Block grant application. The addition of on-going provider performance monitoring (page 90–7) and the narratives describing State Performance Management and Leadership (p. 93) begin the process of aligning the application with the performance management criteria embodied in the OMB PART program.

In the coming twelve months, SAMHSA will continue to work with the States to assess the feasibility and usefulness of pre-populating the following sections of the application with data extracted from SAMHSA data sets to further reduce respondent burden:

Form 6—Entity Inventory	NSSATS data set.
Form 7a & b—Treatment Utilization Matrix	DASIS/TEDS/SOMMS.
Form 8—Treatment Needs Assessment	NSDUH, State, and sub-State.
Forms T1–T7—Treatment Performance Measures	DASIS/SOMMS.
Form P1–P15—Prevention Performance Measures	NSDUH.