

sponsored, overseen, or disseminated by the Council and advise the Secretary, as necessary, concerning such needs.

The PCPFS holds at a minimum, one meeting in the calendar year to (1) assess ongoing Council activities and (2) discuss and plan future projects and programs.

Dated: April 12, 2007.

Melissa Johnson,

Executive Director, President's Council on Physical Fitness and Sports.

[FR Doc. E7-7251 Filed 4-16-07; 8:45 am]

BILLING CODE 4150-35-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Privacy and Confidentiality.

Time and Date: April 17, 2007, 9 a.m.–5 p.m.

Place: Hilton Embassy Row, 2015 Massachusetts Avenue, NW., Washington, DC 20036.

Status: Open.

Purpose: The purpose of this session will be to discuss consumer controls for sensitive health records.

For Further Information Contact: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Maya A. Bernstein, Lead Staff for Subcommittee on Privacy and Confidentiality, Office of the Assistant Secretary for Planning and Evaluation, 434E Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; telephone (202) 690-7100; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782; telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: April 10, 2007.

James Scanlon,

Deputy Assistant Secretary for Planning and Evaluation (OSDP), Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 07-1885 Filed 4-16-07; 8:45am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Nominations of Topics for Evidence-based Practice Centers

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Nomination of topics for evidence reports, technology assessments, and comparative and effectiveness reviews.

SUMMARY: AHRQ invites nominations of topics for evidence reports, technology assessments, and comparative and effectiveness reviews conducted by its Evidence-based Practice Centers (EPC) Program relating to the prevention, diagnosis, treatment and management of common diseases and clinical conditions, as well as topics relating to the organization and financing of health care. Previous evidence reports and comparative effectiveness reviews can be found at <http://www.ahrq.gov/clinic/epcix.htm> and <http://effectivehealthcare.ahrq.gov/products/progress.cfm>, respectively.

DATES: Topic nominations for general evidence reports should be submitted by May 14, 2007, in order to be considered for fiscal year 2007 selection. Topic nominations for comparative and effectiveness reviews are accepted on an on going basis at: <http://effectivehealthcare.ahrq.gov/topicNomination/nominationsForm.cfm>. In addition to timely responses to this request for nominations, AHRQ also accepts topic nominations on an ongoing basis for consideration for future years. Topics submitted for consideration as general evidence reports will concurrently be considered as comparative effectiveness reviews as appropriate. AHRQ will not reply to individual responses, but will consider all nominations during the selection process. Those who submit topics that are selected will be notified by AHRQ.

ADDRESSES: Topics nominations 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.

FOR FURTHER INFORMATION CONTACT: Beth A. Collins Sharp, Ph.D., R.N., Center for Outcomes and Evidence, AHRQ, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427-1503; Fax: (301) 427-1640; E-mail: beth.collinssharp@ahrq.hhs.gov.

Arrangement for Public Inspection: All nominations will be available for public inspection by appointment at the Center for Outcomes and Evidence, telephone (301) 427-1600, weekdays between 8:30 a.m. and 5 p.m. (Eastern time).

SUPPLEMENTARY INFORMATION:

1. Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. AHRQ accomplishes these goals through scientific research, including evaluative medical literature reviews and technology assessments, and through the promotion of improvements in clinical practice and health systems practices.

2. Purpose and Overview

The purpose of this notice is to solicit topic nominations for evidence reports, technology assessments, and comparative and effectiveness reviews. Professional societies, health systems, employers, insurers, providers, and consumer groups are encouraged to nominate topics and then collaborate with AHRQ, as it carries out its mission to promote the practice of evidence-based health care. In this endeavor, AHRQ serves as a science partner with private-sector and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of health care delivery in the United States, and to expedite the translation of evidence-based research findings into improved health care services. To undertake scientific analyses and evidence syntheses on topics of high priority to its public and private health care partners and the health care community generally, AHRQ awards task order contracts to its Evidence-based Practice Centers (EPCs).

The EPCs produce systematic reviews of the scientific literature—evidence reports, technology assessments, and comparative and effectiveness reviews—that provide to public and private organizations the foundation for developing and implementing their own practice guidelines, performance

measures, educational programs, and other strategies to improve the quality of health care and decision-making related to the effectiveness and appropriateness of specific health care technologies and services. The evidence reports, technology assessments, and comparative and effectiveness reviews also may be used to inform coverage and reimbursement policies. As the body of scientific studies related to organization and financing of health care grows, systematic review and analysis of these studies, in addition to clinical and behavioral research, can provide health system organizations with a scientific foundation for developing or improving system-wide policies and practices.

Currently, AHRQ supports approximately nine general evidence reports per year, in collaboration with non-federal partners, and 4–10 comparative effectiveness reviews. Nominations of general topics from non-Federal partners are solicited annually through a notice in the **Federal Register**. However, topic nominations are accepted on an ongoing basis. All nominations received in the previous year as well as topics that were previously submitted but not selected are considered for the upcoming year.

Reports and assessments usually require about 12 months for completion once assigned to an EPC. AHRQ widely disseminates the EPC evidence reports and technology assessments, both electronically and in print. The EPC evidence reports, technology assessments and comparative and effectiveness reviews do not make clinical recommendations or recommendations regarding reimbursement and coverage policies.

3. Role/Responsibilities of Partners for General Topics

Nominators of topics selected for development of an EPC evidence report assume the role of Partners of AHRQ and the EPCs. Partners have defined roles and responsibilities. AHRQ places high value on these cooperative relationships, and takes into consideration a Partner organization's 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 town quality improvement tolls (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 healthcare 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 healthcare 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 decisionmaking; 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

Topics nominations for general topics should be submitted to Beth A. Collins Sharp, PhD, 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: April 5, 2007.

Carolyn M. Clancy,
Director.

[FR Doc. 07-1813 Filed 4-16-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07-0672]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Joan Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information

is 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. Written comments should be received within 60 days of this notice.

Proposed Project

Indicators of the Performance of Local and State and Education Agencies in HIV-prevention and Coordinated School Health Program Activities for Adolescent and School Health Programs (0920-0672)—(Extension)—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed project is an annual Web-based questionnaire to assess programmatic activities among local education agencies (LEA) and state and territorial education agencies (SEA and TEA) funded by the Division of Adolescent and School Health (DASH), Centers for Disease Control and Prevention.

Currently, there is no standardized annual reporting process for HIV prevention activities or coordinated school health program (CSHP) activities among LEAs and SEAs/TEAs funded by DASH. Data being gathered will be in the form of four questionnaires, which will: (1) Provide standardized information about how HIV prevention, asthma management, and CSHP funds are used by LEAs and SEAs; (2) assess the extent to which programmatic adjustments are indicated; (3) provide descriptive and process information

about program activities; and (4) provide greater accountability for use of public funds. These questionnaires are to be completed within ninety days after the end of the fiscal year by the DASH-funded partners on a Web site managed by DASH.

Of the four Web-based questionnaires corresponding to the specific funding source: Two (2) questionnaires will pertain to HIV-prevention program activities among LEAs and SEAs/TEAs; one (1) will pertain to asthma management activities among LEAs; and one (1) will pertain to CSHP activities among SEAs.

The HIV questionnaires will include questions on:

- Distribution of, professional development and individualized technical assistance on school policies.
- Distribution of professional development and individualized technical assistance on education curricula and instruction.
- Distribution of professional development and individualized technical assistance assessment on student standards.
- Collaboration with external partners.
- Targeting priority populations.
- Planning and improving projects.
- Information about additional program activities.

The asthma questionnaire will ask the questions above, but will focus on asthma management activities.

The CSHP questionnaire will also ask the questions above, but focused on physical activity, nutrition, and tobacco-use prevention activities (PANT), and include additional questions on:

- Joint activities of the State Education Agency and State Health Agency (SHA).
- Activities of the CSHP state-wide coalition.
- Health promotion programs and environmental approaches to PANT.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
HIV—Local Education Agency (LEA) Official.	Indicators for School Health Programs: HIV Prevention.	18	1	7.2	129
State & Territorial Educational Agency (SEA & TEA) Officials.	Indicators for School Health Programs: HIV Prevention.	55	1	7.2	396
Asthma—Local Educational Agency (LEA) Officials.	Indicators for School Health Programs: Asthma Management.	10	1	7.2	72