holding companies may be obtained from the National Information Center Web site at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 4, 2007.

A. Federal Reserve Bank of Chicago (Burl Thornton, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Midwest Banc Holdings, Inc.,* Melrose Park, Illinois; to merge with Northwest Suburban Bancorp, Inc., Mount Prospect, Illinois, and thereby indirectly acquire Mount Prospect National Bank, Mount Prospect, Illinois.

B. Federal Reserve Bank of Kansas City (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Southwest Bancorp, Inc., Stillwater, Oklahoma; to acquire up to 100 percent of the voting shares of Hart Food Stores, Inc., Hutchinson, Kansas, and thereby indirectly acquire voting shares of Bank of Kansas, South Hutchinson, Kansas.

Board of Governors of the Federal Reserve System, May 3, 2007.

Robert deV. Frierson,

Deputy Secretary of the Board. [FR Doc. E7–8803 Filed 5–8–07; 8:45 am] BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Personalized Healthcare Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the sixth meeting of the American Health Information Community Personalized Healthcare Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App.) DATES: June 7, 2007, from 2 p.m. to 5 p.m. [Eastern Daylight Time]. 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/ healthcare/

SUPPLEMENTARY INFORMATION: The Workgroup will discuss possible common data standards to incorporate interoperable, clinically useful genetic laboratory test data, family history information, and analytical tools into Electronic Health Records (EHR) to support clinical decision-making for the health care provider and patient.

The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/ healthcare/phc_instruct.html.

Dated: April 31, 2007.

Judith Sparrow,

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

[FR Doc. 07–2274 Filed 5–8–07; 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 Chronic Care Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the 16th meeting of the American Health Information Community Chronic Care Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App.)

DATES: June 5, 2007, from 1 p.m. to 4 p.m. Eastern Daylight Time.

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/ chroniccare/

SUPPLEMENTARY INFORMATION: The Workgroup will discuss barriers to availability of care in the virtual setting. The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/ chroniccare/cc_instruct.html

Dated: April 30, 2007.

Judith Sparrow,

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

[FR Doc. 07–2275 Filed 5–8–07; 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 Consumer Empowerment Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the 17th meeting of the American Health Information Community Consumer Empowerment Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App.)

DATES: June 13, 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/consumer/ SUPPLEMENTARY INFORMATION: The Workgroup will continue its discussion on how to encourage the widespread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-

centered. The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/ consumer/ce_instruct.html.

Dated: April 30, 2007.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology. [FR Doc. 07–2276 Filed 5–8–07; 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 Confidentiality, Privacy, and Security Workgroup; Meeting

ACTION: Announces of meeting.

SUMMARY: This notice announces the 11th meeting of the American Health Information Community Confidentiality, Privacy, and Security Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App.)

DATES: June 22, 2007, from 10 a.m. to 4:30 p.m.[Eastern].

ADDRESSES: Hubert H. Humprey Building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 505A (please bring photo ID for entry into a Federal building).

FOR FURTHER INFORMATION: http:// www.hhs.gov/health/ahic/ confidentiality/ Purpose: The Workgroup Members will continue discussing the working hypothesis and evaluate the confidentiality, privacy, and security protections for participants in an electronic information exchange network at a local, state, regional, and nationwide level. The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/ healthit/cps_instruct.html.

SUPPLEMENTARY INFORMATION: The American Health Information Community Confidentiality, Privacy, and Security (CPS) workgroup is seeking public feedback on its working hypothesis. To submit comments via email (preferred), please send them to cps-wkg@hsrnet.com (to ensure that your e-mail is received and appropriately filed, we ask that you put "CPS June 2007 Public Comment" in the subject line of your e-mail) or mail your comments to Steven Posnack, Office of the National Coordinator (ONC), 330 C Street, SW., Suite 4090, Washington, DC 20201. Written testimony submitted by the public is not required to address all of the questions listed below, and answers to any or all of the questions will be accepted so long as they comply with the following guidelines. Comments should be double-spaced and submitted via e-mail or mail by 5 p.m. Eastern Daylight Time and June 4, 2007, in order to receive consideration by the CPS workgroup.

For the past several months, the CPS workgroup has been refining the following "working hypothesis" as an approach to gather information and develop recommendations regarding the protections that should apply to certain persons and entities in a nationwide health information exchange environment. The main tenet of the "working hypothesis" is as follows:

"working hypothesis" is as follows: All persons and entities excluding consumers that participate in an electronic health information exchange network at a local, state, regional or nationwide level, through which individually identifiable electronic health information is stored, compiled, transmitted, or accessed, should be required to meet privacy and security criteria at least equivalent to relevant Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rate requirements In this case, HIPAA is used to help establish a common understanding of what federal health information privacy and security requirements apply to whom and for what. Its inclusion in the "working hypothesis" should not be misinterpreted to mean the CPS workgroup is only considering HIPAAfocused recommendations. Rather, the CPS workgroup intends to evaluate, in the future, whether the overall, baseline standard for participating in these networks should be changed to a standard that is different from or exceeds the current HIPAA privacy and security rules.

The CPS workgroup is interested to hear from any party that may be affected by its "working hypothesis." Responses should address the following questions in the sections below. Please reference the section with which your comment is associated when making a comment.

1. Enforceable Mechanisms

The CPS workgroup understands that there may be one or more appropriate mechanisms to properly enforce and ensure that confidentiality, privacy, and security requirements are met in an electronic health information exchange environment Therefore, the workgroup is interested in comments on appropriate, effective, and feasible ways to enforce confidentiality, privacy, and security protections in this new environment. Comments will be considered by the workgroup for the purposes of developing one or more recommendations associated with the 'working hypothesis" above.

2. Relevant Requirements

For a given participant's characteristics and role in an electronic health information environment, certain confidentiality, privacy, and security requirements may be more relevant than others. The CPS workgroup requests comment as to whether particular confidentiality, privacy, and security requirements equivalent to those in the HIPAA Privacy and Security Rules should or should not apply to a particular type of person or entity and why. Please identify specific section(s) of the HIPAA Privacy and Security Rules. The following examples have been developed to identify the level of detail and specificity the workgroup is seeking in a response:

Example 1: Similar to the treatment of health care clearinghouses under the HIPAA Privacy Rule it may not be appropriate for a health information exchange organization to provide privacy notices (Section 164.500(b)).

Example 2: With respect to Section 164.510 of the HIPAA Privacy Rule, a health information exchange organization may not have a function analogous to a "facility directory" and therefore compliance with that type of requirement may not be appropriate.

3. Business Associates

The CPS workgroup is concerned that an electronic health information exchange environment may lead to an unwieldy amount of contractual relationships in the form of business associate agreements each with their own specific confidentiality, privacy, and security nuances—with limited direct enforcement. The workgroup is seeking comments on the pros and cons of having business associates directly responsible for HIPAA requirements not through contractual arrangements. If you are a business associate please answer the following questions:

(A) How does your organization ensure compliance with the privacy and security policies of covered entities with whom it contracts, particularly when there are numerous contracts?

(B) How do you handle business associate contracts with large numbers of covered entities including compliance with each covered entity's privacy policies?

(C) How are business associate agreements negotiated? Do you have a standard contract?

(D) How is the data protection compliance of subcontractors ensured and/or assessed?

(E) Do you have subcontractors and how do you handle those agreements?

(F) How would direct accountability for meeting relevant HIPAA requirements impact your business?

4. General Questions

The CPS workgroup is seeking comment on any of the following additional questions.

(A) What are the implications of having some entities performing similar services covered by federal law (e.g., HIPAA) and others not? For example, a personal health record (PHR) could be offered by a health plan (covered entity) and an independent PHR service provider (non-covered entity).

i. How does this impact your competitiveness?

ii How doe this impact your ability to exchange information with others?

iii. Does contracting with non-covered entities create different levels of accountability and/or enforceability in the exchange of health information?

(B) Assuming you are not a covered entity, what would be the implications of complying with enforceable confidentiality, privacy, and security requirements at least equivalent to relevant HIPAA principles? (C) Is there a minimum set of confidentiality, privacy, and security protections that you think everyone should follow, if not HIPAA, what?

The meeting will be available via Web cast. For additional information, go to http://www.hhs.gov/healthit/ahic/ cps_instruct.html.

Dated: May 2, 2007.

Judith Sparrow,

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

[FR Doc. 07–2277 Filed 5–8–07; 8:45 am] BILLING CODE 4150–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Toxicology Program (NTP); Report on Carcinogens; Request for Nominations of Scientific Experts for Review of Candidate Substances for the 12th Report on Carcinogens

AGENCY: National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

ACTION: Request for nominations of scientific experts.

SUMMARY: On April 16, 2007, NTP released the final review process for preparation of the 12th Report on Carcinogens (RoC, 72FR18999, available at *http://ntp.niehs.nih.gov/go/9732*). This notice invites the public to nominate scientists to serve on expert panels. These scientists should have expertise and/or knowledge relevant to evaluation of the potential carcinogenic hazard of the candidate substances that will undergo review for the 12th RoC. **DATES:** Nominations of scientific experts received by June 8, 2007.

ADDRESSES: Nominations should be sent to Dr. C. W. Jameson, Report on Carcinogens (NIEHS, P.O Box 12233, MD EC–17, Research Triangle Park, NC 27709; fax: (919) 541–0144, e-mail: jameson@niehs.nih.gov. Courier address: Report on Carcinogens, NIEHS, 79 Alexander Drive, Building 4401, Room 3118, Research Triangle Park, NC 27709).

FOR FURTHER INFORMATION CONTACT: Dr. C. W. Jameson, telephone: (919) 541– 4096 or *jameson@niehs.nih.gov*. SUPPLEMENTARY INFORMATION:

Request for Nominations of Scientific Experts

The review process for preparation of the 12th RoC is available on the NTP RoC Web site (*http://ntp.niehs.nih.gov*/

go/15208). The process includes development of a draft background document for each candidate substance undergoing review for the 12th RoC. The NTP will convene an *ad hoc* expert panel to peer review the draft background document at a public meeting and make a recommendation to the NTP on the candidate substance's listing status for the RoC. The NTP invites the public to nominate scientists to serve on the expert panels who have expertise and/or knowledge relevant to the evaluation of carcinogenicity for the candidate substances (listed below). Relevant areas of expertise and/or knowledge include, for example, biostatistics, carcinogenesis, chemistry, epidemiology, exposure assessment, molecular biology, pathology, toxicokinetics, and toxicology. Scientists nominated in response to a previous notice (70FR60548), which sought names of scientists to write and/ or review background documents, will also be considered as potential candidates for the expert panels.

Each nomination should include contact information for the nominee [name, affiliation (if any), address, telephone, fax, and e-mail], the candidate substance(s) for which they have relevant expertise and/or knowledge, and a complete curriculum vitae. Final selection of individuals to serve on these panels will be made in accordance with the Federal Advisory Committee Act and Department of Health and Human Services implementing regulations. Previously, NTP sought input on substances nominated for possible review for the 12th RoC (69FR28940, 69FR62276, and 70FR60548). The 14 candidate substances selected for review for the 12th RoC are listed below. Information on these candidate substances is available on the NTP Web site for the 12th RoC (http://ntp.niehs.nih.gov/go/ 10091) or by contacting Dr. C. W. Jameson (see "FOR FURTHER INFORMATION CONTACT" above).

The candidate substances for the 12th RoC are:

- Aristolochic acid-related exposures:
 (1) Botanical products containing aristolochic acid
 (2) Aristolochic acid
- Captafol
- Cobalt-tungsten carbide powders and hard metals
- Di (2-ethylhexyl) phthalate
- Selected DNA topoisomerase II inhibitors:
 - (1) Etoposide
- (2) Etoposide in combination with
- cisplatin and bleomycin
- (3) Teniposide

- Formaldehyde
- Glass wool fibers (certain)
- Metalworking fluids
- ortho-Nitrotoluene
- Riddelliine
- Styrene

Background Information on the Report on Carcinogens

The RoC is a congressionally mandated document [Section 301(b)(4) of the Public Health Services Act, 42 U.S.C. 241(b)(4)], approved by the Secretary of Health and Human Services (HHS), that identifies agents, substances, mixtures, or exposure circumstances (collectively referred to as "substances") that may pose a carcinogenic hazard to human health. The Secretary, HHS, delegated responsibility for preparing the report to the NTP. Substances are listed in the RoC as either known to be human carcinogens or reasonably anticipated to be human carcinogens. Publication of the RoC is the end result of an extensive scientific review and assessment process with multiple opportunities for public comment

The NTP solicits and encourages the broadest participation from interested individuals or parties in nominating agents, substances, mixtures, or exposure circumstances for review for future RoCs. Nominations should contain a rationale for review. Appropriate background information and relevant data [e.g., journal articles, NTP Technical Reports, International Agency for Research on Cancer (IARC) listings, exposure surveys, release inventories, *etc.*] that support a nomination should be provided or referenced when possible. Contact information for the nominator should also be included [name, affiliation (if any), address, telephone, fax, and email].

Dated: April 30, 2007.

Samuel H. Wilson,

Deputy Director, National Institute of Environmental Health Sciences and National Toxicology Program. [FR Doc. E7–8899 Filed 5–8–07; 8:45 am]

BILLING CODE 4140-01-P