

their behalf as their representatives, must file a Request Form and the documentation required under SEPPA and its implementing regulations (42 CFR Part 102) to show that they are eligible.

Requesters must submit appropriate documentation to allow the Secretary to

determine if the requesters are eligible for Program benefits. This documentation will vary somewhat depending on whether the requester is filing as a smallpox vaccine recipient, a vaccinia contact, a survivor, or a representative of an estate.

All requesters must submit medical records sufficient to demonstrate that a covered injury was sustained by a smallpox vaccine recipient or a vaccinia contact.

The Estimated Annual Burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Request Form .....	25	1	25	5	125
Certification .....	25	1	25	1	25
Total .....	25	.....	25	.....	150

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: July 25, 2007.

**Alexandra Huttinger,**  
Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7-14928 Filed 8-1-07; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**National Advisory Committee on Rural Health and Human Services; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given that the following committee will convene its fifty-seventh meeting.

*Name:* National Advisory Committee on Rural Health and Human Services.

*Dates and Times:* September 12, 2007, 8 a.m.-5:30 p.m.; September 13, 2007, 8 a.m.-5 p.m.; September 14, 2007, 8 a.m.-11 a.m.

*Place:* Best Western Inn on the Park, 22 South Carroll Street, Madison, WI 53703, Phone: 608-257-8811.

*Status:* The meeting will be open to the public.

*Purpose:* The National Advisory Committee on Rural Health and Human Services provides advice and recommendations to the Secretary with respect to the delivery, research, development and administration of

health and human services in rural areas.

*Agenda:* Wednesday morning, at 8 a.m., the meeting will be called to order by the Chairperson of the Committee, the Honorable David Beasley. The first session will be a snapshot of Wisconsin, focusing on the challenges related to jobs, income, and educational level and a look at health and human services assets and liabilities. The next presentation will examine collaborative approaches to increase the supply of physicians for rural Wisconsin.

Following this presentation will be discussions on State Medicaid waivers to improve access to healthcare and welfare reform. The next presentation will be a panel discussion by Toyota on health and human services integration in Tupelo, Mississippi, and the implications on the community of the new Toyota factory. The Committee will break into Subcommittee format for the remainder of the day's meeting. The Wednesday meeting will close at 5:30 p.m.

Thursday morning, September 13, at 8 a.m., the Committee will meet briefly to discuss the site visit. At 8:30 a.m., the Committee will depart for Sauk City, Wisconsin. The Committee will hear presentations on health and human services issues facing the community. Transportation to the site visit will not be provided. The Committee will return to the Best Western Inn on the Park to resume the meeting in Subcommittee format at 2 p.m. The Thursday meeting will close at 5 p.m.

The final session will be convened Friday morning, September 14, at 8 a.m. The Committee will have a discussion on the site visit. Following this discussion will be a report by the Subcommittees on the progress with the report chapters; discussion on the letter to the Secretary; and discussion on the

upcoming February meeting. The meeting will be adjourned at 11 a.m.

**FOR FURTHER INFORMATION CONTACT:** Anyone requiring information regarding the Committee should contact Tom Morris, M.P.A., Executive Secretary, National Advisory Committee on Rural Health and Human Services, Health Resources and Services Administration, Parklawn Building, Room 9A-55, 5600 Fishers Lane, Rockville, MD 20857, telephone (301) 443-0835, Fax (301) 443-2803.

Persons interested in attending any portion of the meeting should contact Michele Pray-Gibson, Office of Rural Health Policy (ORHP), telephone (301) 443-0835. The Committee meeting agenda will be posted on ORHP's Web site <http://www.ruralhealth.hrsa.gov>.

Dated: July 24, 2007.

**Alexandra Huttinger,**  
Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7-14927 Filed 8-1-07; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Proposed Project: Confidentiality of Alcohol and Drug Abuse Patient Records—(OMB No. 0930-0092)—Revision**

Statute (42 U.S.C. 290dd-2) and regulations (42 CFR Part 2) require

federally conducted, regulated, or directly or indirectly assisted alcohol and drug abuse programs to keep alcohol and drug abuse patient records confidential. Information requirements are (1) written disclosure to patients about Federal laws and regulations that

protect the confidentiality of each patient, and (2) documenting “medical personnel” status of recipients of a disclosure to meet a medical emergency. Annual burden estimates for these requirements are summarized in the table below:

**ANNUALIZED BURDEN ESTIMATES**

	Annual number of respondents <sup>1</sup>	Responses per respondent	Total responses	Hours per response	Total hour burden
Disclosure: 42 CFR 2.22 .....	10,629	174	<sup>2</sup> 1,849,548	.20	369,910
Recordkeeping: 42 CFR 2.51 .....	10,629	2	21,258	.167	3,550
Total .....	10,629	.....	1,870,806	.....	373,460

<sup>1</sup> The number of publicly funded alcohol and drug facilities from SAMHSA's 2005 National Survey of Substance Abuse Treatment Services (N-SSATS).

<sup>2</sup> The number of treatment admissions from SAMHSA's 2005 Treatment Episode Data Set (TEDS).

Written comments and recommendations concerning the proposed information collection should be sent by September 4, 2007 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: July 30, 2007.

**Elaine Parry,**

*Acting Director, Office of Program Services.*  
[FR Doc. 07-3769 Filed 8-1-07; 8:45 am]

**BILLING CODE 4162-20-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Proposed Project: Opioid Treatment Data Systems for Disaster Planning Project (Pilot)—NEW**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), has identified a critical need for Opioid Treatment Programs (OTPs, also commonly known as Methadone Clinics) to be able to access limited but specific patient dosage data for patients displaced due to service disruptions affecting the OTP from which they regularly receive treatment (the patient's 'Home OTP'). Service disruptions in home OTPs have ranged in cause from events such as the September 11th terrorist attacks or more recently, Hurricanes Katrina and Rita, to more common events such as snow storms or electrical black-outs.

The proposed system will ensure that, in such circumstances, patients displaced from their home OTPs will still be able to obtain safe and effective treatment at an alternative OTP (referred to in this project as a 'Guest OTP'). In reviewing past events involving OTP service disruptions and their impact on patients, SAMHSA, in tandem with numerous stakeholders, established four basic principles that would guide creation of a deliberately simple, centralized Web-based system to house patient data. Such a system would facilitate Guest OTPs in providing safe and effective continuity of treatment for patients temporarily unable to obtain treatment from their Home OTPs due to any form of service disruption. The proposed centralized data system is known as the Opioid Treatment Data Systems for Disaster. Subsequently, in a small sample study of five (5) OTPs, SAMHSA tested a protocol and data

collection instrument for use in determining functional requirements for the proposed system. In the fall 2005, SAMHSA provided funding for the current project, to support creation of the necessary infrastructure for a pilot system, to be followed by testing on a regional basis. This pilot project will focus on creating the means by which vital dosage data for OTP patients can be made accessible to Guest OTPs called upon to treat patients of other programs in the event of service disruptions, most specifically, in disaster scenarios, so that patients are not forced during such circumstances to forgo or discontinue treatment. Ultimately, the pilot system will be reviewed to determine its effectiveness and ability to support a national implementation, should funding for such a system become available.

This notice is being provided for a survey to be distributed to OTPs in the region(s) selected by SAMHSA to gather information regarding their present data collection and reporting capabilities and practices. Technical information from the surveys will be used exclusively for development of the overall system and to help inform selection of sites best suited for participation as pilot sites for testing of the Opioid Treatment Data Systems for Disaster Planning. OTP respondents will have the option of completing an on-line or paper version of the survey. The survey consists of approximately 25 questions predominantly formatted as yes/no responses with one to two words fill in the blank responses. The estimated maximum annual response burden to collect this information is as follows: