Instead, it appears that the applicable test is ''strict scrutiny'' and the State did not demonstrate the necessary ''compelling State interest'' and that the proposed action was narrowly tailored to meet that interest.

I am scheduling a hearing on your request for reconsideration to be held on May 20, 2008, at the CMS Denver Regional Office, 1600 Broadway, Suite #700, Vail Conference Room, Denver, Colorado 80202, in order to reconsider the decision to disapprove SPA 07–004. If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed by Federal regulations at 42 CFR Part 430.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer at (410) 786–2055. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing.

Sincerely,

Kerry Weems, Acting Administrator.

Section 1116 of the Social Security Act (42 U.S.C. 1316; 42 CFR 430.18)

(Catalog of Federal Domestic Assistance program No. 13.714, Medicaid Assistance Program)

Dated: March 26, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8–6867 Filed 4–2–08; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Division of Loan Repayment; Submission for OMB Review; Comment Request; National Institutes of Health Loan Repayment Programs

Summary: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Division of Loan Repayment, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on December 26, 2007, and allowed 60 days for public comment. No responses to the notice were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: National Institutes of Health Loan Repayment Programs. *Type of Information Collection Request:* Revision of a currently approved collection (OMB No. 0925–0361, expiration date 06/30/08). *Form Numbers:* NIH 2674–1, NIH 2674–2, NIH 2674–3, NIH 2674–4, NIH 2674–5, NIH 2674–6, NIH 2674–7, NIH 2674–8, NIH 2674–9, NIH 2674–10, NIH 2674–11, NIH 2674–12, NIH 2674–13, NIH 2674–14, NIH 2674–15, NIH 2674–16, NIH 2674–17, NIH 2674–18, and NIH 2674–19. *Need and Use of Information Collection:* The NIH makes available financial assistance, in the form of educational loan repayment, to M.D., PhD., Pharm.D., D.D.S., D.M.D., D.P.M., D.C., and N.D. degree holders, or the equivalent, who perform biomedical or biobehavioral research in NIH intramural laboratories or as extramural grantees for a minimum of 2 years (3 years for the General Research LRP) in research areas supporting the mission and priorities of the NIH.

The AIDS Research Loan Repayment Program (AIDS–LRP) is authorized by Section 487A of the Public Health Service Act (42 U.S.C. 288–1); the Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (CR–LRP) is authorized by Section 487E (42 U.S.C. 288–5); the General Research Loan Repayment Program (GR–LRP) is authorized by Section 487C of the Public Health Service Act (42 U.S.C. 288–3); the Loan Repayment Program Regarding Clinical Researchers (LRP–CR) is authorized by Section 487F (42 U.S.C. 288–5a); the Pediatric Research Loan Repayment Program (PR–LRP) is authorized by Section 487F (42 U.S.C. 288–6); the Extramural Clinical Research LRP for Individuals from Disadvantaged Backgrounds (ECR–LRP) is authorized by an amendment to Section 487E (42 U.S.C. 288–5); the Contraception and Infertility Research LRP (CIR–LRP) is authorized by Section 487B (42 U.S.C. 288–2); and the Health Disparities Research Loan Repayment Program (HD–LRP) is authorized by Section 485G (42 U.S.C. 287c–33).

The Loan Repayment Programs can repay up to $35,000 per year toward a participant's extant eligible educational loans, directly to lenders, in addition to salary and benefits. The information proposed for collection will be used by the Division of Loan Repayment to determine an applicant's eligibility for participation in the program. *Frequency of Response:* Initial application and annual renewal application. *Affected Public:* Applicants, research supervisors, recommenders, organizational contacts and financial institutions. *Type of Respondents:* Physicians, other scientific or medical personnel, and institutional representatives. The annual reporting burden is as follows:

Type of respondents	Number of respondents	Estimated number of responses per respondent	Average burden hours per response	Annual burden hours requested
Intramural LRPs:				
Initial Applicants	30	1	10.11	303.30
Advisors/Supervisors	30	1	.5	15.00
Recommenders	90	1	.33	29.70
Financial Institutions	10	1	1.25	12.50
Subtotal	160			360.50
Extramural LRPs:				

Type of respondents	Number of respondents	Estimated number of responses per respondent	Average burden hours per response	Annual burden hours requested
Initial Applicants	1900	1	10.35	19,665.00
Advisors/Supervisors	1750	1	.5	875.00
Recommenders	5700	1	.33	1881.00
Financial Institutions	300	1	1.25	375.00
Subtotal	9650			22,796.00
Intramural LRPs:				
Renewal Applicants	60	1	7.42	445.20
Advisors/Supervisors	60	1	1.33	79.80
Subtotal	120			525.00
Extramural LRPs:				
Renewal Applicants	1225	1	8.58	10,510.50
Advisors/Supervisors	925	1	1.00	925.00
Recommenders	3675	1	.33	1212.75
Subtotal	5825			12,648.25
Total	15,755			36,329.75

The annualized cost to respondents is estimated at $1,298,341. The annualized cost to the Federal Government for administering the Loan Repayment Programs is expected to be $1,794,667.48. This cost includes administrative support by the Division of Loan Repayment and $440,039 for the continuing development and maintenance of the LRP Management Information System/Online Application System (MIS/OAS).

Request For Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Suman King, PhD., Director, Division of Loan Repayment, National Institutes of Health, 6011 Executive Blvd., Room 206 (MSC 7650), Bethesda, Maryland 20892–7650. Dr. King may be contacted via e-mail at *SKing1@od.nih.gov* or by calling 301–594–3234.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: March 27, 2008.

Raynard S. Kington,

Deputy Director, NIH.

[FR Doc. E8–6857 Filed 4–2–08; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

HPV Virus-Like Particles for Delivery of Gene-Based Vaccines

Description of Technology: The invention describes methods of eliciting immune responses and treating disease based on novel vaccine compositions and vaccination strategies employing human papilloma virus (HPV) virus-like particles (VLPs), comprising L1 and L2 proteins. These VLPs have the capacity to incorporate up to 8 kb of DNA into the shell and express only the target antigen. These compositions are effective at eliciting an immune response to the transgene product expressed by the DNA when administered at epithelial surfaces including the mucosa (e.g. nasal or respiratory passages or genital tract) or skin in conjunction with disruption of the epithelial layer. It is typically difficult to elicit an immune response in