

Division of Unintentional Injury, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will involve conducting a statewide survey of Pennsylvania fire departments to identify current fire and life safety education programs, resources, and training needs. Survey findings will be used to develop an inventory of programs and resources, and to inform Pennsylvania's fire and life safety educators during future training programs. In the United States each year, there are approximately 400,000 residential fires, with 14,000 non-fatal and 3,000 fatal civilian injuries. The National Center of Injury Prevention and Control (NCIPC), in line

with Healthy People 2010 objectives, work to reduce and eliminate non-fatal and fatal injuries from residential fires.

The survey will be conducted with fire departments in Pennsylvania. The 2007 National Directory of Fire Chiefs & EMS Administrators lists all fire departments in Pennsylvania along with their contact information. A stratified random sampling strategy will be used to generate a study sample that includes all career and combination (career/volunteer) fire departments and a proportion of all volunteer fire departments. An initial mailing will be sent to the current postal addresses and existing e-mail addresses of selected fire departments' Fire Chiefs. This mailing will include a brief description of the study and instructions on how to submit the survey. Fire departments will be

asked to participate in a 35-item survey. Completed surveys will be returned either on-line, through the mail, or by fax. Non-responding fire departments will be telephoned to confirm receipt of the survey and to encourage participation. The telephone script for this group is approximately 3 minutes. It is estimated that 260 out of the 654 initially contacted fire departments will complete the 30 minute survey, which is designed to collect information on the scope and content of educational programs and activities, training needs, and barriers to fire and life safety education.

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

The total estimated annualized burden hours are 163.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pennsylvania Fire Chiefs	Telephone Script/ Follow-up Pennsylvania Fire and Life Safety Education Survey.	654	1	3/60
		260	1	30/60

Dated: March 28, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8-6894 Filed 4-2-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control; Special Emphasis Panel (SEP): Division of HIV/AIDS Prevention Laboratory Branch Intramural Research Programs

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting.

Times and Dates: 8 a.m.-4 p.m., June 19, 2008 (Closed). 8:30 a.m.-4 p.m., June 20, 2008 (Closed).

Place: Centers for Disease Control and Prevention, 1600 Clifton Road NE., Bldg 18 Room 2-102, Atlanta, GA 30333 telephone 404-639-4976.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director,

Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of "Division of HIV/AIDS Prevention Laboratory Branch Intramural Research Programs."

Contact Person for More Information: Jeffrey A. Johnson, Ph.D., Designated Federal Officer, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, CDC, 1600 Clifton Road NE., Mailstop G45, Atlanta, GA 30333, Telephone 404-639-4976.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: March 26, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8-6885 Filed 4-2-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Montana State Plan Amendment (SPA) 07-004

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of Hearing.

SUMMARY: This notice announces an administrative hearing to be held on May 20, 2008, at the CMS Denver Regional Office, 1600 Broadway, Suite #700, Vail Conference Room, Denver, Colorado 80202, to reconsider CMS' decision to disapprove Montana SPA 07-004.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by April 18, 2008.

FOR FURTHER INFORMATION CONTACT: Kathleen Scully-Hayes, Presiding Officer, CMS, 2520 Lord Baltimore Drive, Suite L, Baltimore, Maryland 21244, Telephone: (410) 786-2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove Montana SPA 07-004 which

was submitted on May 24, 2007, and disapproved on January 4, 2008.

Under this SPA, the State proposed to eliminate cost sharing with respect to Medicaid services for enrolled members of federally recognized American Indian Tribes. CMS requested additional information from Montana that would describe how the State's proposal was consistent with the Equal Protection Clause of the Fourteenth Amendment of the Constitution and Title VI of the Civil Rights Act of 1964 (prohibiting discrimination on the basis of race, color, and national origin in federally assisted programs). The State submitted a response, but that response did not establish such consistency.

The proposed amendment was disapproved because it is inconsistent with section 1902(a)(10)(B) of the Social Security Act (Act). That provision requires that all categorically eligible individuals receive the same benefit package, and that all individuals within a covered eligibility group receive the same benefit package. CMS concluded that the proposed exemption from cost sharing by enrolled members of Tribes would not be consistent with section 1902(a)(10)(B) because it would result in a greater amount, duration, and scope of medical assistance available to Indians than to other similarly situated non-Indians. Moreover, CMS concluded that the State had not demonstrated that the proposed amendment was consistent with sections 1902(a)(4) and 1902(a)(19) of the Act, because the State had not demonstrated that it was consistent with the Equal Protection Clause and Title VI of the Civil Rights Act. Sections 1902(a)(4) and 1902(a)(19) of the Act require methods of administration necessary for the "proper and efficient" operation of the plan and provision of care and services in a manner "consistent with the best interests of beneficiaries."

The hearing will involve the following issues:

- Whether the State's proposed amendment would result in a different amount, duration, and scope of medical assistance available for some categorically eligible individuals than other similarly situated individuals, and in a different amount, duration, and scope of medical assistance for some individuals in an eligibility group than for others in the same group. The State's proposed amendment would provide a greater amount of medical assistance to Indians than non-Indians because the medical assistance for Indian beneficiaries would be increased by the amount that would otherwise be collected through the imposition of cost sharing.

- Whether the State has demonstrated that the proposed amendment is consistent with the Equal Protection Clause of the Constitution and Title VI of the Civil Rights Act of 1964. Although the State asserted that it only needed to show a "rational basis," the State did not demonstrate that this test has been applied in the same circumstance by reviewing courts. 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.

Section 1116 of the Act and Federal regulations at 42 CFR Part 430, establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. CMS is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing, and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as *amicus curiae* must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Montana announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows: Mr. John Chappuis, State Medicaid Director, Montana Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210.

Dear Mr. Chappuis:

I am responding to your request for reconsideration of the decision to disapprove the Montana State plan amendment (SPA) 07-004, which was submitted on May 24, 2007, and disapproved on January 4, 2008.

Under this SPA, the State proposed to eliminate cost sharing with respect to Medicaid services for enrolled members of federally recognized American Indian Tribes. CMS requested additional information from Montana that would describe how the State's proposal was consistent with the Equal Protection

Clause of the Fourteenth Amendment of the Constitution and Title VI of the Civil Rights Act of 1964 (prohibiting discrimination on the basis of race, color, and national origin in federally assisted programs). The State submitted a response, but that response did not establish such consistency.

The proposed amendment was disapproved because it is inconsistent with section 1902(a)(10)(B) of the Social Security Act (the Act). That provision requires that all categorically eligible individuals receive the same benefit package, and that all individuals within a covered eligibility group receive the same benefit package. CMS concluded that the proposed exemption from cost sharing by enrolled members of Tribes would not be consistent with section 1902(a)(10)(B) because it would result in a greater amount, duration, and scope of medical assistance available to Indians than to other similarly situated non-Indians. Moreover, CMS concluded that the State had not demonstrated that the proposed amendment was consistent with sections 1902(a)(4) and 1902(a)(19) of the Act, because the State had not demonstrated that it was consistent with the Equal Protection Clause and Title VI of the Civil Rights Act. Sections 1902(a)(4) and 1902(a)(19) of the Act require methods of administration necessary for the "proper and efficient" operation of the plan and provision of care and services in a manner "consistent with the best interests of beneficiaries."

The hearing will involve the following issues:

- Whether the State's proposed amendment would result in a different amount, duration, and scope of medical assistance available for some categorically eligible individuals than other similarly situated individuals, and in a different amount, duration, and scope of medical assistance for some individuals in an eligibility group than for others in the same group. The State's proposed amendment would provide a greater amount of medical assistance to Indians than non-Indians because the medical assistance for Indian beneficiaries would be increased by the amount that would otherwise be collected through the imposition of cost sharing.

- Whether the State has demonstrated that the proposed amendment is consistent with the Equal Protection Clause of the Constitution and Title VI of the Civil Rights Act of 1964. Although the State asserted that it only needed to show a "rational basis," the State did not demonstrate that this test has been applied in the same circumstance by reviewing courts.

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., Ph.D., 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
<i>Intramural LRPs:</i>				
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
<i>Extramural LRPs:</i>				