federally insured loans lost due to borrower's death, disability, bankruptcy, or default. The Request for Collection Assistance form is used by HEAL lenders to request Federal assistance

with the collection of delinquent payments from HEAL borrowers. The burden estimates are as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Lender's Application for Insurance Claim Form 510 Request for Collection Assistance Form 513	17 17	25 550	425 9,350	.5 .167	213 1,561
Total	17		9,775		1,774

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 7, 2008.

#### Alexandra Huttinger,

Director, Division of Policy Review and Coodination.

[FR Doc. E8–7634 Filed 4–9–08; 8:45 am]

BILLING CODE 4165-15-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Health Resources and Services Administration

"Low Income Levels" Used for Various Health Professions and Nursing Programs Included in Titles III, VII, and VIII of the Public Health Service Act

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is updating income levels used to identify a "low income family" for the purpose of determining eligibility for programs that provide health professions and nursing training for individuals from disadvantaged backgrounds. These various programs are included in Titles III, VII, and VIII of the Public Health Service Act.

The Department periodically publishes in the Federal Register low income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) Disadvantaged individuals, (2) individuals from disadvantaged backgrounds, or (3) individuals from "low income" families.

**SUPPLEMENTARY INFORMATION:** The various health professions and nursing grant and cooperative agreement programs that use the low-income levels to determine whether an individual is from an economically disadvantaged

background in making eligibility and funding determinations generally make awards to: Accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

#### **Low Income Levels**

The Secretary defines a "low income family" for programs included in Titles III, VII, and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A "family" is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student's parents to compute low income status, while a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student's family as long as he or she is not listed as a dependent upon the parents' tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department's poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index.

The Secretary annually adjusts the low income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs. The income

figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2007.

Size of parents' family*	Income level **
1	\$20,800
2	28,000
3	35,200
4	42,400
5	49,600
6	56,800
7	64,000
8	71,200

\*Includes only dependents listed on Federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

family.

\*\* Adjusted gross income for calendar year

Dated: April 2, 2008.

#### Elizabeth M. Duke,

Administrator.

[FR Doc. E8–7579 Filed 4–9–08; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Service Administration

### Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

Dates and Times: May 7, 2008, 8:30 a.m. to 5 p.m.; May 9, 2008, 8:30 a.m. to 3 p.m.

Place: Hilton Washington DC/Rockville Executive Meeting Center, 1750 Rockville Pike, Rockville, MD 20852, Telephone: 301–468–1100.

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

Purpose: The Committee will focus on rural issues and how the Title VII Interdisciplinary, Community-Based Training Grant Programs identified under sections 751–756, Part D of the Public Health Service Act can respond to the current rural healthcare workforce needs. The Committee has invited speakers to highlight various topics related to rural healthcare workforce issues including, but not limited to, discipline specific shortages; recruitment and retention; health professions training; faculty development; telemedicine; and other specific rural health care issues. The meeting will afford committee members with the opportunity to identify and discuss the current status of the healthcare workforce in rural America and formulate appropriate recommendations to the Secretary and to the Congress regarding a variety of training strategies to address the health workforce shortage issues.

Agenda: The ACICBL agenda includes an overview of the Committee's general business activities, presentations by experts on rural healthcare workforce related issues, and discussion sessions specific for the development of recommendations to be addressed in the Eighth Annual ACICBL Report.

Agenda items are subject to change as dictated by the priorities of the Committee. Supplementary Information: The ACICBL will join the Council on Graduate medical Education (COGME), the National Advisory Council on Nurse Education and Practice (NACNEP), and the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) on May 8, 2008, for the first Bureau of Health Professions (BHPr) All Advisory Committee Meeting. Please refer to the Federal Register notice for the BHPr All Advisory Committee Meeting for additional details.

For Further Information Contact: Anyone requesting information regarding the ACICBL should contact Louis D. Coccodrilli, Designated Federal Official for the ACICBL, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Rm 9–05, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443–6950 or Icoccodrilli@hrsa.gov. Additionally, Adriana Guerra, Public Health Fellow, can be contacted at (301) 443–6194 or aguerra@hrsa.gov.

Dated: April 3, 2008.

## Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E8–7586 Filed 4–9–08; 8:45 am] BILLING CODE 4165–15–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

## Advisory Committee on Training in Primary Care Medicine and Dentistry; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting: *Name:* Advisory Committee on Training in Primary Care, Medicine and Dentistry (ACTPCMD).

Date and Time: May 7, 2008, 8:30 a.m.-4:30 p.m.

Place: Hilton Washington, DC/Rockville Executive Meeting Center, 1750 Rockville Pike, Rockville, Maryland 20852.

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

Purpose: The Advisory Committee provides advice and recommendations on a broad range of issues dealing with programs and activities authorized under section 747 of the Public Health Service Act as amended by The Health Professions Education Partnership Act of 1998, Public Law 105—392. At this meeting, the Advisory Committee will finish work on its seventh report on the topic of primary care providing a medical/dental home within the health care system and choose a topic for its eighth report. Reports are submitted to Congress and to the Secretary of the Department of Health and Human Services.

Agenda: The meeting on Wednesday, May 7, will begin with opening comments from the Chair of the Advisory Committee and introductory remarks from senior management of the Health Resources and Services Administration. In the plenary session, the Advisory Committee will review and revise various parts of the seventh report on primary care serving as a medical/dental home for individuals and communities. It will give final approval to the report recommendations. On Wednesday afternoon. the Committee will discuss various topics and select a topic for its eighth report. It will determine next steps in the report preparation process. An opportunity will be provided for public comment.

Supplementary Information: The ACTPCMD will join the Council on Graduate Medical Education (COGME), the National Advisory Council on Nurse Education and Practice (NACNEP), and the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) on May 8, 2008, for the first Bureau of Health Professions (BHPr) All Advisory Committee Meeting. Please refer to the Federal Register notice for the BHPr All Advisory Committee Meeting for additional details.

For Further Information Contact: Anyone interested in obtaining a roster of members or other relevant information should write or contact Jerilyn K. Glass, M.D., PhD, Division of Medicine and Dentistry, Bureau of Health Professions, Health Resources and Services Administration, Room 9A–27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–6785. The Web address for information on the Advisory Committee is http://bhpr.hrsa.gov/medicine-dentistry/actpcmd.

Dated: April 3, 2008.

### Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E8–7590 Filed 4–9–08; 8:45 am] **BILLING CODE 4165–15–P** 

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Bureau of Health Professions; All Advisory Committee Meeting; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: Bureau of Health Professions All Advisory Committee Meeting (AACM).

Dates and Times: May 8, 2008, 8:30 a.m.-4 p.m.

Place: Hilton Washington DC/Rockville Executive Meeting Center, 1750 Rockville Pike,Rockville, MD 20852,Telephone: 301– 468–1100.

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

Purpose: The purpose of the meeting is to provide a venue for the Bureau of Health Professions' (BHPr) four advisory committees [the Council on Graduate Medical Education (COGME), the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD), the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), and the National Advisory Council on Nurse Education and Practice (NACNEP)] to discuss common issues, including health professions workforce supply and demand, training and diversity, and the impact on access to primary care. The product of this meeting will be a report highlighting activities, recommendations and presentations.

Agenda: The AACM agenda will include Agency and Bureau administrative updates, cross-sharing of recommendations and committee activities, presentations from experts in interdisciplinary collaboration and the advisory committee recommendation process, and proposals for future advisory committee collaboration.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Anyone interested in obtaining a roster of members, minutes of the meeting, or other relevant information can contact Erica Pearson, MPH, Bureau of Health Professions, Office of the Associate Administrator, Health Resources and Services Administration, 5600 Fishers Lane, Room 8–15, Rockville, Maryland 20857, telephone (301) 443–8419. Information can also be found at the following Web site: http://bhpr.hrsa.gov/.

Dated: April 3, 2008.

## Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E8–7576 Filed 4–9–08; 8:45 am]

BILLING CODE 4165-15-P