

**Correction**

In the **Federal Register** issue of April 2, 2008, (73 FR 17991), 1st column, change the meeting place to:

Place: Holiday Inn San Juan, 8020 Tartak Street, Isla Verde, PR 00979, Telephone: (787) 625-9000, Fax: (787) 253-9007.

Dated: April 23, 2008.

**Alexandra Huttinger,**

Director, Division of Policy Review and Coordination.

[FR Doc. E8-9333 Filed 4-28-08; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 60-Day Proposed Information Collection: Behavioral Health Preventive Care Assessment Focus Group Guide**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

*Proposed Collection: Title:* 0917-NEW, "Behavioral Health Preventive Care Assessment Focus Group Guide." *Type of Information Collection Request:* Three-year approval of this new information collection, 0917-NEW, "Behavioral Health Preventive Care

Assessment Focus Group Guide." *Form(s):* None. *Need and Use of Information Collection:* The IHS goal is to raise the health status of the American Indian and Alaska Native people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission, IHS uses the Government Performance Act (GPRA) to assess quality of care among its Federal, Urban, and Tribal health programs. The IHS has been largely successful in meeting GPRA targets for selected clinical performance measures at the national level. However, there is significant variability in performance among IHS and Tribal service units.

Until this time, IHS has not undertaken any comprehensive studies to evaluate the reasons for that variability or the factors that contribute to high quality care at the local level. The IHS has three GPRA measures relating to behavioral health, a high priority for the Agency and one of the IHS Director's Initiatives. This study will focus on these three GPRA behavioral health measures: Depression Screening in adults age 18 and over, Domestic/Intimate Partner Violence screening in women ages 14-15, and Alcohol Screening (to prevent Fetal Alcohol Syndrome) in women ages 15-44.

Tribal programs voluntarily report their GPRA results quarterly and annually for national reporting. GPRA data collected for these three behavioral health measures includes: the number of patients eligible for a screening (denominator), number of eligible patients who receive a screening (numerator), and the resulting screening rate (percentage). IHS has developed a methodology to identify superior and

poor performers on these measures in both Tribal and Federal sites using fiscal year 2005, 2006, and 2007 GPRA performance results.

IHS will convene focus groups with employees at 17 of these programs (7 IHS and 10 Tribal) in order to identify the factors contributing to (and when appropriate, the barriers preventing) the provision of high quality behavioral health care at the local level. These focus groups will allow employees to provide detailed data regarding program practices, screening and documentation procedures, initiatives, resources, and other factors relating to the provision of behavioral health preventive care at their health program. A total of two to three focus groups, organized by occupational specialty, will be convened at each program.

Using the Chronic Care Model and Institute of Medicine recommendations, IHS will analyze the information collected during these site visits, along with background information that is publicly available (e.g., information found on clinic web pages), on other qualitative and quantitative features of individual programs, such as staffing and funding levels, community demographics, and organizational structure, to develop a behavioral health preventive care model relevant to the unique system of IHS delivery. *Affected Public:* Individuals. *Type of Respondents:* Tribal employees at Tribal health programs.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Administrators/Supervisor Focus Group Guide .....	30	1	30	2	60
Provider Focus Group Guide .....	30	1	30	2	60
Behavioral Health Provider Focus Group Guide .....	15	1	15	2	30
Data Entry Focus Group Guide .....	15	1	15	2	30
<b>Total .....</b>	<b>90</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>180</b>

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information

collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Send Comments and Requests for Further Information:* Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data

collection instrument(s) and instructions to: Ms. Chris Rouleau, IHS Reports Clearance Officer, 801 Thompson Avenue, TMP 450, Rockville, MD 20852-1627; call non-toll free (301) 443-5938; send via facsimile to (301) 594-0899; or send your e-mail requests, comments, and return address to: [Christina.Rouleau@ihs.gov](mailto:Christina.Rouleau@ihs.gov).

*Comment Due Date:* Comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: April 18, 2008.

**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

[FR Doc. E8-9258 Filed 4-28-08; 8:45 am]

**BILLING CODE 4165-16-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Tribal Self-Governance Program Negotiation Cooperative Agreement; Correction

**ACTION:** Notice; correction.

**SUMMARY:** The Indian Health Service published a document in the **Federal Register** (FR) on March 31, 2008. The document contained three errors.

**FOR FURTHER INFORMATION CONTACT:** Matt Johnson, Office of Tribal Self-Governance, Indian Health Service, 801 Thompson Avenue, Suite 240, Rockville, MD 20852, Telephone (301) 443-1982. (This is not a toll-free number.)

#### Correction

In the **Federal Register** of March 31, 2008, in FR Doc. E8-6428, on page 16871, in the second column, under III. Eligibility Information, 3. Other Requirements, Letter C., change Friday April 25, 2008 to Tuesday, May 6, 2008, and in the following sentence change April 25, 2008 to May 6, 2008; and on page 16874, in the second column, first paragraph, change [matthew.johnson@ihs.gov](mailto:matthew.johnson@ihs.gov) to [matthew.johnson@ihs.gov](mailto:matthew.johnson@ihs.gov).

Dated: April 18, 2008.

**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

[FR Doc. E8-9250 Filed 4-28-08; 8:45 am]

**BILLING CODE 4165-16-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Tribal Self-Governance Program Planning Cooperative Agreement; Correction

**ACTION:** Notice; correction.

**SUMMARY:** The Indian Health Service published a document in the **Federal Register** (FR) on March 31, 2008. The document contained four errors.

**FOR FURTHER INFORMATION CONTACT:** Matt Johnson, Office of Tribal Self-Governance, Indian Health Service, 801 Thompson Avenue, Suite 240, Rockville, MD 20852, Telephone (301) 443-1982. (This is not a toll-free number.)

#### Correction

In the **Federal Register** of March 31, 2008, in FR Doc. E8-6406, on page 16874, in the second column, correct the Funding Announcement Number to read: HHS-2008-IHS-TSGP-0002; page 16875, in the first column, Under III. Eligibility Information, 3. Other Requirements, Letter B., change Friday April 25, 2008 to Tuesday, May 6, 2008, and in the following sentence change April 25, 2008 to May 6, 2008; and on page 16878, in the first column, first paragraph, change [matthew.johnson@ihs.gov](mailto:matthew.johnson@ihs.gov) to [matthew.johnson@ihs.gov](mailto:matthew.johnson@ihs.gov).

Dated: April 18, 2008.

**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

[FR Doc. E8-9246 Filed 4-28-08; 8:45 am]

**BILLING CODE 4165-16-M**

## 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.

#### Assay for Identification of Influenza-Neutralizing Antibodies

*Description of Technology:* Development of effective vaccines against influenza, especially pandemic or avian, is a subject of intense current research efforts. The efficacy of these vaccines has historically been assessed using hemagglutination inhibition (HAI) assays. However, HAI assays are limited in their utility by lack of standardization amongst laboratories. The NIH is pleased to offer the subject technology, a system to quantitate virus neutralization and entry. This system utilizes pseudotyped lentiviral vectors that mimic properties of the influenza virus. Experimental use of this system has shown an increase in sensitivity more than ten times that achieved with HAI assays. This standardized system can allow influenza vaccine candidates to be evaluated and compared, which can be a critical step in identifying the best product forward.

*Applications:* Quick, high-throughput, sensitive and quantitative measure of neutralizing antibodies for vaccine development; Identification of therapeutic monoclonal antibodies.

*Advantages:* Standardized assay, unlike currently utilized assays; Generation of comparable data for various vaccine candidates.

*Development Status:* Comparative data against current standard available.

*Inventors:* Gary Nabel and Zhi-yong Yang (NIAID).

*Patent Status:* U.S. Provisional Application No. 60/993,378 filed 11 Sept 2007 (HHS Reference No. E-323-2007/0-US-01).

*Licensing Status:* Available for exclusive or non-exclusive licensing.

*Licensing Contact:* Susan Ano, Ph.D.; 301-435-5515; [anos@mail.nih.gov](mailto:anos@mail.nih.gov).

#### Influenza Vaccines, Therapeutics, and Monoclonal Antibodies

*Description of Technology:* Concerns about a potential influenza pandemic and its prevention are a regular part of health news, with bird (avian) influenza (prominently including H5N1 strains) being a major concern. Vaccination is one of the most effective ways to