

officer; the need to eliminate duplication at the task order level those pricing determinations made by the GSA contracting officer; and, the management and oversight responsibilities, such as training and assuring consistency in policy; and (3) FAIR AND REASONABLE PRICE DETERMINATIONS—what are the stakeholder expectations for schedule prices; should the GSA contracting officer or the ordering agency contracting officer make the fair and reasonable price determination; the presumption that the schedule contract negotiations result in fair and reasonable prices; and orders issued in compliance with FAR 8.4 ordering procedures result in best value.

To that end, the Panel would like to hear from the many stakeholders of the MAS program. The MAS program stakeholders include, but not limited to, ordering agency contracting officers, customer agency contracting officer, GSA contracting officers, schedule contract holders, Congress, program managers, General Accountability Office, and agency Inspector General Offices. The panel is particularly interested in stakeholder views as to how the issues discussed above may relate differently to the purchase of goods, services, or goods and services that are configured to propose an integrated solution to an agency's needs.

I. STAKEHOLDER EXPECTATIONS

Discussions and presentations on STAKEHOLDER EXPECTATIONS will take place on Monday, June 16, 2008, and Tuesday, June 17, 2008. The meeting start time for each day is 9:00 a.m., and they will adjourn no later than 5:00 p.m.

Monday, June 16, 2008 Location & Address: The meeting will be held at the American Institute of Architects (AIA) Building, 2nd Floor, 1725 New York Avenue, NW., Washington, DC. The building is located at the corner of 18th Street and New York Avenue, NW. Entrance to the building is on either 18th Street, or New York Avenue. The AIA is within walking distance from the Farragut North Metro stop.

Tuesday, June 17, 2008 Location & Address: The meeting will be held at the Jury's Washington Hotel, Westbury Room, 1500 New Hampshire Avenue, NW., Washington, DC. The hotel is within walking distance from the Dupont Circle Metro stop.

II. ROLES AND RESPONSIBILITIES

Discussions and presentations on ROLES AND RESPONSIBILITIES will take place on Monday, July 21, 2008.

Monday, July 21, 2008 Location and Address: The meeting will be held at the American Institute of Architects (AIA)

Building, 2nd Floor, 1725 New York Avenue, NW., Washington, DC. The building is located at the corner of 18th Street and New York Avenue, NW. Entrance to the building is on either 18th Street, or New York Avenue. The meeting start time is 9:00 a.m., and it will adjourn no later than 5:00 p.m. The AIA is within walking distance from the Farragut North Metro stop.

III. FAIR AND REASONABLE PRICE DETERMINATIONS

Discussions and presentations on FAIR AND REASONABLE PRICE DETERMINATIONS will take place on Monday, August 18, 2008.

Monday, August 18, 2008 Location and Address: The meeting will be held at the American Institute of Architects (AIA) Building, 2nd Floor, 1725 New York Avenue, NW., Washington, DC. The building is at the corner of 18th Street and New York Avenue, NW. Entrance to the building is on either 18th Street, or New York Avenue. The meeting start time is 9:00 a.m., and it will adjourn no later than 5:00 p.m. The AIA is within walking distance from the Farragut North Metro stop.

For presentations before the Panel, the following guidance is provided:

Oral comments: Requests to present oral comments at this meeting must be in writing (email or fax) and received by the Designated Federal Official, Pat Brooks, at the below address ten (10) business days prior to the meeting date. Each individual or group requesting an oral presentation will be limited to a total time of five minutes. Speakers should bring at least 50 copies of their comments for distribution to the reviewers and public at the meeting.

Written Comments: Written comments must be received ten (10) business days prior to the meeting date so that the comments may be provided to the Panel for their consideration prior to the meeting. Comments should be supplied to Ms. Brooks at the address/contact information noted below in the following format: one hard copy with original signature and one electronic copy via email in Microsoft Word.

Subsequent meeting dates, locations, and times will be published at least 15 days prior to the meeting date.

FOR FURTHER INFORMATION CONTACT: Information on the Panel meetings, agendas, and other information can be obtained at www.gsa.gov/masadvisorypanel or you may contact Ms. Pat Brooks, Designated Federal Officer, Multiple Award Schedule Advisory Panel, U.S. General Services Administration, 2011 Crystal Drive, Suite 911, Arlington, VA 22205; telephone 703 605-3406, Fax 703 605-

3454; or via email at mas.advisorypanel@gsa.gov.

AVAILABILITY OF MATERIALS: All meeting materials, including meeting agendas, handouts, public comments, and meeting minutes will be posted on the MAS Panel Web site at www.gsa.gov/masadvisorypanel or www.gsa.gov/masap.

MEETING ACCESS: Individuals requiring special accommodations at any of these meetings should contact Ms. Brooks at least ten (10) business days prior to the meeting date so that appropriate arrangements can be made.

Dated: May 28, 2008.

David A. Drabkin,

Acting Chief Acquisition Officer, Office of the Chief Acquisition Officer, General Services Administration.

[FR Doc. E8-12316 Filed 6-2-08; 8:45 am]

BILLING CODE 6820-EP-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed

to the OS Paperwork Clearance Officer at the above email address within 60 days.

Proposed Project: Trends in U.S. Public Awareness of Racial and Ethnic Health Disparities (1999–2008)—New-Office of Minority Health (OMH).

Abstract: The proposed survey seeks to collect data for one of OMH’s annual performance measures, approved by OMB in February 2007, following Office of Management and Budget (OMB)’s examination of OMH using the Program Assessment Rating Tool (PART). This measure is to “increase awareness of racial/ethnic health status and health care disparities in the general population.” Findings from this data

collection will enable OMH to track progress on this measure over time as mandated by OMB PART requirements.

The lack of general awareness and understanding about the nature and extent of racial and ethnic health disparities in the U.S. and the impact that such disparities are having on the overall health of the Nation have been cited as a major barrier to the provision of programmatic, budgetary, and policy attention to these issues. Therefore, one of the long-term, annual measures agreed upon was to “increase awareness of racial/ethnic health status and health care disparities in the general population.”

Additionally, OMH can use the findings about progress made in raising awareness to identify collaborative partners in the federal government, at the state and local levels, among businesses and non-profits, and among the faith community, in order to reach a wider audience. Further, these results can be used by program decision-makers and policy-makers, within and outside of HHS, who are interested in capturing progress made in the last eight years after exposing the U.S. population to information which confirms the existence, and societal effects, of racial and ethnic health disparities.

ESTIMATED ANNUALIZED BURDEN TABLE

| Type of respondent | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|--------------------------|-----------------------|------------------------------------|--|--------------------|
| General Population | 4,100 | 1 | 14/60 | 957 |
| Physician | 360 | 1 | 14/60 | 84 |
| Total | | | | 1,041 |

Terry Nicolosi,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
[FR Doc. E8–12290 Filed 6–2–08; 8:45 am]
BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Availability of Draft Guidances To Assist in Preparation for an Influenza Pandemic

AGENCY: Office of the Secretary, Health and Human Services.

ACTION: Notice of Availability.

SUMMARY: The Department of Health and Human Services (HHS) is seeking public comment on three draft guidances: Interim Guidance on the Use and Purchase of Facemasks and Respirators by Individuals and Families for Pandemic Influenza Preparedness; Proposed Guidance on Antiviral Drug Use during an Influenza Pandemic; and Proposed Considerations for Antiviral Drug Stockpiling by Employers In Preparation for an Influenza Pandemic. The draft Guidances are now available on the HHS Web site <http://aspe.hhs.gov/panflu/antiviral-n-masks.htm>

DATES: Submit comments on or before July 3, 2008.

ADDRESSES: *Instructions for Submitting Comments:* Electronic responses are

preferred. Comments on the Facemask and Respirator guidance may be addressed to Panflucomments1@hhs.gov. Comments on the Antiviral Use guidance may be addressed to Panflucomments2@hhs.gov. Comments on the Employer Antiviral Stockpiling guidance may be addressed to Panflucomments3@hhs.gov. Written responses should be addressed to U.S. Department of Health and Human Services, Room 434E, 200 Independence Avenue, SW., Washington, DC 20201, Attention: Pandemic Influenza Masks Comments, Attention: Pandemic Influenza Antiviral Comments, or Attention: Pandemic Influenza Employer Antiviral Comments, respectively. A copy of this Notice and the full text of the draft Guidances are available on the HHS Web site at <http://aspe.hhs.gov/panflu/antiviral-n-masks.htm> and the PandemicFlu.Gov Web site at <http://www.pandemicflu.gov>. Please follow instructions for submitting responses.

The submission of comments in response to this notice should not exceed 25 pages for each guidance, not including appendices and supplemental documents. Any information you submit will be made public. Consequently, please do not send any proprietary, commercial, financial, business confidential, trade secret, or personal information that you do not wish to be made public.

Public Access: Responses to this notice will be available to the public in the HHS Public Reading Room, 200 Independence Avenue, SW., Washington, DC 20201. Please call (202) 690–7453 between 9 a.m. and 5 p.m. to arrange access.

FOR FURTHER INFORMATION CONTACT: Ms. Julie Schafer, Office of the Assistant Secretary for Preparedness and Response, (202) 205–2882.

SUPPLEMENTARY INFORMATION: Influenza viruses have threatened the health of animal and human populations for centuries. A pandemic occurs when a novel strain of influenza virus emerges that has the ability to infect and be easily passed between humans. Because humans have little immunity to the new virus, many people may become ill and a worldwide epidemic, or pandemic, can ensue. Three human influenza pandemics occurred in the 20th century. In the United States (US) each pandemic led to illness in approximately 30 percent of the population and death in between 2 in 100 and 2 in 1000 of those infected. It is projected that based on this historical experience and given the current U.S. population, a pandemic today, absent effective control measures, could result in the deaths of 200,000 to 2 million people in the U.S. alone.

The U.S. Government (USG) has developed a comprehensive strategy to prepare for and respond to an influenza pandemic, including developing and