i. The system of records may be disclosed to student volunteers and other individuals performing functions for the Department but technically not having the status of agency employees, if they need access to the records to perform their assigned agency functions.

j. A record may be disclosed to appropriate Federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of information maintained in this system of records, and the information disclosed is relevant and necessary for that assistance.

## POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

## STORAGE:

Data are maintained on magnetic tape, disk, or laser optical media.

## RETRIEVABILITY:

Records may be retrieved by name, name and one or more criteria (e.g., dates of birth, death, and service), SSN, Medicare HIC number, Medicaid Identification Number.

### SAFEGUARDS:

The computers that process these data are protected by technical, managerial, and operational controls that follow Federal policies and guidelines. The computers are protected by a combination of physical security by being located in Federal offices; access controls such as passwords and identification numbers; and technical protections such as encryption, firewalls, and anti-virus software. These controls allow only authorized users to access the data.

Employees who maintain records in this system are instructed not to release data until the intended recipient agrees to implement appropriate management, operational, and technical safeguards sufficient to protect the confidentiality, integrity, and availability of the information and information systems and to prevent unauthorized access. This system will conform to all applicable Federal laws and regulations and Federal, HHS, and OIG policies and standards as they relate to information security and data privacy. These laws and regulations may apply but are not limited to: The Privacy Act of 1974; the Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the eGovernment Act of 2002, the ClingerCohen Act of 1996; the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, and the corresponding implementing regulations; and OMB Circular A–130, Management of Federal Resources, Appendix III, Security of Federal Automated Information Resources also applies. Federal, HHS, and OIG policies and standards include but are not limited to: All pertinent National Institute of Standards and Technology publications; the HHS Information Systems Program Handbook; and OIG Information Security Handbooks.

# RETENTION AND DISPOSAL:

These records may be maintained for an indefinite duration.

## SYSTEM MANAGER AND ADDRESS:

The agency official responsible for the system policies and practices outlined above is: The Chief Information Officer, Office of Management and Policy, Office of Inspector General, Department of Health and Human Services, Wilbur J. Cohen Building, Room 5230, 330 Independence Avenue, SW., Washington, DC 20201.

### NOTIFICATION PROCEDURE:

Any inquiries regarding these systems of records should be addressed to the System Manager. An individual who requests notification of or access to a medical record shall, at the time the request is made, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. (These notification and access procedures are in accordance with Department regulations (45 CFR 5b.6).)

## RECORDS ACCESS PROCEDURES:

Same as notification procedures. Requesters should also reasonably specify the record contents being sought. (These access procedures are in accordance with Department regulations (45 CFR 5b.5(a)(2).)

# CONTESTING RECORD PROCEDURES:

Contact the official at the address in the System Manager and Address section above, and reasonably identify the record and specify the information to be contested and the corrective action sought with supporting justification. (These procedures are in accordance with Department Regulations (45 CFR 5b.7).)

### **RECORD SOURCE CATEGORIES:**

Information may be obtained from the Centers for Medicare & Medicaid Services National Claims History (inpatient, outpatient, physician supplier, nursing home, hospice, home care, and durable medical equipment), Drug Data Processing System, Medicare Advantage and Prescription Drug system and State Medicaid claims and enrollment databases.

# SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

### None.

[FR Doc. E8–26725 Filed 11–7–08; 8:45 am] BILLING CODE 4152–01–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

## Submission for OMB Review; Comment Request; California Health Interview Survey Cancer Control Module (CHIS–CCM) 2009 (NCI)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the Federal Register on August 22, 2008 (Volume 73, No. 164, p. 49685) and allowed 60 days for public comment. No public comments 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: California Health Interview Survey Cancer Control Module (CHIS-CCM) 2009. Type of Information Collection Request: New. Need and Use of Information Collection: The NCI has sponsored four Cancer Control Modules in the California Health Interview Survey (CHIS), and will be sponsoring a fifth to be administered in 2009. CHIS is a telephone survey that collects population-based, standardized healthrelated data to assess California's progress in meeting Healthy People 2010 objectives for the nation and the state. The CHIS sample is designed to provide statistically reliable estimates statewide, for California counties, and for California's ethnically and racially diverse population. Initiated by the UCLA Center for Health Policy

Research, the California Department of Health Services, and the California Public Health Institute, the survey is funded by a number of public and private sources. It was first administered in 2001 to 55,428 adults and subsequently in 2003 to 42,043 adults, in 2005 to 43,020 adults, and in 2007 to 48,150 adults. These adults are a representative sample of California's non-institutionalized population living in households. CHIS 2009, the fifth biannual survey, is planned for administration to 55,000 adult Californians. This study will allow NCI to examine patterns and trends in cancer screening and follow-up, as well as to study other cancer-related topics such as tobacco control, diet, physical activity, and obesity. Additionally, CHIS is designed to be comparable to the National Health Interview Survey (NHIS) data in order to conduct comparative analyses. CHIS provides enhanced estimates for cancer risk factors and screening among racial/ ethnic minority populations. *Frequency* of Response: Once. Affected public: Individuals or households. *Types of Respondents:* U.S. adults and adolescents (persons 12 years of age and older). The total annual burden hours requested are 3,436.93 (see Table A). The annualized cost to respondents is estimated at: \$57,825. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

# TABLE A—ANNUALIZED BURDEN ESTIMATES FOR CHIS 2009

Type of respondent	Form type	Number of re- spondents	Frequency of re- sponse	Average time per response (hours)	Annual hour bur- den
Adults	Adult Pilot Adult Survey	75 24,000	1	8/60 8/60	10 3.200
Adolescents	Child Weight-Height Pilot Adolescent Pilot	640 8	1	15/60 2/60	160 .27
	Adolescent Survey	2,000	1	2/60	66.67
Total		26,723			3,436.93

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proposed 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 Attention: NIH Desk Officer, Office of Management and Budget, at

*OIRA\_submission@omb.eop.gov* or by fax to 202–395–6974. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Nancy Breen, Ph.D., Project Officer, National Cancer Institute, EPN 4005, 6130 Executive Boulevard MSC 7344, Bethesda, Maryland 20852–7344, or call non-toll free number 301–496–8500 or e-mail your request, including your address to: *breenn@mail.nih.gov*.

*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: October 31, 2008.

### Vivian Horovitch-Kelley,

NCI Project Clearance Liaison Office, National Institutes of Health. [FR Doc. E8–26633 Filed 11–7–08; 8:45 am] BILLING CODE 4140–01–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **National Institutes of Health**

## Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Board of Scientific Counselors, NICHD.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the Eunice Kennedy Shriver National Institute of Child Health & Human Development, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors, NICHD.

Date: December 5, 2008.

Open: 8 a.m. to 11:30 a.m.

Agenda: A report by the Scientific Director, NICHD, on the status of the NICHD Division of Intramural Research.

*Place:* National Institutes of Health, Building 31, 9000 Rockville Pike, Room

2A48, Bethesda, MD 20892.

*Closed:* 11:30 a.m. to 5 p.m. *Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 31, 9000 Rockville Pike, Room 2A48, Bethesda, MD 20892.

*Contact Person:* Owen M. Rennert, MD, Scientific Director, National Institute of Child Health and Human Development, 9000 Rockville Pike, Building 31, Room 2A50, Bethesda, MD 20892, (301) 496–2133, *rennerto@mail.nih.gov.* 

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles,