circumstances the location of the meeting has been changed.

FOR FURTHER INFORMATION CONTACT: Ms. Monica A. Baltimore, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. Phone: 240–453–2882 Fax: 240–453–2883.

Correction

In the **Federal Register** of February 4, 2009, Vol. 74, No. 22, on page 6041, in the 2nd column, correct the **ADDRESSES** caption to read:

The meeting will be held at The Gaylord National and Convention Center, Annapolis Rooms 1 & 2, 201 Waterfront Street (National Harbor), Oxon Hill, MD 20745.

Dated: February 9, 2009.

Mirtha R. Beadle,

Deputy Director, Office of Minority Health, Office of Public Health and Science, Office of the Secretary, U.S. Department of Health and Human Services.

[FR Doc. E9–3014 Filed 2–11–09; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Secretary's Advisory Committee on Human Research Protections

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

ACTION: Notice.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act, U.S.C. Appendix 2, notice is hereby given that the Secretary's Advisory Committee on Human Research Protections (SACHRP) will hold its nineteenth meeting. The meeting will be open to the public.

DATES: The meeting will be held on Tuesday, March 3, 2009 from 8:30 a.m. until 5 p.m. and Wednesday, March 4, 2009 from 8:30 a.m. until 5 p.m.

ADDRESSES: The Sheraton National Hotel, 900 South Orme Street, Arlington, Virginia 22204. Phone: 703–521–1900.

FOR FURTHER INFORMATION CONTACT: Jerry Menikoff, J.D., M.D., Director, Office for Human Research Protections (OHRP), or Julia Gorey, J.D., Executive Director, SACHRP; U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, Maryland 20852; 240–453–8141; fax: 240–453–6909; e-mail address: *sachrp@osophs.dhhs.gov*.

SUPPLEMENTARY INFORMATION: Under the authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, SACHRP was established to provide expert advice and recommendations to the Secretary of Health and Human Services and the Assistant Secretary for Health on issues and topics pertaining to or associated with the protection of human research subjects.

On March 3, 2009, SACHRP will receive and discuss a report from an internal task force charged with prioritizing SACHRP's existing recommendations to OHRP. The Committee will then hear a presentation of the recent National Academy of Sciences report entitled ''Health Research and the Privacy of Health Information—The HIPAA Privacy Rule,'' followed by a presentation of the Association of Academic Health Centers' recent survey on the impact of the HIPAA Privacy Rule on research. Lastly, SACHRP will hear a report from the Subpart A Subcommittee, which is charged with developing recommendations for consideration by SACHRP about the application of Subpart A of 45 CFR part 46 in the current research environment. This subcommittee was established by SACHRP at its October 4–5, 2004 meeting.

On March 4, 2009, the Committee will receive and discuss a report from the Subcommittee on Inclusion of Individuals with Impaired Decision-Making in Research. That subcommittee is charged with developing recommendations for consideration by SACHRP about whether guidance or additional regulations are needed for research involving individuals with impaired decision-making capacity. It was formed as a result of discussions during the July 31–August 1, 2006 SACHRP meeting. The day will conclude with a panel discussion addressing harmonization issues associated with the Common Rule and the FDA regulations.

Public attendance at the meeting is limited to space available. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact persons. Members of the public will have the opportunity to provide comments on both days of the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed materials distributed to SACHRP members for this scheduled meeting should submit materials to the Executive Director, SACHRP, prior to the close of business Friday, February 27, 2009. Information about SACHRP and the draft meeting agenda will be posted on the SACHRP Web site at: *http://www.hhs.gov/ohrp/sachrp/index.html*.

Dated: February 6, 2009.

Jerry Menikoff,

Director, Office for Human Research Protections, Executive Secretary, Secretary's Advisory Committee on Human Research Protections.

[FR Doc. E9–3015 Filed 2–11–09; 8:45 am]

BILLING CODE 4150–36–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08BF]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation Models to Assess Patient Perspectives on Opt-out HIV Testing in Clinical Settings—New—National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2006, CDC published the *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings* which recommends routine, opt-out HIV testing to persons 13–64 years of age in health care settings. The goal of this project is to develop evaluation models for health care providers in a variety of settings to independently assess the effect that expanded HIV screening activities have on patient attitudes toward and acceptance of HIV testing.

The evaluation models will be packaged into a toolkit containing educational materials, administrative tools and a model questionnaire to measure patients' perceptions of their ability to decline testing, the sufficiency and effectiveness of methods used to

impart information prior to testing, and satisfaction with the testing process.

As part of the development of a model questionnaire for inclusion in the toolkit, three health care settings (a hospital emergency department, a private primary care practice and a public primary care practice) will be selected to pilot test the questionnaire. In each health care site, 150 patients will be asked to voluntarily complete a brief computer assisted self interview regarding their experience with the HIV testing process during their health care visit.

Collection of data will include information on patient demographics and current behaviors that may facilitate HIV transmission; perceptions regarding pressure to take the test; confidentiality and privacy during testing; and patient satisfaction and acceptance of opt-out HIV testing. For persons who refused HIV testing during their visit, information about refusal will be collected.

Results from the pilot will be assessed to understand issues of feasibility of the model questionnaire and validity of the included items and scales. The findings will be used to improve the questionnaire and protocols included in the evaluation models toolkit.

CDC is requesting approval for a 1-year clearance for data collection. CDC estimates that 188 patients will be asked to participate at each site and that 80% will accept, resulting in approximately 450 new survey respondents across all sites. The estimated average duration of the survey is 20 minutes. Participation is voluntary.

There is no cost to the respondents other than their time.

The total estimated annual burden hours are 150.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of form	Average number of respondents per annum	Average number of responses per respondent	Average burden per response (hours)
Clinic Patient Survey	450	1	20/60

Dated: February 4, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–2973 Filed 2–11–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–09–09AS]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Management Information System for Comprehensive Cancer Control Programs—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 1994, the CDC, the American Cancer Society, the National Cancer Institute, the American College of Surgeons, the North American Association of Central Cancer Registries, and other public health leaders at the state and national levels began promoting a comprehensive approach to cancer control that would coordinate and integrate cancer prevention and control programs across specific cancer funding boundaries. In 1998, the CDC provided funding to Colorado, Massachusetts, Michigan, North Carolina, Texas, and the Northwest Portland Area Indian Health Board as a pilot to assist with implementation of their existing comprehensive cancer control plans. This pilot provided the foundation for the National Comprehensive Cancer Control Program (NCCCP), which has since grown from six programs to 65. Currently, all 50 states, the District of Columbia, seven tribes/tribal organizations, and seven territories/U.S. Pacific Island jurisdictions receive funding to implement cancer control plans.

Awards to individual applicants are made for a five-year budget period. All funded programs are required to submit continuation applications and semi-annual progress reports consistent with federal requirements that all agencies, in response to the Government Performance and Results Act of 1993, prepare performance plans and collect program-specific performance measures. These data items are listed in the Funding Opportunity Announcement. The data are collected on templates which serve as a guide, but do not standardize the information to be collected. This non-standardized approach to progress reporting results in comprehensive cancer control program reports that vary in content and detail. Because the data are stored as attachments rather than in a database, information cannot be sorted or aggregated electronically to produce summary reports.

CDC's Comprehensive Cancer Control Branch (CCCB), which manages the NCCCP, proposes to develop a database-driven Management Information System (MIS), which will achieve two objectives. First, the MIS will provide an organized source of information about the activities and accomplishments of all funded NCCCP programs. Secondly, the MIS will provide an efficient mechanism for generating state, regional, and national