Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892. (Virtual Meeting).

Contact Person: Bonnie L. Burgess-Beusse, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2182, MSC 7818, Bethesda, MD 20892, 301–435–1783, *beusseb@mail.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel Diversity Fellowships: Division of Translational and Clinical Sciences.

Date: March 24–25, 2009.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health. 6701 Rockledge Drive, Bethesda, MD 20892. (Virtual Meeting).

Contact Person: John Firrell, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5213, MSC 7854, Bethesda, MD 20892, 301–435–2598, *firrellj@csr.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Technologies in Cell Biology.

Date: March 24–25, 2009.

Time: 9 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892. (Virtual Meeting).

Contact Person: Noni Byrnes, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5130, MSC 7840, Bethesda, MD 20892, (301) 435–1023, *byrnesn@csr.nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: February 18, 2009.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. E9–3944 Filed 2–25–09; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: Rapid HIV Testing Clinical Information Form for the Minority AIDS Initiative (MAI) for Ethnic and Racial Minorities at Risk for Substance Use and HIV/AID—In Use Without OMB Approval

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), is requesting an OMB review and approval of the Minority AIDS Initiative (MAI) Rapid HIV Testing Clinical Information Form that will be utilized for ethnic and racial minority groups at risk for substance use and HIV/AIDS that are served by CSAT's TCE–HIV grantees. The MAI HIV Rapid Testing Clinical Information Form would allow SAMHSA/CSAT to collect essential clinical information that will be used for quality assurance, quality performance, and product monitoring on approximately 30,000 rapid HIV test kits to be provided to ethnic and racial minority communities at no cost to the recipient provider organizations. The MAI Rapid HIV Testing Clinical Information Form would support quality of care, provide adequate clinical and product monitoring, and provide appropriate safeguards against fraud, waste and abuse of Federal funds. SAMHSA's approach would avoid unnecessary delay in informing any person potentially adversely affected by a test kit recall or public health advisory. This program is authorized under Section 509 of the Public Health Service (PHS) Act [42 U.S.C. 290bb–2].

The goals of SAMHSA's MAI initiative are to: (1) Increase the access by racial and ethnic minority communities to HIV testing, prevention, care, and treatment services; (2) implement strategies and activities specifically targeted to the highest risk and hardest-to-serve populations; (3) reduce the stigma associated with HIV/AIDS screening through outreach and education, and (4) establish collaborations or opportunities for programs and/or activities to be integrated.

The target populations for the initiative are African Americans, Hispanic/Latinos, and other racial and ethnic minorities that are disproportionately impacted by the twin epidemics of HIV/AIDS and substance abuse. Since 1981 approximately 1.7 million people are estimated to have been infected with HIV in the U.S., and more than 1.1 million are estimated to be living with HIV/AIDS today. Racial and ethnic minorities have been disproportionately affected by HIV/AIDS, and represent the majority of new AIDS cases (70%), new HIV infections (54%), prevalent HIV/AIDS cases (65%), and AIDS deaths (72%) (CDC, 2006). African Americans have been especially affected by HIV/AIDS. More than half of all new HIV infections and half of new AIDS diagnoses occur in African Americans despite their accounting for approximately 12% of the U.S. population. A similar impact exists among Latinos, who represent 14% of the U.S. population but account for 20% of estimated AIDS diagnoses. Together, Asian/Pacific Islanders and American Indian/Alaska Natives represent 1%–2% of new AIDS diagnoses.

The spread of HIV disease in the United States has been partly fueled by the use of illicit drugs. Injection drug use (IDU) is directly related to HIV transmission through the sharing of drug equipment. According to CDC's latest report on 2006 rates, IDUs accounted for 12 percent of estimated new HIV infections. CDC's historical trend analysis indicates that new infections have declined dramatically in this population over time and confirm the substantial evidence to date of success in reducing HIV infections among IDUs. Despite these declines, rates of HIV and AIDS continue to rise among certain groups including men who have sex with men, high risk heterosexual women and ethnic and racial minority groups due to non-IDU drugs and alcohol that interfere with judgment about sexual and other types of behaviors.

The estimated hour burden is presented in the following table:

Number of respondents	Responses/ respondent	Burden hours	Total burden hours
30,000	1	.167	5,010

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail her a copy at *summer.king@samhsa.hhs.gov*. Written comments should be received within 60 days of this notice.

Dated: February 20, 2009.

Elaine Parry,

Director, Office of Program Services.

[FR Doc. E9–4088 Filed 2–25–09; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Notification of Intent To Use Schedule III, IV, or V Opioid Drugs for the Maintenance and Detoxification Treatment of Opiate Addiction Under 21 U.S.C. 823(g)(2) (OMB No. 0930–0234)—Revision

The Drug Addiction Treatment Act of 2000 (''DATA,'' Pub. L. 106–310) amended the Controlled Substances Act (21 U.S.C. 823(g)(2)) to permit practitioners (physicians) to seek and obtain waivers to prescribe certain approved narcotic treatment drugs for the treatment of opiate addiction. The legislation sets eligibility requirements and certification requirements as well as an interagency notification review process for physicians who seek waivers. The legislation was amended in 2005 to eliminate the patient limit for physicians in group practices, and in 2006, to permit certain physicians to treat up to 100 patients.

To implement these provisions, SAMHSA developed a notification form (SMA–167) that facilitates the submission and review of notifications. The form provides the information necessary to determine whether practitioners (*i.e.*, independent physicians) meet the qualifications for waivers set forth under the new law. Use of this form will enable physicians to know they have provided all information needed to determine whether practitioners are eligible for a waiver.

However, there is no prohibition on use of other means to provide requisite information. The Secretary will convey notification information and determinations to the Drug Enforcement Administration (DEA), which will assign an identification number to qualifying practitioners; this number will be included in the practitioner's registration under 21 U.S.C. 823(f).

Practitioners may use the form for three types of notification: (a) New, (b) immediate, and (c) to notify of their intent to treat up to 100 patients. Under ''new'' notifications, practitioners may make their initial waiver requests to SAMHSA. ''Immediate'' notifications inform SAMHSA and the Attorney General of a practitioner's intent to prescribe immediately to facilitate the treatment of an individual (one) patient under 21 U.S.C. 823(g)(2)(E)(ii). Finally, the form may be used by physicians with waivers to certify their need and intent to treat up to 100 patients.

The form collects data on the following items: Practitioner name; State medical license number and DEA registration number; address of primary location, telephone and fax numbers; e-mail address; purpose of notification new, immediate, or renewal; certification of qualifying criteria for treatment and management of opiate dependent patients; certification of capacity to refer patients for appropriate counseling and other appropriate ancillary services; certification of maximum patient load, certification to use only those drug products that meet the criteria in the law. The form also notifies practitioners of Privacy Act considerations, and permits practitioners to expressly consent to disclose limited information to the *SAMHSA Buprenorphine Physician Locator.*

Since July 2002, SAMHSA has received over 17,000 notifications and has certified almost 16,000 physicians. Eighty-one percent of the notifications were submitted by mail or by facsimile, with approximately twenty percent submitted through the Web based online system. Approximately 60 percent of the certified physicians have consented to disclosure on the *SAMHSA Buprenorphine Physician Locator.*

Respondents may submit the form electronically, through a dedicated Web page that SAMHSA will establish for the purpose, as well as via U.S. mail.

The following table summarizes the estimated annual burden for the use of this form.

Purpose of submission	Number of respondents	Responses per respondent	Burden per response (hr.)	Total burden (hrs)
Initial Application for Waiver	1,500	1	.083	125
Notification to Prescribe Immediately	50	1	.083	4
Notice to Treat up to 100 patients	500	1	.040	20
Total	2,050	.....	.....	149

Written comments and recommendations concerning the proposed information collection should be sent by March 30, 2009 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–6974.