

attributable to the Warranty Rule. This estimate takes into account ensuring that new warranties and changes to existing warranties comply with the Rule. Based on recent Census data, staff now estimates that there are 15,922 manufacturers covered by the Rule.⁶ This results in an annual burden estimate of approximately 127,376 hours (15,922 manufacturers x 8 hours of burden per year).

Total annual labor costs: \$16,941,000, rounded to the nearest thousand.

Labor costs are derived by applying appropriate hourly cost figures to the burden hours described above. The work required to comply with the Warranty Rule—ensuring that new warranties and changes to existing warranties comply with the Rule—requires a mix of legal analysis and clerical support. Staff estimates that half of the total burden hours (63,688 hours) requires legal analysis at an average hourly wage of \$250 for legal professionals,⁷ resulting in a labor cost of \$15,922,000. Assuming that the remaining half of the total burden hours requires clerical work at an average hourly wage of \$16, the resulting labor cost is approximately \$1,019,008. Thus, the total annual labor cost is approximately \$16,941,008 (\$15,922,000 for legal professionals + \$1,019,008 for clerical workers).

Total annual capital or other nonlabor costs: \$0.

The Rule imposes no appreciable current capital or start-up costs. As stated above, warrantors have already modified their warranties to include the information the Rule requires. Rule compliance does not require the use of any capital goods, other than ordinary office equipment, which providers would already have available for general business use.

Willard Tom,

General Counsel.

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⁶ Because some manufacturers likely make products that are not priced above \$15 or not intended for household use—and thus would not be subject to the Rule—this figure is likely an overstatement.

⁷ Staff has derived an hourly wage rate for legal professionals based upon industry knowledge. The clerical wage rate used in this Notice is based on recent data from the Bureau of Labor Statistics National Compensation Survey.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Establishment of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

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

ACTION: Notice.

AUTHORITY: Executive Order 13544, dated June 10, 2010, as statutorily mandated under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111-148, dated March 23, 2010. The Advisory Group on Prevention, Health Promotion, and Integrative and Public Health will be governed by provisions of the Federal Advisory Committee Act, Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

SUMMARY: The U.S. Department of Health and Human Services announces establishment of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, as directed by Executive Order 13544.

FOR FURTHER INFORMATION CONTACT: Olga Nelson, Committee Management Officer, Office of Public Health and Science, Department of Health and Human Services, 200 Independence Avenue, SW., Room 714B, Washington, DC 20201, *Telephone:* (202) 690-5205; *Fax:* (202) 401-2222.

SUPPLEMENTARY INFORMATION: The President has issued Executive Order 13544, dated June 10, 2010, to comply with the statutes under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111-148. The legislation mandates that the President shall establish the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (the “Advisory Group”) within the Department of Health and Human Services. To comply with the statute, stipulations in the authorizing directive, and guidelines under the Federal Advisory Committee Act (FACA), a charter has been filed to establish the Advisory Group. The charter has been filed with the Committee Management Secretariat in the General Services Administration (GSA), the appropriate committees in the Senate and U.S. House of Representatives, and the Library of Congress to establish the Advisory Group as a non-discretionary Federal advisory committee. The charter was filed on June 24, 2010.

Objectives and Scope of Activities. The Advisory Group shall provide

recommendations and advice to the National Prevention, Health Promotion, and Public Health Council (the “Council”). The Advisory Group shall provide assistance to the Council in carrying out its mission. The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

Membership and Designation. The Advisory Group shall be composed of not more than 25 non-Federal members to be appointed by the President. In appointing members, the President shall ensure that the Advisory Group includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in (1) worksite health promotion; (2) community services, including community health centers; (3) preventive medicine; (4) health coaching; (5) public health education; (6) geriatrics; and rehabilitation medicine.

The Advisory Group shall report to the Surgeon General. The Surgeon General shall select one of the appointed members to serve as Chair of the Advisory Group. The non-Federal members of the Advisory Group shall be classified as special Government employees (SGEs).

Administrative Management and Support. HHS will provide funding and administrative support for the Advisory Group to the extent permitted by law within existing appropriations. Staff will be assigned to a program office established to support the activities of the Advisory Group. Management and oversight for support services provided to the Advisory Group will be the responsibility of the Office of Public Health and Science, which is a staff division within the Office of the Secretary, HHS.

A copy of the charter for the Advisory Group can be obtained from the designated contacts or by accessing the FACA database that is maintained by the GSA Committee Management Secretariat. The Web site for the FACA database is <http://fido.gov/facadatabase/>.

Dated: June 25, 2010.

Regina Benjamin,

VADM, USPHS, Surgeon General.

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