

scientific research is needed. The intent is to have physical activity recommendations for all Americans that will be tailored as necessary for specific subgroups of the population.

The Committee will hold three two-day meetings over the course of about a year. It is expected to begin meeting by June 2007. Pursuant to the requirements of the Federal Advisory Committee Act, the meetings will be open to the public. Individuals selected for appointment to the Committee can be invited to serve a term of up to two years. However, the Committee will terminate upon delivery of their report to the Secretary of HHS. Committee members will receive per diem and reimbursement for travel expenses incurred while conducting official business pertaining to the Committee. No stipend is authorized to be paid to Committee members for performance of duties in relation to the Committee.

To be eligible for consideration of appointment to the Committee, individuals should be knowledgeable of current scientific research in human physical activity and be respected and published experts in their fields. They should be familiar with the purpose, communication, and application of Federal guidelines and have demonstrated interest in the public's health and well-being through their research and/or educational endeavors. Expertise is sought in specific specialty areas related to physical activity and health promotion or disease prevention, including but not limited to: Health promotion and chronic disease prevention; bone, joint, muscle health and performance; obesity and weight management; risks of activity and musculoskeletal injury; and applications to special populations including children, youth, older adults, and persons with disabilities.

**Nominations:** The Department will consider nominations for Committee membership of individuals qualified to carry out the above-mentioned tasks. The following information should be included in the package of material submitted for each individual being nominated for consideration: 1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.*, specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee; 2) the nominator's name, address and daytime telephone number, and the address telephone number, and electronic mail address of the individual being nominated; and 3) a current copy of the nominee's curriculum vitae. The names

of Federal employees should not be nominated for consideration of appointment to this Committee.

Individuals can nominate themselves for consideration of appointment to the Committee. All nominations must include the required information. Incomplete nominations will not be processed for consideration.

The Department makes every effort to ensure that the membership of DHHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that a broad representation of geographic areas, females, ethnic and minority groups, and the disabled are given consideration for membership on DHHS Federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

The Standards of Ethical Conduct for Employees of the Executive Branch are applicable to individuals who are appointed as members of Federal advisory committees. Individuals appointed to serve as members of Federal advisory committees are classified as Special Government Employees (SGEs). SGEs are Government employees for the purposes of the conflict of interest laws. Therefore, individuals appointed to serve as members of the Physical Activity Guidelines Advisory Committee are subject to an ethics review. The ethics review is conducted to determine if the individual has any interest and/or activities in the private sector that may conflict with performance of their official duties as a member of the Committee. Individuals appointed to serve as members of the Committee will be required to disclose information regarding financial holdings, consultancies and research grants and/or contracts.

Dated: January 17, 2007.

**Penelope Slade Royall,**

*RADM, USPHS, Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).*

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**BILLING CODE 4150-32-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the National Coordinator for Health Information Technology; American Health Information Community Meeting**

**ACTION:** Change in meeting location.

**SUMMARY:** This notice announces the 11th meeting of the American Health Information Community in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.) The American Health Information Community will advise the Secretary and recommend specific actions to achieve a common interoperability framework for health information technology (IT).

**DATES:** January 23, 2007, from 8:30 a.m. to 4:30 p.m.

**NEW ADDRESSES:** U.S. Department of Veterans Affairs, The G.V. "Sonny" Montgomery Veterans Conference Center, 810 Vermont Avenue, NW., Washington, DC.

**FOR FURTHER INFORMATION CONTACT:** visit <http://www.hhs.gov/healthit/ahic.html>.

**SUPPLEMENTARY INFORMATION:** The meeting will include presentations by the Consumer Empowerment, Biosurveillance, Confidentiality, Privacy and Security, and Quality Workgroups on their Recommendations and also a demonstration of prototypes of the Nationwide Health Information Network (NHIN).

A Web cast of the Community meeting will be available on the NIH Web site at: <http://www.videocast.nih.gov/>.

If you have special needs for the meeting, please contact (202) 690-7151.

**Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

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**BILLING CODE 4150-24-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Public Meeting of the President's Council on Bioethics on February 15-16, 2007**

**AGENCY:** The President's Council on Bioethics, HHS.

**ACTION:** Notice.

**SUMMARY:** The President's Council on Bioethics (Edmund D. Pellegrino, MD, Chairman) will hold its twenty-eighth

meeting, at which it will (1) Consider and discuss policy proposals in organ procurement, allocation, and transplantation; (2) hear presentations on and discuss issues in clinical applications of advancements in genetics, as well as genetics policy and ethics; and (3) discuss contributions to a pending Council report and volume on the bioethical significance of the concept of human dignity. All agenda items are continuations of previous Council discussions. Subjects discussed at past Council meetings (although not on the agenda for the February 2007 meeting) include: therapeutic and reproductive cloning, assisted reproduction, reproductive genetics, neuroscience, aging retardation, and lifespan-extension. Publications issued by the Council to date include: Human Cloning and Human Dignity: An Ethical Inquiry (July 2002); Beyond Therapy: Biotechnology and the Pursuit of Happiness (October 2003); Being Human: Readings from the President's Council on Bioethics (December 2003); Monitoring Stem Cell Research (January 2004), Reproduction and Responsibility: The Regulation of New Biotechnologies (March 2004), Alternative Sources of Human Pluripotent Stem Cells: A White Paper (May 2005), and Taking Care: Ethical Caregiving in Our Aging Society (September 2005).

**DATES:** The meeting will take place Thursday, February 15, 2007, from 9 am to 5:15 pm, ET; and Friday, February 16, 2007, from 8:30 am to 12 noon, ET.

**ADDRESSES:** The Hamilton Crowne Plaza Hotel, 1001 14th Street, NW., Washington, DC 20005. Phone 202-682-0111.

*Agenda:* The meeting agenda will be posted at <http://www.bioethics.gov>.

*Public Comments:* The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:45 am, on Friday, February 16. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane M. Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

**FOR FURTHER INFORMATION CONTACT:** Ms. Diane M. Gianelli, Director of

Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, NW., Washington, DC 20006. Telephone: 202/296-4669. E-mail: [info@bioethics.gov](mailto:info@bioethics.gov). Web site: <http://www.bioethics.gov>.

Dated: January 11, 2007.

**F. Daniel Davis,**

*Executive Director, The President's Council on Bioethics.*

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**BILLING CODE 4154-07-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-07-0650]

#### 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 and send comments to Joan F. Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Prevention Research Center Information System—Extension—

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description:

In spring 2003, CDC published Program Announcement #04003 (FY 2003-2009) for the Prevention Research Centers Program. The Program Announcement introduced a set of performance indicators developed collaboratively with the Prevention Research Centers (PRCs) and other stakeholders and are 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. Currently, CDC provides funding to 33 PRCs selected through competitive peer review process and managed as CDC cooperative agreements. Awards are made for five (5) years and may be renewed through a competitive process. PRCs are housed in a school of public health, medicine, or osteopathy and conduct health promotion and disease prevention research using a community-based participatory approach.

In accordance with the current OMB approval for the Prevention Research Centers (PRC) Information System, (OMB 0920-0650, expiration November 30, 2007), this requested 3 year extension will continue the data collection as approved. The Information System (IS) is a web-based, password protected technical reporting system that allows the accurate, uniform, and complete collection of PRC information using the Internet. The IS allows CDC to monitor and report on PRC activities efficiently and effectively. Data reported to CDC through the PRC IS are used to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate the progress made in achieving center-specific goals and objectives, and obtain information needed to describe the impact and effectiveness of the overall program as needed to respond to Congressional and other inquiries regarding the PRC Program. The annual report and record keeping burden is essentially the same as the currently approved Information Collection.

There are no costs to respondents except their time to participate in the survey.