

special expertise about or concern with heritable disorders.

The individuals selected for appointment to the Committee can be invited to serve for overlapping terms of up to 4 years. However, any member appointed to fill a vacancy of an unexpired term shall be appointed for the remainder of such term. Members may serve after the expiration of their term until their successors have taken office. Terms of more than 2 years are contingent upon the renewal of the Committee by appropriate action prior to its expiration. Members who are not Federal employees will receive a stipend for each day they are engaged in the performance of their duties as members of the Committee. Members shall receive per diem and travel expenses as authorized by Section 5 U.S.C. 5703 for persons employed intermittently in Government service. Members who are officers or employees of the United States Government shall not receive compensation for service on the Committee. Nominees will be invited to serve beginning from September 30, 2007.

To allow the Secretary to choose from a highly qualified list of potential candidates, more than one nomination is requested per open position. Nominations should be typewritten. 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 and appears to have no conflict of interest that would preclude the Committee membership—potential candidates will be asked to provide detailed information concerning consultancies, research grants, or contracts to permit evaluation of possible sources of conflicts of interest; (2) the nominator's name, address, and daytime telephone number, and the home/or work address, telephone number, and e-mail address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. Please submit nominations no later than March 15, 2007.

To the extent practicable, members of the Committee should have expertise in dealing with heritable disorders and genetic diseases that affect the racial and ethnic and geographical diversity of newborns served by the State newborn screening programs. The Department of Health and Human Services will ensure

that the membership of the Committee reflects an equitable geographical and gender distribution, provided that the effectiveness of the Committee would not be impaired. Appointments shall be made without discrimination on the basis of age, ethnicity, gender, sexual orientation, and cultural, religious, or socioeconomic status.

Dated: February 6, 2007.

**Elizabeth M. Duke,**

*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Poison Control Centers Stabilization and Enhancement Program

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice; request for public comment.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is seeking comments from the public on its plan to institute a permanent deviation from a policy in the Department of Health and Human Services (HHS), Grants Policy Directive (GPD) 3.01 governing indirect cost recovery for one of its grant programs. The GPD states "HHS considers activities conducted by grantees that result in indirect charges a necessary and appropriate part of HHS grants, and HHS awarding offices must reimburse their share of these costs." Although HRSA typically reimburses grantees for their full share of administrative overhead represented in approved indirect cost rates (which can be up to 50 percent), the agency believes, in the case of its Poison Control Program, that full recovery of overhead expenditures would be detrimental to the poison control centers (PCCs) funded under the program because of the financial instability of PCCs. The purpose of the HRSA Poison Control Centers Stabilization and Enhancement Grant Program is to assist PCCs in achieving financial stability, preventing poisonings and providing treatment recommendations for poisonings. Limiting indirect costs is necessary because many PCCs are located within institutions such as universities and hospitals that have established indirect cost rates in the range of 30 to 50 percent. It is in the best interest of PCCs to limit the indirect cost recovery to 10

percent, leaving 90 percent of the grant funds to achieve the objectives of the grant program. This limitation would be applicable to all awardees of the Poison Control Center Stabilization and Enhancement Grant Programs.

**DATES:** If you wish to comment on any portion of this notice, HRSA must receive comments by March 15, 2007.

**ADDRESSES:** You may submit comments by any of the following methods:

- *E-mail:* [lroche@hrsa.gov](mailto:lroche@hrsa.gov). Include "Poison Control Stabilization and Enhancement Program" in the subject line of the message.

- *Mail:* Lori Roche, Division of Healthcare Preparedness, Healthcare Systems Bureau, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13-103, Rockville, MD 20857.

- *Hand Delivery/Courier:* Lori Roche, Division of Healthcare Preparedness, Healthcare Systems Bureau, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13-103, Rockville, MD 20857.

*Docket:* For access to the docket to read background documents or comments received, go to the Division of Healthcare Preparedness, Healthcare Systems Bureau, Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13-103, Rockville, Maryland, 20857, weekdays between the hours of 8:30 a.m. and 5 p.m. To schedule an appointment to view public comments, phone (301) 443-0652.

**FOR FURTHER INFORMATION CONTACT:** Lori Roche, at the above address, telephone number 301-443-0652.

**SUPPLEMENTARY INFORMATION:** The Health Resources and Services Administration's (HRSA) Poison Control Program (PCP) was established in February 2000 under the Poison Center Enhancement and Awareness Act, Pub. L. 106-174. The program was reauthorized in 2003 under the Poison Control Center Enhancement and Awareness Act, Amendments of 2003, Pub. L. 108-194. This Act authorizes funding to maintain the national toll-free number; establish a nationwide media campaign to promote poison control center (PCC) utilization; maintain the PCC grant program; develop standardized poison prevention and poison control promotion programs; develop standard patient management guidelines for commonly encountered toxic exposures; improve and expand the poison control data collection activities; improve national toxic exposure surveillance by enhancing activities at the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease

Registry; expand the toxicologic expertise within PCCs; and improve the capacity of PCCs to answer high volumes of calls during times of national crisis.

The grant program that was established, in response to the legislation, provides funding for the financial stabilization, certification and incentive grants. Financial stabilization grants provide assistance to PCCs that are certified by the American Association of Poison Control Centers (AAPCC). The intent of the financial stabilization program is to assist PCCs in poison prevention and to help stabilize their funding structure. Certification grants have previously been awarded to poison centers that do not meet the AAPCC's certification standards and thereby do not qualify for assistance under the financial stabilization grant category. These grants were designed to assist uncertified centers in achieving certification by the AAPCC. The incentive grants have previously been awarded to PCCs that are working collaboratively and innovatively with one another and other public health agencies to improve, enhance and expand poison control systems and services. Assistance under the three grant categories is in the form of grant funds and technical assistance.

PCCs provide poison services and prevention education to combat deaths and injuries due to poisonings. PCCs also serve as part of the Nation's surveillance and first response system, providing a continuum of emergency services, which is needed to confront the threat of bioterrorism. While PCCs provide a benefit to the public health community, their funding structures are unstable and are derived from a variety of sources, including Federal, State, and local government, as well as corporate and foundation donations.

Since inception, the Federal Poison Control Program has helped PCCs meet the needs of the public and poison community. According to the Evaluation of the Effectiveness of the Poison Control Centers Grant Program, a study conducted by Battelle Centers for Public Health Research and Evaluation (a research service organization), the Federal program represents a lifeline for poison centers. During the first two grant years alone, PCCs made remarkable strides in accomplishing the objectives outlined in their grant proposals. The program finds this to still be true after four years of the grant program.

The PCC grant guidance has limited indirect costs to 10 percent of allowable total direct costs since 2001. However, for the 2005 grant funding opportunity

guidance, a request to deviate from the Department of Health and Human Services (DHHS) Grants Policy Directive (GPD) 3.01, Indirect Costs and Other Cost Policies was required; it was submitted and approved by the DHHS, Office of Grants Management Policy, Assistant Secretary for Administration and Management on March 23, 2005. The grant program initiated this limitation on the recoverable indirect costs because many PCCs are located within universities and hospitals that have established indirect cost rate agreements in the range of 30 to 50 percent. In adhering to the existing GPD policy, as much as 50 percent of grants funds could be consumed for administrative purposes by the host institution, which significantly reduces the amount of funds available to carry out the objectives of the authorizing legislation and grant program.

Continuation of this indirect cost limitation will greatly enhance the awardees' ability to become financially stable, which is the intent of the grant program. However, reduced funding would reverse the success of the grant program to date in helping to stabilize PCCs funding structure and meet the objectives of the grant program. Historically, reduced and insufficient funding has forced many PCCs to decrease center operations and terminate critical staff that provides free poison prevention and expert poison treatment services to the public. Termination of critical operational staff can result in the loss of PCC certification status, which will disqualify centers from receiving Federal Poison Control Program funding. For many centers, this can lead to closure, which can also weaken our Nation's first response system to poisoning emergencies, biological, chemical and nuclear terrorism.

#### Public Comment

HRSA invites public comment on its plan to indefinitely limit indirect costs to 10 percent of the total allowable direct costs for awardees of the Poison Control Center Stabilization and Enhancement Grant Program.

Dated: February 6, 2007.

**Elizabeth M. Duke,**

*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Environmental Health Sciences; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2) notice is hereby given of the following meetings.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Environmental Health Sciences Special Emphasis Panel, Comparative Biology Review.

*Date:* March 15-16, 2007.

*Time:* 7 p.m. to 6 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* The Radisson Governor's Inn, I-40 at Davis Drive, Exit 280, Research Triangle Park, NC 27709.

*Contact Person:* Leroy Worth, Ph.D., Scientific Review Administrator, Scientific Review Branch, Division of Extramural Research and Training, Nat. Institute of Environmental Health Sciences, P.O. Box 12233, MD EC-30/Room 3171, Research Triangle Park, NC 27709, 919/541-0670, [worth@niehs.nih.gov](mailto:worth@niehs.nih.gov).

*Name of Committee:* National Institute of Environmental Health Sciences Special Emphasis Panel, Environmental Sensors for Personal Exposure Assessment.

*Date:* March 22-23, 2007.

*Time:* 8:30 a.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* The Radisson Governor's Inn, I-40 at Davis Drive, Exit 280, Research Triangle Park, NC 27709.

*Contact Person:* RoseAnne M. McGee, Associate Scientific Review Administrator, Scientific Review Branch, Division of Extramural Research and Training, Nat. Institute of Environmental Health Sciences, P.O. Box 12233, MD EC-30, Research Triangle Park, NC 27709, (919) 541-0752, [mcgee1@niehs.nih.gov](mailto:mcgee1@niehs.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.115, Biometry and Risk Estimation—Health Risks from Environmental Exposures; 93.142, NIEHS Hazardous Waste Worker Health and Safety Training; 93.143, NIEHS Superfund Hazardous Substances—Basic Research and Education; 93.894, Resources and Manpower