

assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Individuals who wish to address the Committee during the public comment session must pre-register by May 11, 2007. Any individual who wishes to participate in the public comment session should call the telephone number listed in the contact information to register. Public comments will be limited to five minutes per speaker. Members of the public who wish to have printed material distributed to CFSAC members for discussion should submit, at a minimum, one copy of the material to the Executive Secretary, CFSAC, prior to close of business on May 11, 2007. Contact information for the Executive Secretary, CFSAC, is listed above.

Dated: April 10, 2007.

**Anand K. Parekh,**

*Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Toxicology Program (NTP); Report on Carcinogens Review Process for the 12th Report on Carcinogens (RoC)

**AGENCY:** National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The NTP announces its scientific review process to review nominations for the 12th RoC. The process is available on the NTP Web site <http://ntp.niehs.nih.gov> (select "Report on Carcinogens") or by contacting Dr. C.W. Jameson at the address provided below.

**ADDRESSES:** All correspondence should be directed to Dr. C.W. Jameson, National Toxicology Program, Report on Carcinogens, 79 Alexander Drive, Building 4401, Room 3118, P.O. Box 12233, Research Triangle Park, NC 27709; telephone: (919) 541-4096, fax: (919) 541-0144, e-mail: [jameson@niehs.nih.gov](mailto:jameson@niehs.nih.gov).

**SUPPLEMENTARY INFORMATION:**

## Background

On August 17, 2006, the NTP released its draft review process applicable for nominations to the 12th RoC (71 FR 47507) and invited public comment. The NTP considered all comments received and now announces the final RoC review process for the 12th RoC. Two important elements in the RoC review process are (1) the public peer review of draft background documents by *ad hoc* scientific expert panels and (2) the public peer review of draft substance profiles by the NTP Board of Scientific Counselors. In addition, the NTP will also, on a trial basis, prepare a response to public comments for the 12th RoC. The RoC review process is described in more detail on the NTP Web site (<http://ntp.niehs.nih.gov/> select "Report on Carcinogens").

## Background Information on the Report on Carcinogens

The RoC is a congressionally mandated document (Section 301(b)(4) of the Public Health Services Act, 42 U.S.C. 241(b)(4)), published by the Secretary of Health and Human Services (HHS), that identifies agents, substances, mixtures, or exposure circumstances (collectively referred to as "substances") that may pose a carcinogenic hazard to human health. The Secretary, HHS, has delegated responsibility for preparing the draft report to the NTP. Substances are listed in the RoC as either known to be a human carcinogen or reasonably anticipated to be a human carcinogen. Review of nominations involves a multi-step scientific review process with opportunity for public comment. At the end of this process, NTP forwards a draft RoC to the Secretary for review, approval, and transmittal to Congress and the public.

The NTP solicits and encourages the broadest participation from interested individuals or parties in nominating substances for review for future RoCs. Nominations should contain a rationale for review. Appropriate background information and relevant data [e.g., journal articles, NTP Technical Reports, International Agency for Research on Cancer (IARC) listings, exposure surveys, release inventories, etc.] that support the review of a nomination should be provided or referenced when possible. Contact information for the nominator should also be included [name, affiliation (if any), address, telephone, fax, and e-mail].

Dated: March 19, 2007.

**David A. Schwartz,**

*Director, National Institute of Environmental Health Science and National Toxicology Program.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

### Office for Civil Rights; Delegations of Authority

Notice is hereby given that I have delegated to the Director of the Office for Civil Rights the following authority vested in the Secretary of Health and Human Services.

A. Subpoenas for the Health Insurance Portability and Accountability Act of 1996: Authority under Section 205(d) of the Social Security Act (42 U.S.C. 405(d)), with authority to redelegate, to issue subpoenas requiring the attendance and testimony of witnesses and the production of any evidence that relates to any matter under investigation or compliance review for failure to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards and requirements related to the privacy of individually identifiable health information at 45 CFR parts 160 and 164.

Section 1176(a)(2) of the Social Security Act, 42 U.S.C. 1320d-5(a)(2), which provides authority for the imposition of civil money penalties (CMPs) for violations, makes section 1128A of the Social Security Act, 42 U.S.C. 1320a-7a, applicable to the imposition of CMPs for violations of the HIPAA administrative simplification standards. Section 1128A(j)(1), 42 U.S.C. 1320a-7a(j)(1), makes section 205(d) and (e) of the Social Security Act, 42 U.S.C. 405(d) and (e), applicable to section 1128A as the subsections are with respect to Title II of the Social Security Act. Section 205(d) and (e) authorizes the issuance of subpoenas requiring the attendance and testimony of witnesses and the production of any evidence that relates to any matter under investigation by the Secretary and the enforcement of such a subpoena in court in event of refusal to comply.

B. Subpoenas for the Patient Safety and Quality Improvement Act of 2005: Authority under Section 205(d) of the Social Security Act (42 U.S.C. 405(d)), with authority to redelegate, to issue subpoenas requiring the attendance and testimony of witnesses and the production of any evidence that relates

to any matter under investigation or compliance review for failure to comply with the confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005. Section 922(f)(2) of the Public Health Service Act, 42 U.S.C. 299b-22(f)(2), provides that section 1128A of the Social Security Act shall apply to CMPs under the Patient Safety and Quality Improvement Act of 2005. As noted above, section 1128A incorporates by reference section 205(d) and (e) of the Social Security Act, which authorizes the issuance and enforcement of subpoenas.

These delegations shall be exercised under the Department's existing delegation of authority on the issuance of regulations and existing policy on the issuance of regulations.

In addition, I hereby affirm and ratify any actions taken by the Director of the Office for Civil Rights or his subordinates which involved the exercise of the authority delegated herein prior to the effective date of these delegations.

These delegations are effective immediately.

**Michael O. Leavitt,**

*Secretary.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AB, Deputy Secretary, Chapter ABE, "Security Clearance and Drug Testing Office (ABE)," as last amended at 67 FR 71568-70, dated December 2, 2002. This reorganization is to establish the Office of Security and Strategic Information (ABE), as a direct report to the Deputy Secretary. The changes are as follows:

I. Under Part A, Chapter AB, "Security Clearances and Drug Testing Office (ABE)," delete in its entirety, and replace with the following:

#### Office of Security and Strategic Information (ABE)

ABE.00 Mission.

ABE.10 Organization.

ABE.20 Function.

*Section ABE.00 Mission.* On behalf of the Secretary and the Deputy Secretary, the Office of Security and Strategic Information (OSSI) provides broad Department-wide policy direction, standards setting, coordination, and performance assessment for organizational components within HHS in the areas of: physical security; personnel security and suitability; security awareness; information security, including the safeguarding of classified material and classification management; communication security; security and threat assessments; and strategic information programs and activities. OSSI functions as a platform to further HHS' roles in its various missions for protecting and improving the public health of the Nation, by protecting employees and visitors and Departmentally owned and occupied critical infrastructure, and by assuring the integration of strategic medical, public health, biomedical, and national security information. OSSI engages in and manages multiple internal Department and external relationships with other Federal Government Departments and agencies and external constituencies. OSSI directly manages and administers the flow of classified information and provides national security information services to all components within the Office of the Secretary (OS).

*Section ABE.10 Organization.* The Office of Security and Strategic Information (ABE) is headed by a Director who reports directly to the Deputy Secretary, and includes the following components:

- Immediate Office (ABE).
- Division of Physical Security (ABE1).
- Division of Personnel and Classified Information Security (ABE2).
- Division of Strategic Information (ABE3).

*Section ABE.20 Functions.*

1. Immediate Office (ABE). The Immediate Office of the OSSI is responsible for the following: (1) Providing overall leadership for the development, coordination, application, and evaluation of all policies and activities within the Department that relate to physical and personnel security, the security of classified information, and the exchange and coordination of national security-related strategic information with our Federal Government Departments and agencies and the national security community, including national security-related relationships with law enforcement organizations (LEOs) and public safety agencies; (2) serving as the principal

advisor to and representative of the Secretary and Deputy Secretary on national security, physical and personnel security, security awareness, classified information security, and related medical, public health, and biomedical strategic information matters, including with organizations outside of the Department; (3) directing activities for all committees and work groups pertaining to these matters; (4) serving as the manager for any designation of representatives to external national security and related work groups; (5) providing policy oversight and coordination related to the architectural security function in the Office of the Assistant Secretary for Administration and Management (ASAM); the Cyber security and critical infrastructure functions in the Office of the Assistant Secretary for Resources and Technology (ASRT); and the Select Agents Program within the Centers for Disease Control and Prevention (CDC) and other Departmental units having select agent responsibilities; (6) serving as the principal contact with the Office of the Director of national Intelligence, and all of its subsidiary organizations; (7) serving as the principal contact point for other Federal Government Departments and agencies that have an interest in the sharing of strategic or national security-related medical, public health, and related scientific information; (8) approving the detail or assignment of personnel to or from components of national security agencies, LEO, and public safety agency communities, and serving as supervisor during their term (9) working with the Office of the Inspector General and the Office of the Assistant Secretary for Preparedness and Response (ASPR) on issues of mutual interest; and (10) conducting periodic assessments of the performance of relevant systems and activities and providing reports and recommendations to the Secretary and Deputy Secretary.

2. Division of Physical Security (ABE1). The Division of Physical Security (DPS) is responsible for the following: (1) Providing policy guidance, setting standards, and overseeing all matters pertaining to: (a) The physical security of facilities, stockpiles, vendor-managed inventories, logistical systems, employees, visitors, and contractors; (b) security functions during disaster and emergency response, including those at principal and alternate emergency operations locations, and providing assistance to and coordination with the ASPR for deployed HHS personnel, resources, and activities; (c) security and force