
DATES: June 15, 2007, from 10 a.m. to 3:30 p.m. (Eastern time).

ADDRESSES: Hubert Humphrey Building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 705A (please bring photo ID for entry to a Federal building).

FOR FURTHER INFORMATION CONTACT: http://www.hhs.gov/healthit/ahic/
population/.

SUPPLEMENTARY INFORMATION: The Workgroup will continue its discussion on how to facilitate the flow of reliable health information among population health and clinical care systems necessary to protect and improve the public’s health. This meeting will focus on countermeasure allocation, distribution and administration, as well as automated integration with response registries.

The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/
population/pop_instruct.html.


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

[FR Doc. 07–2328 Filed 5–10–07; 8:45 am]

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DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–855]

Agency Information Collection
Activities: Proposed Collection;
Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Medicare Enrollment Application; Form Number: CMS–855 (OMB#: 0938–0685); Use: The primary function of the Medicare enrollment application is to gather information from a provider or supplier that tells us who it is, whether it meets certain qualifications to be a health care provider or supplier, where it practices or renders its services, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment. The goal of evaluating and revising the Medicare enrollment applications is to simplify and clarify the information collection without jeopardizing our need to collect specific information.

We are proposing revisions to the CMS–855B to incorporate changes adopted in CMS–1321–FC (71 FR 69624), “Revisions to Payment Policies and Five-Year Review of Relative Value Units Under the Physician Fee Schedule for CY 2007 and Other Changes to Payment Under Part B; Revisions to Ambulance Fee Schedule; Ambulatory Inflation Factor Update for CY 2007.” Specifically, CMS is revising the CMS–855B to:

• Add instructions to Attachment 2 that explain the independent diagnostic testing facility (IDTF) liability insurance requirements in 42 CFR 410.33(g)(6).

• Require that an IDTF submit copies of its comprehensive liability insurance policy in Section 17.

• List all of the new IDTF standards on a separate page in Attachment 2.

• Remove the supplier type “Voluntary Health/Charitable Agency” from Section 2A.

In addition, we are trying to enhance our ability to identify whether a hospital qualifies as a “specialty hospital.” To this end, we propose to revise the CMS–855A to include a specific box that specialty hospitals must check when completing the application. Instructions explaining the definition of a “specialty hospital” will also be added to the form. We also provide clarification of the term “primary practice location” in the instructions in Section 4 of the CMS–855A.

This clarification does not change any data elements on the form. We are also removing the data element “Medicare Year-End Cost Report Date” in Section 2 of the CMS–855A, as this information is no longer needed.

2. Information Collection Request: Type of Request: New. Title of Information Collection: Units Under the Physician Fee Schedule and Five-Year Review of Relative Value Units; Form Number: CMS–855 (OMB#: 0938–0685); Use: The primary function of the Medicare Physician Fee Schedule (PFS) application is to gather information from a provider or supplier that tells us who it is, whether it meets certain qualifications to be a Medicare provider or supplier, where it practices or renders its services, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment. The goal of evaluating and revising the Medicare Physician Fee Schedule applications is to simplify and clarify the information collection without jeopardizing our need to collect specific information.

We are proposing revisions to the CMS–855B to:

• Add instructions to Attachment 2 that explain the independent diagnostic testing facility (IDTF) liability insurance requirements in 42 CFR 410.33(g)(6).

• Require that an IDTF submit copies of its comprehensive liability insurance policy in Section 17.

• List all of the new IDTF standards on a separate page in Attachment 2.

• Remove the supplier type “Voluntary Health/Charitable Agency” from Section 2A.

In addition, we are trying to enhance our ability to identify whether a hospital qualifies as a “specialty hospital.” To this end, we propose to revise the CMS–855A to include a specific box that specialty hospitals must check when completing the application. Instructions explaining the definition of a “specialty hospital” will also be added to the form. We also provide clarification of the term “primary practice location” in the instructions in Section 4 of the CMS–855A.

This clarification does not change any data elements on the form. We are also removing the data element “Medicare Year-End Cost Report Date” in Section 2 of the CMS–855A, as this information is no longer needed.

3. Type of Information Collection Request: Type of Request: New. Title of Information Collection: Substance Abuse and Mental Health Services Administration (SAMHSA) Form 22; Form Number: SAMHSA 22 (OMB#: 0915–0750); Use: The primary function of the SAMHSA Form 22 is to gather information from a provider or supplier that tells us who it is, whether it meets certain qualifications to be a Medicare provider or supplier, where it practices or renders its services, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment. The goal of evaluating and revising the SAMHSA Form 22 is to simplify and clarify the information collection without jeopardizing our need to collect specific information.

We are proposing revisions to the SAMHSA Form 22 to:

• Add instructions to Attachment 2 that explain the independent diagnostic testing facility (IDTF) liability insurance requirements in 42 CFR 410.33(g)(6).

• Require that an IDTF submit copies of its comprehensive liability insurance policy in Section 17.

• List all of the new IDTF standards on a separate page in Attachment 2.

• Remove the supplier type “Voluntary Health/Charitable Agency” from Section 2A.

In addition, we are trying to enhance our ability to identify whether a hospital qualifies as a “specialty hospital.” To this end, we propose to revise the SAMHSA Form 22 to include a specific box that specialty hospitals must check when completing the application. Instructions explaining the definition of a “specialty hospital” will also be added to the form. We also provide clarification of the term “primary practice location” in the instructions in Section 4 of the SAMHSA Form 22.

This clarification does not change any data elements on the form. We are also removing the data element “Medicare Year-End Cost Report Date” in Section 2 of the SAMHSA Form 22, as this information is no longer needed.

Frequency: Recordkeeping and Reporting—On occasion; Affected Public: Business or other for-profit and Not-for-profit institutions; Number of Respondents: 400,000; Total Annual Responses: 400,000; Total Annual Hours: 1,001,503.33.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS’ Web Site address at http://www.cms.hhs.gov/ PaperworkReductionActf1995, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786–1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received at the address below, no later than 5 p.m. on July 10, 2007.


Michelle Shortt,
Director, Regulations Development Group,
Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E7–9079 Filed 5–10–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies Federal agencies of the laboratories currently certified to meet the standards of Subpart C of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines). The Mandatory Guidelines were first published in the Federal Register on April 11, 1988 (53 FR 11970), and subsequently revised in the Federal Register on June 9, 1994 (59 FR 29908), on September 30, 1997 (62 FR 51118), and on April 13, 2004 (69 FR 19644).
A notice listing all currently certified laboratories is published in the Federal Register during the first week of each month. If any laboratory’s certification is suspended or revoked, the laboratory will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end, and will be omitted from the monthly listing thereafter.

This notice is also available on the Internet at http://workplace.samhsa.gov and http://www.drugfreeworkplace.gov.

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, SAMHSA/CSAP, Room 2–1035, 1 Choke Cherry Road, Rockville, Maryland 20857; 240–276–2600 (voice), 240–276–2610 (fax).

SUPPLEMENTARY INFORMATION: The Mandatory Guidelines were developed in accordance with Executive Order 12564 and section 503 of Public Law 104–47. Subpart C of the Mandatory Guidelines, “Certification of Laboratories Engaged in Urine Drug Testing for Federal Agencies,” sets strict standards that laboratories must meet in order to conduct drug and specimen validity tests on urine specimens for Federal agencies. To become certified, an applicant laboratory must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories which claim to be in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS Mandatory Guidelines. A laboratory must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA) which attests that it has met minimum standards.

In accordance with Subpart C of the Mandatory Guidelines dated April 13, 2004 (69 FR 19644), the following laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

ACL Laboratories, 8901 W. Lincoln Ave., West Allis, WI 53227, 414–328–7840/800–877–7016 (Formerly: Bayshore Clinical Laboratory)
ACM Medical Laboratory, Inc., 160 Elmhurst Park, Rochester, NY 14624, 585–429–2264
Advanced Toxicology Network, 3560 Air Center Cove, Suite 101, Memphis, TN 38118, 901–794–5770/888–290–1150
Baptist Medical Center-Toxicology Laboratory, 9601 I–630, Exit 7, Little Rock, AR 72205–7299, 501–202–2783 (Formerly: Forensic Toxicology Laboratory Baptist Medical Center)
Clinical Reference Lab, 8433 Quivira Road, Lenexa, KS 66215–2802, 800–445–6917
Diagnostic Services, Inc., dba DSL, 12700 Westlinks Drive, Fort Myers, FL 33913, 239–561–8200/800–735–5416
Doctors Laboratory, Inc., 2906 Julia Drive, Valdosta, GA 31602, 229–671–2281
DrugScan, Inc., P.O. Box 2969, 1119 Meares Road, Warmarsh, VA 18974, 215–674–9310
ElSolgy Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662–236–2609
Kroll Laboratory Specialists, Inc., 1111 Newton St., Gretna, LA 70053, 504–361–8989/800–433–3823 (Formerly: Laboratory Specialists, Inc.)
Laboratory Corporation of America Holdings, 7207 N. Gessner Road, Houston, TX 77040, 713–856–8288/800–800–2387
Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908–526–2400/800–437–4986 (Formerly: Roche Biomedical Laboratories, Inc.)
Laboratory Corporation of America Holdings, 1904 Alexander Drive, Research Triangle Park, NC 27709, 919–572–6900/800–833–3984 (Formerly: LabCorp Occupational Testing Services, Inc., CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)
Laboratory Corporation of America Holdings, 13112 Evening Creek Drive, Suite 100, San Diego, CA 92128, 858–668–3710/800–882–7272 (Formerly: Poisonlab, Inc.)
Laboratory Corporation of America Holdings, 550 17th Ave., Suite 300, Seattle, WA 98122, 206–923–7020/800–898–0180 (Formerly: DrugProof, Division of Dynacare/Laboratory of Pathology, LLC; Laboratory of Pathology of Seattle, Inc.; DrugProof, Division of Laboratory of Pathology of Seattle, Inc.)
Laboratory Corporation of America Holdings, 1120 Main Street, Southaven, MS 38671, 866–827–8042/800–233–6339 (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)
LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913–888–3927/800–873–8845 (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)
Marshfield Laboratories, Forensic Toxicology Laboratory, 1000 North Oak Ave., Marshfield, WI 54449, 715–389–3734/800–331–3734
MAXXAM Analytics Inc.*, 6740 Campbellello Road, Mississauga, ON, Canada L5N 2L8, 905–817–5700 (Formerly: NOVAMANN (Ontario), Inc.)
Meriter Laboratories, 36 South Brooks St., Madison, WI 53715, 608–267–6225 (Formerly: General Medical Laboratories)
MetroLab-Legacy Laboratory Services, 1225 NE 2nd Ave., Portland, OR 97232, 503–413–5295/800–950–5295
Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612–725–2088
National Toxicology Laboratories, Inc., 1100 California Ave., Bakersfield, CA 93304, 661–322–4250/800–350–3515
One Source Toxicology Laboratory, Inc., 1213 Genoa-Red Bluff, Pasadena, TX 77504, 888–747–3774 (Formerly: University of Texas Medical Branch, Clinical Chemistry Division; UTMB Pathology-Toxicology Laboratory)
Oregon Medical Laboratories, 123 International Way, Springfield, OR 97477, 541–341–8092
Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800–328–6942 (Formerly: Centinela Hospital Airport Toxicology Laboratory)
Pathology Associates Medical Laboratories, 110 West Cliff Dr.,
Sparrow Health System, Toxicology Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were required to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS’ NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.

Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory (Federal Register, July 16, 1996) as meeting the minimum standards of the Mandatory Guidelines published in the Federal Register on April 13, 2004 (69 FR 19644). After receiving DOT certification, the laboratory will be included in the monthly list of HHS-certified laboratories and participate in the NLCP certification maintenance program.


Elaine Parry,
Acting Director, Office of Program Services, SAMHSA.

[FR Doc. E7–9087 Filed 5–10–07; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Office of the Secretary

Public Workshop: Privacy Impact Assessments at DHS—A Tutorial on How To Write PIAs for the Department of Homeland Security

AGENCY: Privacy Office, DHS.

ACTION: Notice announcing public workshop.

SUMMARY: The Department of Homeland Security Privacy Office will host a public workshop, “Privacy Impact Assessments at DHS—A Tutorial on How to Write PIAs.”

DATES: The workshop will be held on May 23, 2007, from 9 a.m. to 1 p.m.

ADDRESS: The workshop will be held in the auditorium at the DHS Offices at the GSA Regional Headquarters Building located at 7th and D Streets, SW., Washington, DC 20024.

FOR FURTHER INFORMATION CONTACT: Brooke Dickson-Knowles, Privacy Office, Department of Homeland Security, Washington, DC 20528; by telephone 703–235–0780; by facsimile 703–235–0790; or by e-mail at privacyworkshop@dhs.gov.

SUPPLEMENTARY INFORMATION: The Department of Homeland Security (DHS) Privacy Office is holding a public workshop that will provide in-depth training on how to write privacy impact assessments (PIAs). A case study will be used to illustrate a step-by-step approach to researching, preparing, and writing these documents. The workshop will highlight the changes to the Privacy Impact Assessments: Official Guidance for DHS as well as refresh attendees on the content of a PIA at DHS.

The workshop is open to the public and there is no fee for attendance.

Registration and Security: In order to facilitate security requirements of the GSA facility, attendees must register in advance for this workshop. Registration closes at 9 a.m., Monday, May 21, 2007. To register, please send an e-mail to privacyworkshop@dhs.gov, with the name of the workshop in the subject line, and your full name and organizational affiliation in the body of the e-mail. Alternatively, you may call 703–235–0780 to register and to provide the Privacy Office with your full name and organizational affiliation.

All attendees who are employed by a federal agency will be required to show their federal agency employee photo identification badge to enter the building. Attendees who do not possess a federal agency employee photo identification badge will need to show a form of government-issued photo identification, such as a driver’s license, in order to verify their previously-provided registration information. This is a security requirement of the facility.

The Privacy Office will only use your name for the security purposes of this specific workshop and to contact you in the event of a change to the workshop.

Special Assistance: Persons who require special assistance should indicate this in their admittance request and are encouraged to identify anticipated special needs as early as possible.


Hugo Teufel III,
Chief Privacy Officer.

[FR Doc. E7–9058 Filed 5–10–07; 8:45 am]