radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: The agenda for the Advisory Board meeting includes Selection of 8th Round of Dose Reconstruction Cases for Review; SEC Petitions for Rocky Flats, Bethlehem Steel, Sandia Livermore, Chapman Valve, and Dow-Madison; Use of Data from Other Sites; Timeliness of Program Activities; and Board Schedule and Board Working Time.

The agenda is subject to change as priorities dictate. In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Contact Person for More Information: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, Telephone 513.533.6825, Fax 513.533.6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: May 15, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7–9798 Filed 5–21–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Medicaid Program; Notice of Single Source Grant Award to the State of Louisiana for the Grant Entitled ''Deficit Reduction Act—Hurricane Katrina Healthcare Related Professional Workforce Supply''

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

Funding Amount: $15,000,000.

Period of Performance: March 1, 2007–September 30, 2009.

SUMMARY: On March 1, 2007, this grant program was made available to the State of Louisiana to fund State payments for professional healthcare workforce fulfillment in Greater New Orleans, which has continued to face unique health professional shortages as a result of Hurricane Katrina and its subsequent floods. With nearly 4,500 doctors displaced and approximately 50 percent of the physicians who worked in Region 1 before Hurricane Katrina, no longer practicing there, Greater New Orleans is experiencing a shortage of primary care doctors to see Medicaid and uninsured patients.

Funding recently awarded under this grant program must be used by the State to make payments for purposes of recruitment and retention of professional healthcare staff for the impacted communities. For purposes of this grant, impacted communities are those four parishes located in the State of Louisiana that comprise Region 1, as defined by the Louisiana Department of Health and Hospitals, namely, Orleans, Jefferson, St. Bernard, and Plaquemines.

The grant funds must be used only for purposes of recruitment or retention of healthcare workforce professionals in Greater New Orleans. The State has been given flexibility in determining the payment methodology, the scope and type of activities, criteria for awarding payment, and the amount of payments to be made to such professionals. Payment recipients are limited to licensed healthcare professionals. Activities include those that were recommended by the Louisiana Health Care Redesign Collaborative (LHCRC) in their concept paper submitted to the Secretary on October 20, 2006. These activities include but are not limited to: Income guarantees, annual medical malpractice payment relief, loan repayments, and incentive payments (relocation expenses and sign-on bonuses). Grant funds may not be distributed to staff who are no longer providing professional healthcare services in the Greater New Orleans area at the time of the disbursement of grant funds. All payments must be made under this grant program by the end of federal fiscal year 2009.

Payments to physicians and other professional healthcare workforce staff under this program are not allowed to be considered payments for Medicare, Medicaid or other specific services, and are not available as the non-Federal share of expenditures or for supplemental disproportionate share hospital payments. Payments cannot be made conditional on the provision of any particular items or services by the professionals. Grant applications requesting funds to be used for the non-Federal share of Medicaid or other federal grant expenditures or for supplemental Medicaid disproportionate share hospital payments will not be considered.

This award was made based on the authority granted by section 6201 of the Deficit Reduction Act (DRA). In particular, section 6201(a)(4) of the DRA provides authority to the Secretary, Department of Health and Human Services (DHHS), to make payments to States to restore access to healthcare in communities impacted by Hurricane Katrina.

Justification For Exception To Competition: The Secretary invoked his authority to restore healthcare in impacted communities affected by Hurricane Katrina by offering this unique funding opportunity which will give further incentive to the retention and recruitment of healthcare workforce professionals in Greater New Orleans. Louisiana is the only State with knowledge and ability to administer a grant designed to affect impacted Louisiana communities. For this reason, the Secretary has directed the Centers for Medicare & Medicaid Services to issue a single-source award to the State of Louisiana to increase access to healthcare services and to relieve economic pressures suffered by healthcare providers resulting from both the hurricane and its subsequent flooding.

FOR FURTHER INFORMATION CONTACT: Wendy J. Taparanskas, Ph.D., Health Insurance Specialist, Office of the Center Director, Centers for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Mail Stop S2–26–12, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786–5245.

Authority: Section 6201(a)(4) of the Deficit Reduction Act of 2005 (DRA).

Dated: May 7, 2007.

Leslie V. Norwalk,

Acting Administrator,Centers for Medicare & Medicaid Services.

[FR Doc. E7–9792 Filed 5–21–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers For Medicare & Medicaid Services

Privacy Act of 1974: CMS Computer Match No. 2007–02; HHS Computer Match No. 0701

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974,

as amended, this notice announces the establishment of a CMP that CMS plans to conduct with the Health Administration Center (HAC) of the Department of Veteran Affairs. We have provided background information about the proposed matching program in the ''Supplementary Information'' section below. The Privacy Act provides an opportunity for interested persons to comment on the proposed matching program. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation. See **EFFECTIVE DATES** section below for comment period.

EFFECTIVE DATES: CMS filed a report of the CMP with the Chair of the House Committee on Oversight and Government Reform, the Chair of the Senate Committee on Governmental Affairs, and the Acting Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on 05/16/2007. We will not disclose any information under a matching agreement until 40 days after filing a report to OMB and Congress or 30 days after publication in the **Federal Register**, whichever is later. We may defer implementation of this matching program if we receive comments that persuade us to defer implementation.

ADDRESSES: The public should address comments to: Walter Stone, CMS Privacy Officer, Division of Privacy Compliance (DPC), Enterprise Architecture and Strategy Group (EASG), Office of Information Services (OIS), CMS, Mailstop N2–04–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.–3 p.m., eastern daylight time.

FOR FURTHER INFORMATION CONTACT: Cheryl Sample, Senior Privacy Specialist, DPC, EASG, OIS, CMS, Mailstop N2–04–27, 7500 Security Boulevard, N2–04–27, Baltimore, Maryland 21244–1850. The telephone number is (410) 786–7185, facsimile (410) 786–5636, or e-mail *cheryl.sample@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Description of the Matching Program

A. General

The Computer Matching and Privacy Protection Act of 1988 (Public Law(Pub. L. 100–503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits.

Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records (SOR) are matched with other Federal, state, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;
2. Obtain the Data Integrity Board approval of the match agreements;
3. Furnish detailed reports about matching programs to Congress and OMB;
4. Notify applicants and beneficiaries that the records are subject to matching; and,
5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

B. CMS Computer Matches Subject to the Privacy Act

CMS has taken action to ensure that all CMPs that this Agency participates in comply with the requirements of the Privacy Act of 1974, as amended.

Dated: May 8, 2007.

Charlene Frizzera,

Acting Chief Operating Officer, Centers for Medicare & Medicaid Services.

Computer Match No. 2007–02
HHS Computer Match No. 0701

NAME:

Computer Matching Agreement Between the Centers for Medicare & Medicaid Services (CMS) and the Health Administration Center (HAC) of the Department of Veterans Affairs for Verification of CHAMPVA Eligibility''.

SECURITY CLASSIFICATION:

Level Three Privacy Act Sensitive.

PARTICIPATING AGENCIES:

The Centers for Medicare & Medicaid Services, and Health Administration Center (HAC) of the Department of Veterans Affairs.

AUTHORITY FOR CONDUCTING MATCHING PROGRAM:

This Computer Matching Program (CMP) is executed to comply with the provisions of Public Laws (Pub. L.) 93–82, 94–581, 102–190, and 107–14 (codified at Title 38 United States Code (U.S.C.) 1713, renumbered Title 38 U.S.C. 1781), which restrict CHAMPVA eligibility for benefits dependent upon a beneficiary's Medicare Part A and Part B status. This computer match will match CHAMPVA applicants and beneficiaries with Medicare Parts A and B beneficiaries.

PURPOSE(S) OF THE MATCHING PROGRAM:

The purpose of this computer matching agreement is to establish the conditions, safeguards and procedures under which the CMS and HAC will conduct a computer-matching program to determine entitlement to CHAMPVA benefits. Under the terms of this matching agreement, HAC will provide to CMS a list of social security numbers (SSN) for all CHAMPVA eligible beneficiaries who may also be eligible for Medicare benefits. This information is maintained in HAC's System of Records (SOR) entitled ''Health Administration Center Civilian Health and Medical Program Records–VA.'' CMS agrees to conduct a computer match of the SSNs of beneficiaries provided by HAC against the information found in CMS's Enrollment Database (EDB) SOR. HAC will receive the results of the computer match in order to determine a beneficiary's eligibility for care under CHAMPVA.

CATEGORIES OF RECORDS AND INDIVIDUALS COVERED BY THE MATCH:

Upon establishment of the CHAMPVA program under Public Law 93–82, CHAMPVA entitlement will be terminated when any individual becomes eligible for Medicare Part A (Hospital Insurance) on a non-premium basis. Public Law 94–581 provided for reinstatement of CHAMPVA as second payer for beneficiaries aged 65 and over who exhausted a period of Medicare Part (Hospital Insurance). These beneficiaries must also be enrolled in Medicare Part B (Medical Insurance) in order to retain their CHAMPVA entitlement. Public Law 102–190 extended CHAMPVA benefit to age 65 for any beneficiary eligible for Medicare Part A on the basis of disability/end stage renal disease (ESRD) only if that individual is also enrolled in Medicare Part B. Public Law 107–14 provided for extending benefit coverage for beneficiaries over the age of 65 years if the beneficiary is in receipt of Medicare Part A and Medicare Part B.

DESCRIPTION OF RECORDS TO BE USED IN THE MATCHING PROGRAM:

Systems of Records

Records Maintained by HAC

The information used in this matching program is maintained in the HAC system identified as 54VA16, entitled ''Health Administration Center

Civilian Health and Medical Program Records–VA,'' last published at 68 FR 53784 (September 12, 2003). SSNs of CHAMPVA beneficiaries will be released to CMS pursuant to the routine use number 21 as set forth in the system notice.

RECORDS MAINTAINED BY CMS

The matching program will be conducted with data maintained by CMS in the EDB, System No. 09–70–0502, published at 67 FR 3203 (January 23, 2002). Matched data will be released to HAC pursuant to the routine use number 2 as set forth in the system notice.

INCLUSIVE DATES OF THE MATCH:

The CMP shall become effective no sooner than 40 days after the report of the Matching Program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. E7–9789 Filed 5–21–07; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice To Award a Grant

Program Office: Administration on Children, Youth and Families (ACYF)/Family and Youth Services Bureau (FYSB).

Recipient Name: Medical Institute for Sexual Health.

Announcement Type: Notice to Award a Grant.

CFDA Number: 93.235.

Amount of Award: $207,400.

Project Period: 5/1/2007–4/30/2008.

Summary: This is a notice to award a grant to the Medical Institute for Sexual Health, Austin, TX, in the amount of $207,400 to support the development of online medical accuracy training for abstinence education providers.

Background: The Medical Institute for Sexual Health proposes to develop an online instructor-led workshop to train abstinence education providers in methods to access medically accurate sexual health information via the internet. Participants will learn to identify credible internet resources for sexual health information, efficiently and effectively search the internet, and answer most questions on sexual health topics.

The proposal is within the scope of technical assistance activities that the Abstinence Education Division of the Family and Youth Services Bureau (FYSB) provides to grantees with regard to integrating medical and scientific information into abstinence education programming. The Congress, in appropriating funds for the program, has directed the Administration for Children and Families (ACF) to devote up to five percent of appropriated funds for technical assistance and capacity-building for abstinence education grantees. In addition, the proposed activities of this awardee are outside the scope of the ACF's previous or proposed abstinence education competitive program announcements and would not qualify for any other existing grant opportunities.

For Further Information Contact: Stanley Koutstaal, Ph.D., Acting Director, Division of Abstinence Education, 1250 Maryland Ave., SW., Washington, DC 20024, (202) 401–9205, *Nina.Degeorge@ACF.hhs.gov.*

Dated: May 16, 2007.

Harry Wilson,

Associate Commissioner, Family and Youth Services Bureau.

[FR Doc. E7–9824 Filed 5–21–07; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2005E–0248]

Determination of Regulatory Review Period for Purposes of Patent Extension; FOSRENOL

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has determined the regulatory review period for FOSRENOL and is publishing this notice of that determination as required by law. FDA has made the determination because of the submission of an application to the Director of Patents and Trademarks, Department of Commerce, for the extension of a patent which claims that human drug product.

ADDRESSES: Submit written comments and petitions to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments.*

FOR FURTHER INFORMATION CONTACT: Beverly Friedman, Office of Regulatory Policy (HFD–007), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–594–2041.

SUPPLEMENTARY INFORMATION: The Drug Price Competition and Patent Term Restoration Act of 1984 (Public Law 98–417) and the Generic Animal Drug and Patent Term Restoration Act (Public Law 100–670) generally provide that a patent may be extended for a period of up to 5 years so long as the patented item (human drug product, animal drug product, medical device, food additive, or color additive) was subject to regulatory review by FDA before the item was marketed. Under these acts, a product's regulatory review period forms the basis for determining the amount of extension an applicant may receive.

A regulatory review period consists of two periods of time: A testing phase and an approval phase. For human drug products, the testing phase begins when the exemption to permit the clinical investigations of the human drug product becomes effective and runs until the approval phase begins. The approval phase starts with the initial submission of an application to market the human drug product and continues until FDA grants permission to market the drug product. Although only a portion of a regulatory review period may count toward the actual amount of extension that the Director of Patents and Trademarks may award (for example, half the testing phase must be subtracted as well as any time that may have occurred before the patent was issued), FDA's determination of the length of a regulatory review period for a human drug product will include all of the testing phase and approval phase as specified in 35 U.S.C. 156(g)(1)(B).

FDA recently approved for marketing the human drug product FOSRENOL (lanthanum carbonate hydrate). FOSRENOL is indicated to reduce serum phosphate in patients with end stage renal disease. Subsequent to this approval, the Patent and Trademark Office received a patent term restoration application for FOSRENOL (U.S. Patent No. 5,968,976) from Shire International Licensing, B.V., and the Patent and Trademark Office requested FDA's assistance in determining this patent's eligibility for patent term restoration. In a letter dated July 8, 2005, FDA advised the Patent and Trademark Office that this human drug product had undergone a regulatory review period and that the approval of FOSRENOL represented the first permitted commercial marketing or use of the product. Shortly thereafter,