2007 HHS POVERTY GUIDELINES—Continued

Persons in family or household	48 contiguous states and DC	Alaska	Hawaii
For each additional person, add	3,480	4,350	4,000

Source: FEDERAL REGISTER, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148.

These guidelines are updated periodically.

Criteria for Donor Reimbursement

1. Any individual who in good faith incurs travel and other qualifying expenses toward the intended donation of an organ.

2. Donor and recipient of the organ are U.S. citizens or lawfully admitted residents of the U.S.

3. Donor and recipient have primary residences in the U.S. or its territories.

4. Travel is originating from the donor's primary residence.

5. Donor and recipient certify that they understand and are in compliance with Section 301 of NOTA (42 U.S.C. 274e) which states in part ''* * * . It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation if the transfer affects interstate commerce.''

6. The transplant center where the donation procedure occurs certifies to its status of good standing with the Organ Procurement and Transplantation Network (OPTN).

Qualifying Expenses

For the purposes of the Reimbursement of Travel and Subsistence Expenses toward Living Organ Donation Program, *qualifying expenses* presently include only travel, lodging, and meals and incidental expenses incurred by the donor and/or his/her accompanying person(s) as part of:

(1) Donor evaluation, clinic visit or hospitalization,

(2) Hospitalization for the living donor surgical procedure, and/or

(3) Medical or surgical follow-up clinic visit or hospitalization within 90 days following the living donation procedure.

The Program will pay for a total of up to five trips; three for the donor and two for accompanying persons. However, in cases in which the transplant center requests the donor to return to the transplant center for additional visits as a result of donor complications or other health related issues, NLDAC may provide reimbursement for the additional visit(s) for the donor and an accompanying person. The accompanying persons need not be the same in each trip.

The total Federal reimbursement for qualified expenses during the donation process for the donor and accompanying individuals shall not exceed $6,000.00. Reimbursement for qualifying expenses shall be provided at the Federal per-diem rate, except for hotel accommodation, which shall be reimbursed at no more than 150 percent of the Federal per-diem rate.

For donor and recipient pairs participating in a paired exchange program, the applicable eligibility criteria for the originally intended recipient shall be considered for the purpose of reimbursement of qualifying donor expenses even though the final recipient of the donated organ may not be the recipient identified in the original donor-recipient pair.

Maximum Number of Prospective Donors per Recipient

- Kidney: One donor at a time with a maximum of three donors.
- Liver: One donor at a time with a maximum of five donors.
- Lung: Two donors at a time with a maximum of six donors.

Special Provisions

Many factors may prevent the intended and willing donor from proceeding with the donation. Circumstances that would prevent the transplant or donation from proceeding include: present health status of the intended donor or recipient, perceived long-term risks to the intended donor, justified circumstances such as acts of God (e.g., major storms or hurricanes), or a circumstance when an intended donor proceeds toward donation in good faith, subject to a case-by-case evaluation by the NLDAC, but then elects not to pursue donation. In such cases, the intended donor and accompanying persons may receive reimbursement for qualified expenses incurred as if the donation had been completed. Under Program policy, a form will be filed with the Internal Revenue Service (IRS) reporting funds disbursed as income for expenses not incurred.

Dated: June 13, 2008.

Elizabeth M. Duke,

Administrator.

[FR Doc. E8–14036 Filed 6–19–08; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Intent To Prepare an Environmental Impact Statement for the Transport of Laboratory Personnel Exposed to Infectious Agents From Fort Detrick, Frederick, MD to the National Institutes of Health Clinical Center, Bethesda, MD

SUMMARY: In accordance with the National Environmental Policy Act, 42 U.S.C. 4321–4347, the NIH is issuing this notice to advise the public that an environmental impact statement will be prepared for the transport of laboratory personnel exposed to infectious agents from Fort Detrick, Frederick, Maryland to the National Institutes of Health Clinical Center, Bethesda, Maryland.

FOR FURTHER INFORMATION CONTACT: Valerie Nottingham, Chief, Environmental Quality Branch, Division of Environmental Protection, Office of Research Facilities, NIH, B13/2S11, 9000 Rockville Pike, Bethesda, Maryland 20892, telephone 301–496–7775; fax 301–480–8056; or e-mail *nihnepa@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: Fort Detrick is a U.S. Army Medical Command installation located in Frederick, Maryland, USA. Its 1,200 acres support a multi-governmental community that conducts biomedical research and development, medical material management, global medical communications and the study of foreign plant pathogens. It is home to the U.S. Army Medical Research and Materiel Command (USAMRMC), with its U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), as well as to the National Cancer Institute-Frederick (NCI-Frederick). It is the home of the National Interagency Biodefense Campus.

The National Institute of Allergy and Infectious Diseases (NIAID), a component of NIH, will be the occupant

of an Integrated Research Facility (IRF) currently being built at Fort Detrick as part of the National Interagency Biodefense Campus. The IRF will contain bio-safety level -2, -3, and -4 laboratory and animal research facilities for conducting biodefense and emerging infectious disease research. This laboratory will allow NIH to address a critical national shortage in bio-safety level-4 (BSL–4) capability.

The Clinical Center at the National Institutes of Health (NIH) in Bethesda, Maryland, is the nation's largest hospital devoted entirely to clinical research. It is a national resource that makes it possible to rapidly translate scientific observations and laboratory discoveries into new approaches for diagnosing, treating, and preventing disease. Approximately 1,500 studies are in progress at the NIH Clinical Center. Most are Phase I and Phase II clinical trials.

More than 350,000 patients, from all 50 states and throughout the world, have participated in clinical research at the Clinical Center since it opened in 1953. The Clinical Center promotes translational research—that is, the transference of scientific laboratory research into applications that benefit patient health and medical care. The ''bench-to-bedside'' approach adopted in 1953 locates patient care units in close proximity to cutting-edge laboratories doing related research. This facilitates interaction and collaboration among clinicians and researchers. Most important, patients and families in the Clinical Center benefit from the cutting-edge technologies and research and the compassionate care that are the signature of the NIH.

The Mark O. Hatfield Clinical Research Center (CRC) was opened in 2005. The facility houses inpatient units, day hospitals and research labs and connects to the original Warren Grant Magnuson Clinical Center. Together, the Magnuson and Hatfield buildings form the NIH Clinical Center. They serve the dual role of providing humane and healing patient care and the environment clinical researchers need to advance clinical science. The 870,000-square-foot Hatfield building has 242 inpatient beds and 90 day-hospital stations. This arrangement can be easily adapted to allow more inpatient beds and fewer day-hospital stations, or vice versa, because the new facility's design is highly flexible. The facility has unique ventilation systems that are designed to minimize the spread of infectious disease within the facility and includes isolation rooms equipped with special filtering and containment features.

The proposed action is to transport laboratory personnel in the event of potential exposure to infectious agents from the Fort Detrick Campus to the NIH Clinical Center for monitoring, evaluation, and if necessary, treatment.The CRC is well-equipped to deal with such scenarios, unlikely as they are.

In accordance with 40 CFR 1500–1508 and DHHS environmental procedures, NIH will prepare an Environmental Impact Statement (EIS) for the proposed transport of laboratory personnel exposed to infectious agents from the Fort Detrick Campus to the NIH Clinical Center for monitoring, evaluation, and if necessary, treatment.

Among the items the EIS will examine are the implications of the proposed action on human health, traffic and transportation, and other public services. To ensure that the public is afforded the greatest opportunity to participate in the planning and environmental review process, NIH is inviting oral and written comments on the proposed action and related environmental issues.

The NIH will be sponsoring two public Scoping Meetings to provide individuals an opportunity to share their ideas on the proposed action, including recommended alternatives and environmental issues the EIS should consider. The first meeting is planned for 6:30 p.m. on July 8, 2008 at the C. Burr Artz Library, 110 East Patrick Street, Frederick, Maryland 21701. The second meeting is planned for 7 p.m. on July 10, 2008 at the Bethesda-Chevy Chase Service Center, 4805 Edgemoor Lane, Bethesda, Maryland 20814. All interested parties are encouraged to attend. NIH has established a 45-day public comment period for the scoping process. Scoping comments must be postmarked no later than August 8, 2008 to ensure they are considered. All comments and questions on the EIS should be directed to Valerie Nottingham at the address listed above, telephone 301–496–7775; fax 301–480–8056; or e-mail *nihnepa@mail.nih.gov.*

Dated: June 13, 2008.

Daniel Wheeland,

Director, Office of Research Facilities Development and Operations, National Institutes of Health.

[FR Doc. E8–14033 Filed 6–19–08; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Biomedical Imaging and Bioengineering; Notice of Closed Meeting

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 meeting.

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 Biomedical Imaging and Bioengineering Special Emphasis Panel; NIH Support for Conferences and Scientific Meetings Special Emphasis Panel.

Date: July 2, 2008.

Time: 1 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Prabha L. Atreya, PhD, Scientific Review Administrator, Office of Scientific Review, National Institute of Biomedical Imaging and Bioengineering, Bethesda, MD 20892, (301) 496–8633, *atreyapr@mail.nih.gov.*

Dated: June 13, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. E8–13905 Filed 6–19–08; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA–1766–DR]

Indiana; Major Disaster and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of a major