

Management (MT), General Services Administration, Washington, DC 20405, (202) 501-4318, jane.groat@gsa.gov.

SUPPLEMENTARY INFORMATION: The Federal Travel Regulation is contained in Title 41 Code of the Federal Regulations (41 CFR Chapters 300 through 304), and implements statutory requirements and Executive branch policies for travel and relocation by Federal civilian employees and others authorized to travel and relocate at Government expense.

GSA announces an award to recognize and honor excellence in Federal travel and relocation. This award, available to all Federal employees, will honor individuals and/or teams. In addition to cash awards, one or more entries may receive honorable mention. Entries must be received no later than August 29, 2008.

Dated: July 10, 2008.

Patrick McConnell,

Acting Director, Travel Management Policy.
[FR Doc. E8-16355 Filed 7-16-08; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

Federal Travel Regulation (FTR); Reimbursement of Fees Associated with Airport Security Fast Pass Memberships; Notice of GSA Bulletin FTR 08-05

AGENCY: Office of Governmentwide Policy, General Services Administration (GSA).

ACTION: Notice of a bulletin.

SUMMARY: On June 25, 2008, the General Services Administration (GSA) issued a bulletin to inform agencies that fees for individual employee memberships in registered and/or trusted traveler programs (*i.e.*, FlyClear) are not allowable expenses or reimbursements for purposes of Federal government travel under the Federal Travel Regulation (FTR). That bulletin, FTR Bulletin 08-05, may be found at www.gsa.gov/bulletins.

DATES: The bulletin announced in this notice is effective June 25, 2008, and is applicable to official Federal travel performed on or after June 25, 2008.

FOR FURTHER INFORMATION CONTACT Ms. Jane Groat, Office of Governmentwide Policy (M), Office of Travel, Transportation, and Asset Management (MT), General Services Administration at (202) 501-4318 or via e-mail at jane.groat@gsa.gov. Please cite FTR Bulletin 08-05.

Dated: July 10, 2008.

Patrick McConnell,

Acting Director, Travel Management Policy.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Health Care Systems for Tracking Colorectal Cancer Screening Tests." In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on March 27th, 2008 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment. Changes were made to this 30 day notice to account for the electronic patient records review which were not accounted for in the 60 day notice.

DATES: Comments on this notice must be received by August 18, 2008.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (*attention:* AHRQ's desk officer) or by e-mail at OIRA_submission@omb.eop.gov (*attention:* AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

*Health Care Systems for Tracking
Colorectal Cancer Screening Tests*

AHRQ proposes to implement and assess a system redesign intervention to

improve colorectal cancer (CRC) screening and follow-up among patients 50-79 years-old. Other goals of the intervention include: (1) Achieving a high level of satisfaction with the intervention among patients, providers, and practice staff, (2) promoting patient-centered care through the intervention, (3) being a cost-effective intervention, and (4) demonstrating the benefits to businesses for implementing the intervention. The research is sponsored by AHRQ under its ACTION (Accelerating Change and Transformation in Organizations and Networks) program, and will be conducted for AHRQ by The CNA Corporation (CNA) and its partners Thomas Jefferson University (TJU) and Lehigh Valley Hospital (LVH).

Colorectal cancer screening is recommended as routine preventive care and this intervention, which is consistent with current CRC screening guidelines, carries no greater risk than that which occurs in usual delivery of healthcare (*i.e.*, screening and follow up done without benefit of this intervention). Nevertheless, as part of standard research practice, the intervention and assessment protocol will be submitted to the Institutional Review Boards (IRB) at both LVH and TJU so that they can review the protocols to ensure that they are consistent with the requirements of human subjects protection as outlined in federal statute, regulations, and guidelines. These approvals will be obtained before the study begins. Additionally, CNA and LVH have a business associate agreement, and all parties involved with the study (CNA, LVH, and TJU) will comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 CFR parts 160 and 164. To further protect patient privacy, neither CNA nor TJU will have access to any personally-identifiable data. Only LVH personnel will have access to identifiable data, which they will de-identify before sending to CNA and TJU for analysis. Consistent with this protocol, only LVH staff will have access to patient names and addresses and will conduct all mailings of letters and related material to patients.

The intervention will be implemented in both Family Medicine and General Internal Medicine practices affiliated with the LVH, and will involve 20 intervention practices and 5 control practices (25 practices total). The intervention will consist of inviting and assisting eligible patients of intervention practices to be screened for CRC, providing academic detailing to intervention practice providers