the Affordable Care Act, Public Law 111–148. The Council is governed by provisions of Public Law 92–463, as amended, (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees.

SUMMARY: The U.S. Department of Health and Human Services announces establishment of the Independence Advisory Council, as directed by section 3207 of Public Law 111–148.

FOR FURTHER INFORMATION CONTACT: Sue McElheny, U.S. Department of Health and Human Services; Tel (202) 357–3521, Fax (202) 357–3467, *classprogram@hhs.gov.*

SUPPLEMENTARY INFORMATION: Under the Affordable Care Act, Public Law 111–148, the President directed that the Council shall be established within the Department of Health and Human Services (HHS). To comply with the authorizing directive and guidelines under the Federal Advisory Committee Act (FACA), a charter has been filed with the Committee Management Secretariat in the General Services Administration (GSA), the appropriate committees in the Senate and U.S. House of Representatives, and the Library of Congress to establish the Council as a non-discretionary Federal advisory committee. The Secretary signed the charter on November 9, 2010. The charter was filed on November 9, 2010.

Objectives and Scope of Activities. The CLASS Independence Advisory Council is the Department's statutory public advisory body on matters of general policy in the administration of the CLASS program in the Affordable Care Act. The Council will provide the Secretary of Health and Human Services with advice and guidance on the development of the CLASS Independence Benefit Plan, the determination of monthly premiums under such plan, and the financial solvency of the program. In these matters, the Council shall consult with all components of the Department, other federal entities, and non-federal organizations, as appropriate; and examine relevant data sources.

Membership and Designation. The CLASS Independence Advisory Council shall consist of not more than 15 individuals, not otherwise in the employ of the United States who shall be appointed by the President without regard to the civil service laws and regulations; and a majority of whom shall be representatives of individuals who participate or are likely to participate in the CLASS program, and shall include representatives of older and younger workers, individuals with disabilities, family caregivers of individuals who require services and supports to maintain their independence at home or in another residential setting of their choice in the community, individuals with expertise in long-term care or disability insurance, actuarial science, economics, and other relevant disciplines, as determined by the Secretary.

The members of the CLASS Independence Advisory Council shall serve overlapping terms of 3 years (unless appointed to fill a vacancy occurring prior to the expiration of a term, in which case the individual shall serve for the remainder of the term). A member shall not be eligible to serve for more than 2 consecutive terms. The President shall, from time to time, appoint one of the members of the CLASS Independence Advisory Council to serve as the Chair. All members will serve as special government employees. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by Section 5703, Title 5, U.S. Code, for employees serving intermittently.

Nominations shall be submitted to U.S. Department of Health and Human Services, c/o Administration on Aging, Attn: Class Nominations, Washington, DC, 20201 (or) *classprogram@hhs.gov* (or) fax (202) 357–3467 no later than December 1, 2010.

Administrative Management and Support. HHS will provide funding and administrative support for the Council to the extent permitted by law within existing appropriations. Staff will be assigned to a program office established to support the activities of the Council. Management and oversight for support services provided to the Council will be the responsibility of the CLASS Office. All executive departments and agencies and all entities within the Executive Office of the President shall provide information and assistance to the Council as the Chair may request for purposes of carrying out the Council's functions, to the extent permitted by law. A copy of the Council charter can be obtained from the designated contacts or by accessing the FACA database that is maintained by the GSA Committee Management Secretariat. The Web site for the FACA database is *http://fido.gov/facadatabase/.*

Dated: November 10, 2010.

Kathy Greenlee,

Assistant Secretary for Aging.

[FR Doc. 2010–28781 Filed 11–15–10; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11–11AO]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Gulf Coast Children's Health Study—NEW—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Gulf Coast Children's Health Study addresses an important public health need to assess the potential short-term and long-term health effects among children who lived in Federal Emergency Management Agency (FEMA)-provided temporary housing units (THU) deployed in the Gulf Coast region following hurricanes Katrina and Rita and who were potentially exposed to higher levels of indoor air pollutants such as formaldehyde and other volatile organic compounds compared to other types of housing. These health effects

may include adverse acute and chronic health conditions, primarily respiratory and dermal, that may be associated with their exposures. CDC plans to conduct a scientifically valid environmental epidemiologic study to assess the potential adverse health effects among children.

Plans involve a two-year Feasibility Study to investigate the association between exposure to temporary housing units and health conditions and to assess the practicality of conducting a larger longitudinal study. If certain feasibility objectives are met, such as identifying a sufficient number of eligible participants, a 6-year Full Study will be conducted following the same study design as the Feasibility Study.

The Feasibility Study will be conducted in the states of Louisiana and Mississippi. The study will assess the potential health impacts from exposures to various indoor pollutants (*e.g.,* formaldehyde and other volatile organic compounds and plasticizers, including phthalates) commonly found in higher concentrations in the temporary housing units compared with other types of housing.

In the study, a 1:1 ratio of exposed and unexposed children age 5–17 years will be recruited. Children who resided in temporary housing units will be categorized into the "exposed" group and children who did not reside in temporary housing units will be categorized into the "unexposed" group. A screening questionnaire will be used to assess eligibility and exposure to temporary housing units. The screening questionnaire will be conducted with one adult resident of each selected household. Based on responses to the screening questions, one eligible child will be selected for the study from each participating household. To obtain the desired sample size, we plan to screen 2,500 households in order to identify 700 eligible children. Of these, it is expected that 80%, or 560 children, will agree to participate in the study.

The Feasibility Study will involve a baseline and a 6-month follow-up assessment for each participant. The baseline assessment will include a health questionnaire, clinical assessment including biological sample collection, and environmental exposure measurement. The environmental exposure assessment will be collecting biomarkers of exposure and measuring exposures to environmental pollutants using personal and indoor sampling devices over a 7-day period. In the 6-month follow-up assessment, a shorter version of the health questionnaire and the same clinical and environmental exposure assessments will be conducted.

Accounting for a 10% loss to follow-up, the sample size for the 6-month follow-up assessment is projected to be 504 children. If a determination is made to conduct the Full Study, these 504 children will be part of the Full Study and continue to participate in the rest of five follow-up assessments occurring at 9-month intervals.

There is no cost to the participants except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Type of instrument	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Household member 18 years or older	Eligibility Screener	2,500	1	10/60	417
Children ages 5–17	Baseline Assessment	560	1	1.25	700
Parents of children ages 5–17	Baseline Assessment	560	1	1.5	840
Children ages 5—17	6-Month Follow-up Assessment.	504	1	50/60	420
Parents of children ages 5–17	6–Month Follow-up Assessment.	504	1	1.25	630
Total					3,007

Dated: November 9, 2010.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–28787 Filed 11–15–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–11–0338]

Agency Forms Undergoing Paperwork Reduction Act Review

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S. (OMB No. 0920–0338, exp. 4/30/2011)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The oral use of smokeless tobacco (SLT) products represents a significant health risk. Smokeless tobacco products contain carcinogens which can cause cancer and a number of non-cancerous