will present comments in-person or via the teleconference line, and list the topic(s) on which they plan to comment. The access number for the teleconference line will be provided to registrants by email prior to the meeting. Registration for oral comments will also be available at the NIEHS on both meeting days, although time allowed for presentation by these registrants may be less than that for pre-registered speakers and will be determined by the number of persons who register at the meeting.

Persons registering to make oral comments are asked to send a copy of their statement or PowerPoint slides to the Designated Federal Officer for the BSC (see **ADDRESSES** above) by December 8, 2011. Written statements can supplement and may expand the oral presentation. If registering on-site and reading from written text, please bring 40 copies of the statement for distribution to the BSC and NTP staff and to supplement the record.

Background Information on the NTP Board of Scientific Counselors

The BSC is a technical advisory body comprised of scientists from the public and private sectors that provides primary scientific oversight to the NTP. Specifically, the BSC advises the NTP on matters of scientific program content, both present and future, and conducts periodic review of the program for the purpose of determining and advising on the scientific merit of its activities and their overall scientific quality. Its members are selected from recognized authorities knowledgeable in fields such as toxicology, pharmacology, pathology, biochemistry, epidemiology, risk assessment, carcinogenesis, mutagenesis, molecular biology, behavioral toxicology, neurotoxicology, immunotoxicology, reproductive toxicology or teratology, and biostatistics. Members serve overlapping terms of up to four years. The BSC usually meets biannually.

Dated: October 27, 2011.

John R. Bucher,

Associate Director, National Toxicology Program.

[FR Doc. 2011–28629 Filed 11–3–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be conducted as a telephone conference call. The meeting will be open to the public through a conference call phone number.

DATES: The meeting will be on November 22, 2011 from 3 p.m. to approximately 4 p.m. EST.

ADDRESSES: No in-person meeting; conference call only.

Conference Call: Domestic: (888) 455–2653. International: 1–(210) 839–8485. Access code: 8098465.

FOR FURTHER INFORMATION CONTACT: Mr. Melvin Joppy, Committee Manager, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue SW., Room 443H, Washington, DC 20201; (202) 690–5560. More detailed information about PACHA can be obtained by accessing the Council's Web site at *http://www.pacha.gov.*

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995 as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services.

The purpose of this conference call meeting is for PACHA members to discuss a World AIDS statement. The statement asks that the Obama administration make a bold announcement about the important scientific advances and the potential they bring toward achieving zero new infections, zero-AIDS-related deaths, and zero discrimination. A copy of the statement will be on the PACHA Web site by close of business Thursday, November 17, 2011. The meeting will be open to the public through a conference call phone number provided above. There will be a limited amount of open lines for the public; early registration is highly recommended. Individuals who participate using this service and who need special assistance, such as captioning of the conference call or other reasonable accommodations, should submit a request at least five days prior to the meeting. Members of the public who participate using the conference call phone number will be able to listen to the meeting but will not be heard until the public comment period.

Members of the public will have the opportunity to provide comments. Pre-registration is required for public comment. Individuals who wish to participate in the public comment session must send a copy of their public comments to Melvin Joppy, Committee Manager, at *melvin.joppy@hhs.gov* by close of business Friday, November 18, 2011. Registration for public comment will not be accepted by telephone. Public comment will be limited to the first eight individuals who pre-register. Public comment will be limited to two minutes per speaker. Individuals not providing public comment during the conference call meeting may submit written comments to Melvin Joppy, Committee Manager, at *melvin.joppy@hhs.gov* by close of business Monday, November 28, 2011.

Dated: October 28, 2011.

Christopher H. Bates,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. 2011–28611 Filed 11–3–11; 8:45 am]

BILLING CODE 4150–43–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12–12AN]

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 Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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

Biomonitoring of Great Lakes Populations Program—New—Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (DHHS).

Background and Brief Description

The Great Lakes Basin has suffered decades of pollution and ecosystem damage. In 1987, the Great Lakes Water Quality Agreement listed 40 Areas of Concern (AOCs) representing the most polluted areas in the Great Lakes Basin. Many chemicals persist in Great Lakes sediments, as well as in wildlife and humans. These chemicals can build up in the aquatic food chain. Eating contaminated fish is a known route of human exposure.

In 2009, the Great Lakes Restoration Initiative (GLRI) was enacted as Public Law 111–88. The GLRI makes Great Lakes restoration a national priority for 16 Federal agencies. The GLRI is led by the U.S. Environmental Protection Agency (US EPA). Under a 2010 interagency agreement with the US EPA, the Agency for Toxic Substances and Disease Registry (ATSDR) announced a funding opportunity called the ''Biomonitoring of Great Lakes Populations Program'' (CDC–RFA–TS10–1001).

This applied public health program aims to measure Great Lakes chemicals in human blood and urine. These measures will be a baseline for the GLRI and future restoration activities. The measures will be compared to available national estimates. This program also aims to take these measures from people who may be at higher risk of harm from chemical exposures.

Three states were funded for this program: Michigan, Minnesota, and New York. The health departments in these states will look at seven AOCs and four types of sensitive adults: Michigan—urban anglers in the Detroit River and the Saginaw River and Bay AOCs; Minnesota—American Indians from the Fond du Lac Community near the St. Louis River AOC; and New York—licensed anglers and immigrants from Burma and their family members living in four Lake Ontario and Lake Erie AOCs. These include the Rochester Embayment AOC, the Eighteenmile Creek AOC, and the AOCs along the Niagara and Buffalo Rivers.

Each state will use its own way to ask people to take part in the study. In Michigan, people fishing along the shores of the Detroit River and Saginaw River and Bay will be asked a few questions to see if they are willing to take part in the study. In Minnesota, American Indians will be randomly chosen from a list of people who get local health clinic and social services. They will be contacted by trained staff to take part in the study. In New York, names from the state licensed angler database will be chosen at random. These people will be contacted by mail and telephone to take part in the study. Another group, immigrants who moved from Burma to Buffalo, NY, will work with trained study staff to get their people to take part in the study.

All respondents who consent will give blood and urine specimens. Their blood and urine will be tested for polychlorinated biphenyls (PCBs), mercury, lead, and pesticides. Pesticides will include mirex, hexachlorobenzene, dichlorodiphenyltrichloroethane (DDT) and dichlorodiphenyldichloroethylene (DDE)]. Each state will test blood and urine for other chemicals of local concern. Respondents will also be interviewed. They will be asked about demographic and lifestyle factors, hobbies, and types of jobs, which can contribute to chemical exposure. Some diet questions will be asked, too, with a focus on eating Great Lakes fish. There is no cost to respondents other than their time spent in the study.

The ATSDR is authorized to conduct this program under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Michigan Shoreline Anglers	Screening Questionnaire	700	1	5/60	58
	Telephone Questions for Scheduling Appointments.	500	1	7/60	58
	Informed Consent	400	1	1/60	7
	Biomonitoring Questionnaire	400	1	54/60	360
American Indians from Fond du Lac Community.	Calling Script	625	1	5/60	52
	Refusal Questions	125	1	2/60	4
	Informed Consent	500	1	3/60	25
	Contact Information	500	1	2/60	17
	Study Participant Questionnaire	500	1	30/60	250
	Clinic Visit Incentive Record	500	1	3/60	25
New York State Licensed Anglers	Eligibility Screening Survey	600	1	5/60	50
	Online Eligibility Screening Survey	900	1	5/60	75
	Telephone Script for Non-responders.	1000	1	5/60	83
	Telephone Script for Calling Eligible Respondents.	300	1	5/60	25
	Informed Consent	400	1	1/60	7
	Interview Questionnaire	400	1	30/60	200

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Immigrants from Burma and Descendents.	Eligibility Screening Survey	184	1	5/60	15
	Informed Consent	100	1	1/60	2
	Interview Questionnaire	100	1	1	100
	Network Size Questions for Respondent Driven Sampling.	100	1	5/60	8
Total					1,421

Dated: October 28, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–28564 Filed 11–3–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–12–0234]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Ambulatory Medical Care Survey (NAMCS) (OMB No. 0920–0234 exp. 03/31/2013)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the utilization of health care provided by nonfederal office-based physicians in the United States.

This revision is to notify the public of significant changes proposed for NAMCS for the 2012–2014 survey period. On July 13, 2010, a notice was published in the **Federal Register** (pages 39947–39948) which notified the public that the President's fiscal year 2011 budget requested Congress to consider a budget increase. It also mentioned that budget increases might be forthcoming from other sources. Funds have now been received from the Patient Protection and Affordable Care Act to significantly increase the survey sample size to produce state estimates for 34 states. The 2012 NAMCS will include an additional sample of over 15,600 physicians/providers. A three-year clearance is requested.

NAMCS was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989. The purpose of NAMCS, a voluntary survey, is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physician offices and hospital outpatient and emergency departments. The NAMCS target universe consists of all office visits made by ambulatory patients to non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. In 2006, physicians and mid-level providers (*i.e.,* nurse practitioners, physician assistants, and nurse midwives) practicing in community health centers (CHCs) were added to the NAMCS sample, and these data will continue to be collected. NAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include the patients' demographic characteristics, reason(s) for visit, provider diagnoses, diagnostic services, medications, and visit disposition.

Additionally, NAMCS data collection will transition to computerized data collection, so that induction interviews and patient record information will be entered into laptops that meet the government's security requirements. This effort will greatly reduce paperwork and will increase efficiency in data processing. Data collection activities, including questions asked, will be similar to current procedures.

NAMCS will also add questions concerning the physician's use of complementary alternative medicine, conduct an asthma management supplement as well as a lookback module based on successful pretests in 2011.

Specifically, the information on the physician's utilization of complementary and alternative medicine (CAM) will be collected through additional questions added to the Physician Induction Interview. Adding these questions will allow the National Institutes of Health/National Center for Complementary and Alternative Medicine (NCCAM) to estimate the frequency of referrals and use of CAM by conventional providers, which has never been collected before on a large-scale national survey. Because the majority of providers who use CAM do so in conjunction with conventional medicine, it is important to find out the extent to which conventional providers are integrating CAM into their treatment plans.

The asthma supplement will collect information on the clinical decisions providers make when confronted with a patient suffering from asthma. The lookback module will collect additional information from the 12 month period prior to a sampled visit, which will identify risk factors and clinical management of patients with conditions that put them at high risk for heart disease and stroke.

A supplemental mail survey on the adoption and use of electronic health records (EHRs) in physician offices was added to NAMCS in 2008, and will continue. These data were requested by the Office of the National Coordinator for Health Information Technology