Background

Congress established ICCVAM to promote development, validation, and regulatory acceptance of new or revised alternative toxicological test methods that protect human and animal health and the environment while reducing, refining (enhancing animal well-being and lessening or avoiding pain and distress), or replacing animal tests and ensuring human safety and product effectiveness (42 U.S.C. 285*l*–3). In 2008 NICEATM and ICCVAM published a five-year plan for the years 2008 through 2012. The plan addressed (1) identification of areas of high priority for new and revised non-animal and alternative assays for reduction, refinement, and replacement of animal tests and (2) research, development, translation, and validation of new and revised non-animal and other alternative assays for integration into Federal agency testing programs (ICCVAM, 2008). Progress relevant to the five-year plan can be found in the Biennial *Progress Report: Interagency Coordinating Committee on the Validation of Alternative Methods—2008–2009* (ICCVAM, 2010) and on the ICCVAM Web site (*http://iccvam.niehs.nih.gov*). ICCVAM and agencies' program offices are preparing to update the plan and identify goals and priorities for the years 2013–2017.

Request for Public Comments

The NIEHS and NICEATM invite public comments for consideration by ICCVAM and agencies' program offices in updating the current NICEATM–ICCVAM five-year plan. With regard to reducing, refining, and replacing animal use, ICCVAM identified and ranked the types of regulatory safety tests in the 2008–2012 plan that it considered the highest priority for the development and validation of alternative test methods. These priorities were based on the severity of unrelieved pain and distress and the number of animals involved in each type of testing, as well as individual agency's priorities. The priorities were as follows:

- Highest priority testing areas: Acute eye irritation and corrosion, acute skin toxicity (including irritation/corrosion, sensitization, absorption), acute systemic toxicity (acute poisoning)—oral/dermal/inhalation, and biologics/vaccines.
- Other priority testing areas: immunotoxicity, endocrine disruptors, pyrogenicity, reproductive/developmental toxicity, and chronic toxicity/carcinogenicity.
- Other testing areas of interest: neurotoxicity.

The NIEHS and NICEATM seek public input on the following questions:

1. Do you have comments on the priority areas for the development and validation of alternative test methods listed above?

2. Considering available science and technology, what development, translation, and validation activities are most likely to have the greatest impacts within the next five years on reducing, refining, or replacing animal use in the priority areas?

3. What research and development activities hold the greatest promise in the long-term for reducing, refining, or replacing animal use in the priority areas?

4. What are appropriate measures for evaluating progress in enhancing the development and use of alternative test methods in the priority areas?

Individuals submitting comments should include appropriate contact information (name, affiliation, mailing address, phone, fax, email, and sponsoring organization, if applicable). All comments received by January 15, 2012, will be posted on the NICEATM–ICCVAM Web site (*http://ntp-apps.niehs.nih.gov/iccvampb/searchPubCom.cfm*) and identified by the individual's name and affiliation, as well as sponsoring organization, if applicable.

Background Information on NICEATM and ICCVAM

ICCVAM is an interagency committee composed of representatives from 15 Federal regulatory and research agencies that require, use, generate, or disseminate toxicological and safety testing information. ICCVAM conducts technical evaluations of new, revised, and alternative testing methods with regulatory applicability and promotes the scientific validation and regulatory acceptance of toxicological and safety testing methods that more accurately assess the safety and hazards of chemicals and products and that reduce, refine (enhance animal well-being and lessen or avoid pain and distress), or replace animal use. The ICCVAM Authorization Act of 2000 (42 U.S.C. 285*l*-3) established ICCVAM as a permanent interagency committee of the NIEHS under NICEATM. NICEATM administers ICCVAM, provides scientific and operational support for ICCVAM-related activities, and conducts independent validation studies to assess the usefulness and limitations of new, revised, and alternative test methods and strategies. NICEATM and ICCVAM welcome the public nomination of new, revised, and alternative test methods and strategies applicable to the needs of Federal agencies. Additional information about NICEATM and ICCVAM can be found on the NICEATM–ICCVAM Web site (*http://iccvam.niehs.nih.gov*).

References

ICCVAM. 2008. The NICEATM–ICCVAM Five-Year Plan (2008–2012). NIH Publication No. 08–6410. Research Triangle Park, NC: National Institute of Environmental Health Sciences. Available: *http://iccvam.niehs.nih.gov/docs/5yearplan.htm.*

ICCVAM. 2010. Biennial Progress Report: Interagency Coordinating Committee on the Validation of Alternative Methods—2008–2009. NIH Publication No. 10–7612. Research Triangle Park, NC: National Institute of Environmental Health Sciences. Available: *http://iccvam.niehs.nih.gov/about/ICCVAMrpts.htm.*

Dated: November 10, 2011.

John R. Bucher,

Associate Director, National Toxicology Program.

[FR Doc. 2011–30001 Filed 11–18–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Interstate Referral Guide (IFR).

OMB No.: 0970–0209.

Description: The Intergovernmental Referral Guide (IRG) is a centralized and automated repository of state and Tribal profiles, which contain high-level descriptions of each state and Tribe's child support enforcement (CSE) program. These profiles provide state and Tribal CSE agencies, and foreign countries with an effective and efficient method for updating and accessing information needed to process intergovernmental child support cases.

Respondents: All state and Tribal CSE agencies; foreign countries and Canadian provinces with federal reciprocity; and, with limited access, the general public.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
IFG (States and Territories)	54	18	0.30	291.60
IFR: State User Guide—Foreign Countries	26	2	0.10	5.20
IFR: Tribal Profile Guidance	52	18	0.30	280.80

Estimated Total Annual Burden Hours: 577.60.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2011–29913 Filed 11–18–11; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Health Resources and Services Administration

Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463, codified at 5 U.S.C. App. 2), notice is hereby given of the following meeting:

Name: Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation (MIECHVE).

Dates and Times: Tuesday, December 6, 2011: 9 a.m.–5 p.m. EST. Wednesday, December 7, 2011: 9 a.m.–1 p.m. EST.

Place: Four Points by Sheraton Washington DC Downtown, 1201 K Street NW., Washington, DC 20005. (202) 289–7600.

The Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation (Committee) will meet for its third session on December 6, 2011, from 9 a.m.–5 p.m. EST, and on December 7, 2011, from 9 a.m.—1 p.m. EST. The purpose of the meeting is to allow the Committee to comment on the progress of the evaluation design of the MIECHV program.

Meeting Registration: General public participants are asked to register for the conference by going to the registration Web site *http://www.regonline.com/advisorycommitteeHV.*

Agenda: The meeting will primarily focus on measurement issues related to the revised evaluation design. Specifically, this will include a discussion by benchmark domain/participant outcome for impact, implementation measurement, cost analysis measurement, and administrative data. Agenda items are subject to change as priorities dictate.

Public Comments: Members of the public may submit written comments that will be distributed to Committee members prior to the meeting. In order to be considered, written comments should be received by Friday, December 2, 2011. Comments can be submitted via email to T'Pring Westbrook at *tpring.westbrook@acf.hhs.gov.*

Special Accommodations: Attendees with special needs requiring accommodations (such as large print materials or other reasonable adjustments) may make requests when registering at the online Web site by clicking on the ''Special Accommodations'' link on the registration page *http://www.regonline.com/advisorycommitteeHV.*

FOR FURTHER INFORMATION CONTACT: Any person interested in obtaining other relevant information can contact Carolyn Swaney via email at *cSwaney@icfi.com.*

SUPPLEMENTARY INFORMATION: The Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation is authorized by subsection 511(g)(1) of Title V of the Social Security Act (42 U.S.C. 711(g)(1)) as amended by section 2951 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148) (the Affordable Care Act). The purpose of the Committee is to advise the Secretary of Health and Human Services on the design, plan, progress, and findings of the evaluation required for the home visiting program under the Affordable Care Act. More specifically, the Committee is to review, and make recommendations on, the design and plan for this evaluation; maintain and advise the Secretary regarding the progress of the evaluation; and comment, if the Committee so desires, on the report submitted to Congress under subsection 511(g)(3) of Title V.

The Department of Health and Human Services has contracted with MDRC (a nonprofit, nonpartisan education and social policy research organization formerly known as Manpower Demonstration Research Corporation), to conduct the evaluation of the MIECHV program.

As specified in the legislation, the evaluation will provide a state-by-state analysis of the needs assessments and