the Secretary would review whether the software was interoperable, as defined in the regulations. The Secretary would consider the prevailing state of technology at the time the items or services were provided to the recipient. As explained in the regulations, the Secretary understands that parties should have a reasonable basis for determining whether the EHR software is interoperable. We therefore indicated that ''it would be appropriate—and, indeed, advisable—for parties to consult any standards and criteria related to interoperability recognized by the Department.''

Compliance with these standards and criteria, as we explained in the regulations, ''will provide greater certainty to donors and recipients that products meet the interoperability requirement, and may be relevant in an enforcement action.''

Based on the changing nature of technological development noted above, the Secretary has accepted and recognized these Interoperability Specifications. He has also delegated authority to ONC to coordinate and oversee the incorporation of these Interoperability Specifications in relevant activities among Federal agencies and other partner organizations, as appropriate.

FOR FURTHER INFORMATION CONTACT: Judith Sparrow at (202) 690–7151.

Dated: January 17, 2008.

Robert M. Kolodner,

National Coordinator for Health Information Technology, Office of the National Coordinator for Health Information Technology.

[FR Doc. 08–234 Filed 1–17–08; 1:18pm]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–05CZ]

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 e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Assessing the Diabetes Detection Initiative for Policy Decisions—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Type II diabetes is a chronic disease that affects more than 18 million Americans, approximately 5 million of whom do not know that they have the disease. As the disease progresses, it often causes severe complications, including heart disease, blindness, lower extremity arterial disease, and kidney failure. American Indians, African Americans, Latino Americans, and some Asian Americans and Pacific Islanders are disproportionately affected by diabetes. Identifying persons who have undiagnosed diabetes and treating them could prevent or delay diabetes complications.

In November 2003 the Diabetes Detection Initiative (DDI) was launched in 10 regional locations around the U.S. to identify a portion of the estimated 5 million people with undiagnosed Type II diabetes. The DDI was designed to refer persons at increased risk of Type II diabetes to diagnostic testing, and if appropriate, to follow-up treatment. Whether or not the DDI should be expanded to other communities depends on the health benefit and costs of the program. The CDC plans to conduct a one-year study to provide this critical information.

The planned information collection will assess the resources used, the cost per case detected, and the perceived benefit of the DDI to patients. Information for the assessment will be obtained by conducting the following surveys: (1) A health clinic leadership survey will be completed by the clinic director or representative of each of the 43 clinics that participated in the DDI. The survey will obtain information on all activities and resources used at the clinic level related to diabetes screening, detection, and outreach services. Approximately 30 of the 43 eligible clinics are expected to participate in the survey. (2) A patient survey will be administered to a sample of 600 patients from the participating clinics. The survey will collect information about each patient's background and out-of-pocket medical and non-medical direct health care costs (e.g., co-payments, transportation costs, and the value of the patient's time associated with clinic visits). The DDI Patient Survey will include a computer-assisted personal interview (CAPI) module to collect information about each patient's stated preferences with respect to diabetes screening options.

The results of the study will also provide information needed for evaluating the long-term cost-effectiveness of screening for undiagnosed diabetes in the United States.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 263.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden (in hours)
DDI Clinic Representatives	DDI Health Clinic Leadership Survey	30	1	1
Patients at DDI Clinics	Screening Questions for the DDI Patient Survey	1,000	1	2/60
	DDI Patient Survey	600	1	20/60

Dated: January 10, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8–1016 Filed 1–22–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–06AP]

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 e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Aerosol Generation by Cough—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health (NIOSH) is authorized to conduct research to advance the health and safety of workers under Section 20(a)(1) of the 1970 Occupational Safety and Health Act.

Many respiratory diseases are spread when healthy people come into contact with infectious fluids from sick individuals. The most common mode of transmission is direct contact with infected persons, or contact with items or people they have touched. In addition, however, some respiratory illnesses can also spread via infectious aerosols that are generated by coughing and sneezing. Riley *et al.* established that tuberculosis is spread by inhalation of respirable particles generated by infected individuals. British studies of classrooms and offices found aerosols containing viable salivary streptococci and other oral bacteria that were thought to be created during speaking, coughing, and sneezing. Severe acute respiratory syndrome (SARS) and avian influenza are known to spread through infectious aerosols, and this may include cough-generated aerosols as well.

The airborne transmission of disease is of great concern to the public health community because of the increasing prevalence of drug-resistant strains of tuberculosis, the epidemic potential of newly-emerging diseases like avian influenza, and the threat of bioterrorism using agents such as bubonic plague. The purpose of this project is to better understand some of the factors involved in the production of aerosols of airway fluids by coughing. The project has two specific aims: Measure the quantity and size distribution of aerosol produced during human coughs and determine the effectiveness of surgical masks and N95 respirators at filtering cough-generated aerosols.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 71.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
All participants	Pre-test questionnaire	147	1	5/60
Qualified participants	Health questionnaire	140	1	5/60
	Consent form	140	1	20/60

Dated: January 10, 2008.

Maryam Daneshvar,

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

[FR Doc. E8–1017 Filed 1–22–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Center for Scientific Review Special Emphasis Panel, February 13, 2008, 1 p.m. to February 13, 2008, 4:30 p.m., National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD, 20892 which was published in the **Federal Register** on January 9, 2008, 73 FR 1634–1637.

The meeting will be held February 14, 2008. The meeting time and location remains the same. The meeting is closed to the public.

Dated: January 15, 2008.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 08–219 Filed 1–22–08; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

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 meetings.

The meetings 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: Biology of Development and Aging Integrated Review Group, Cellular Mechanisms in Aging and Development Study Section.

Date: February 5–6, 2008.

Time: 8 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Sir Francis Drake Hotel, Kimpton, 450 Powell Street, San Francisco, CA 94102.

Contact Person: James P. Harwood, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of