the agreement and proposed order or to modify in any way their terms.

By direction of the Commission.

Richard C. Donohue

Acting Secretary.

[FR Doc. E9–19810 Filed 8–18–09; 1:13 pm]

BILLING CODE 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–09–0008]

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 Maryam Daneshvar, CDC Assistant 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

Emergency Epidemic Investigations—Extension—(0920–0008), Office of Workforce and Career Development (OWCD), Centers for Disease Control and Prevention (CDC).

Background & Brief Description

The purpose of the Emergency Epidemic Investigation surveillance is to collect data on the conditions surrounding and preceding the onset of a problem. The data must be collected in a timely fashion so that information can be used to develop prevention and control techniques, to interrupt disease transmission, and to help identify the cause of an outbreak. The EPI–AID mechanism is a means for Epidemic Intelligence Service (EIS) officers of the Centers for Disease Control and Prevention (CDC), along with other CDC staff, to provide technical support to State health agencies requesting assistance with epidemiologic field investigations. This mechanism allows CDC to respond rapidly to public health problems in need of urgent attention, thereby providing an important service to State and other public health agencies. Through EPI–AIDS, EIS officers (and, sometimes, other CDC trainees) receive supervised training while actively participating in epidemiologic investigations. EIS is a two-year program of training and service in applied epidemiology through CDC, primarily for persons holding doctoral degrees.

Shortly after completion of the EPI–AID investigation, an Epi Trip Report is delivered to the State health agency official(s) who requested assistance. These officials can comment on both the timeliness and the practical utility of the recommendations from the investigation by completing a brief questionnaire to assess the promptness of the investigation and the usefulness of the recommendations. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents (per year)	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Requestors of EPI–AIDs	100	1	15/60	25

Dated: August 10, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–19836 Filed 8–18–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

AHRQ Intent To Publish Grant and Contract Solicitations for Comparative Effectiveness Research (CER) Projects With Funds From the American Recovery and Reinvestment Act (ARRA)

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of Intent.

SUMMARY: AHRQ is announcing the Agency's intention to support new CER projects, with funding from the American Recovery and Reinvestment Act (ARRA). The ARRA appropriated $300 million to AHRQ for support of CER. ARRA funding will focus, initially, on 14 priority conditions established by the Secretary of the Department of Health and Human Services under Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. These priority conditions were identified through a process involving discussion with, and extensive input from, the public as well as Federal agencies. The list of priority conditions is relevant to the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) programs, and can be found at: *http://effectivehealthcare.ahrq.gov/aboutUs.cfm?abouttype=program#Conditions.*

DATES: AHRQ anticipates grant and contract solicitations to be published

beginning in the fall, 2009, with funding to commence in spring, 2010. Interested parties may sign up to receive updates about AHRQ's Effective Health Care Program at *http://effectivehealthcare.ahrq.gov/.*

ADDRESSES: The future CER solicitations will be published in the NIH Guide: *http://grants.nih.gov/grants/guide/index.html.*

FOR FURTHER INFORMATION CONTACT: Until the solicitations are published, AHRQ cannot provide information on their contents.

Direct any general comments regarding the Effective Health Care program to: Lia Hotchkiss, MPH, PMP, Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Telephone: 301–427–1502, E-mail address: *Effectivehealthcare@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

The Agency for Healthcare Research and Quality (AHRQ) has been supporting comparative effectiveness research for many years and since 2005 through AHRQ's Effective Health Care Program, which was authorized under Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The Effective Health Care program provides systematic reviews and develops other translational information and tools designed to inform health care decision making. The Effective Health Care Program advances the methodology of comparative effectiveness research (CER) and provides training grants to enhance the pool of researchers who can perform CER.

Comparative Effectiveness Research Initiative Description

Funding Opportunity Announcements soliciting research grant applications for CER will provide $148 million for evidence generation. This includes $100 million for the Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE), a new, coordinated, national effort to establish a series of prospective pragmatic clinical comparative effectiveness studies that measure the benefits treatments produce in routine clinical practice and will include novel study designs focusing on real-world and under-represented populations (children, elderly, racial and ethnic minorities, and other understudied populations), and $48 million for the establishment or enhancement of national patient registries that can be used for researching the longitudinal effects of different interventions and collecting data on under-represented populations. Additional grant funding is expected to include $29.5 million to support innovative translation and dissemination grants related to CER, as well as $20 million to support training and career development in CER.

Requests for Contracts for CER will provide $9.5 million to establish an infrastructure to identify new and/or emerging issues for comparative effectiveness review investments. Also, $10 million will establish a Citizen's Forum to formally engage all stakeholders, and to expand and standardize public involvement in the entire Effective Health Care enterprise.

Additionally, AHRQ anticipates supporting other grants ($1 million) and enhancing existing contracts for evidence synthesis ($50 million), evidence generation ($24 million), translation and dissemination ($5 million), and salary and benefits for ARRA-related full-time equivalent positions ($3 million).

Dated: August 11, 2009.

Carolyn M. Clancy,

AHRQ, Director.

[FR Doc. E9–19758 Filed 8–18–09; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting 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: National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel; P01 Application.

Date: October 28, 2009.

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

Agenda: To review and evaluate grant applications.

Place: Bethesda Marriott Suites, 6711 Democracy Boulevard, Bethesda, MD 20817.

Contact Person: D. G. Patel, PhD, Scientific Review Officer, Review Branch, DEA, NIDDK, National Institutes of Health, Room 756, 6707 Democracy Boulevard, Bethesda, MD 20892–5452, (301) 594–7682, *pateldg@niddk.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.847, Diabetes, Endocrinology and Metabolic Research; 93.848, Digestive Diseases and Nutrition Research; 93.849, Kidney Diseases, Urology and Hematology Research, National Institutes of Health, HHS)

Dated: August 11, 2009.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. E9–19889 Filed 8–18–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Recombinant DNA Advisory Committee.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: Recombinant DNA Advisory Committee.

Date: September 9–10, 2009.

Time: September 9, 2009, 1:15 p.m. to 5:45 p.m.

Agenda: The Recombinant DNA Advisory Committee will review and discuss selected human gene transfer protocols as well as related data management activities. Please check the meeting agenda at *http://oba.od.nih.gov/rdna/rdna.html* for more information.

Place: Hilton Washington/Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Time: September 10, 2009, 8:30 a.m. to 11 a.m.

Agenda: The Recombinant DNA Advisory Committee will review and discuss selected human gene transfer protocols as well as related data management activities. Please check the meeting agenda at *http://oba.od.nih.gov/rdna/rdna.html* for more information.

Place: Hilton Washington/Rockville, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: Laurie Lewallen, Advisory Committee Coordinator, Office of Biotechnology Activities, National Institutes of Health, 6705 Rockledge Drive, Room 750,