

that a meeting of the Clinical Science Research and Development Service Cooperative Studies Scientific Merit Review Board will be held on June 13, 2007, in the Capitol Room 5th Floor at the International Square Center, 1875 I Street NW., Washington, DC. The meeting is scheduled to begin at 8:30 a.m. and end at 4 p.m.

The Board advises the Chief Research and Development Officer through the Director of the Clinical Science Research and Development Service on the relevance and feasibility of proposed studies, the adequacy of the protocols and the scientific validity and propriety of technical details, including protection of human subjects.

The session will be open to the public from 8:30 a.m. to 9 a.m. for the discussion of administrative matters and the general status of the program. The session will be closed from 9 a.m. to 4 p.m. for the Board's review of research and development applications.

During the closed portion of the meeting, discussions and recommendations will deal with qualifications of personnel conducting the studies, staff and consultant critiques of research proposals and similar documents, and the medical records of patients who are study subjects, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. As provided by section 10(d) of Public Law 92-463, as amended, closing portions of this meeting is in accordance with 5 U.S.C. 552b(c)(6) and (c)(9)(B).

Those who plan to attend should contact Dr. Grant Huang, Deputy Director, Cooperative Studies Program (125), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420 at (202) 254-0183.

Dated: May 9, 2007.

By direction of the Secretary.

E. Philip Rigglin,

Committee Management Officer.

[FR Doc. 07-2395 Filed 5-15-07; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

Genomic Medicine Program Advisory Committee; Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under Public Law 92-463 (Federal Advisory Committee Act) that the Genomic Medicine Program Advisory Committee will meet on June 11, 2007 in the Virginia Room, 2nd floor, at the Mayflower Renaissance Hotel, 1127 Connecticut Avenue, NW.,

Washington, DC. The meeting will convene at 8 a.m. and adjourn at 5:30 p.m. The meeting is open to the public.

The purpose of the Committee is to provide advice and make recommendations to the Secretary of Veterans Affairs on using genetic information to optimize medical care of veterans and to enhance development of tests and treatments for diseases particularly relevant to veterans.

At the June 11 meeting, the Committee will receive an overview of the VA health care system and electronic medical record, and will be asked to provide insight into optimal ways for VA to incorporate genomic information into its health care program while applying appropriate ethical oversight and protecting the privacy of veterans.

Members of the public may make oral statements, limited to 5 minutes each, during the period reserved for public comments. They may also submit, at the time of the meeting, a 1-2 page summary of each statement for inclusion in the official meeting record. Any member of the public seeking additional information should contact Dr. Timothy O'Leary at timothy.oleary@va.gov.

Dated: May 9, 2007.

By direction of the Secretary.

E. Philip Rigglin,

Committee Management Officer.

[FR Doc. 07-2397 Filed 5-15-07; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Women Veterans; Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under Public Law 92-463 (Federal Advisory Committee Act) that the Advisory Committee on Women Veterans will conduct a site visit on June 4-8, 2007, to the VA Palo Alto Health Care System (VAPAHCS), 3801 Miranda Avenue, Palo Alto, CA. Unless otherwise indicated, all briefings and updates will be held at the VA Palo Alto Health Care System. Site visit briefings, updates, and tours will be held from 8:30 a.m. until 4:30 p.m. each day and will be open to the public.

The purpose of the Committee is to advise the Secretary of Veterans Affairs, regarding the needs of women veterans with respect to health care, rehabilitation, compensation, outreach, and other programs and activities administered by VA designed to meet such needs. The Committee will make

recommendations to the Secretary regarding such programs and activities.

On June 4, the agenda topics for this meeting will include briefings and updates from key leadership of the VAPAHCS and Polytrauma Center, as well as a tour of the polytrauma area, Medical Surgical Intensive Care Unit (MSICU), laboratory, hospice, and pharmacy. On June 5, the Committee will receive briefings and updates on the VAPAHCS Women's Health Center, resident training, academic affairs/research, quality assurance, and surgical services.

On June 6, the Committee will receive briefings from key leadership of the Veterans Integrated Service Network 21 (Sierra Pacific Network), California State Department of Veterans Affairs, Oakland VA Regional Office, VA National Cemetery Service, Redwood City Vet Center, and VAPAHCS's community-based outpatient clinics (CBOs).

On June 7, the Committee will visit the Menlo Park Division of the VAPAHCS, located at 795 Willow Road, Menlo Park, CA. The Committee will receive briefings and updates on the Women's Mental Health Program, inpatient Post-Traumatic Stress Disorder (PTSD), program, drug addiction programs, crisis intervention, OIF Help Center, chaplain services for women veterans, and the Health Resources Initiatives for Veterans Everywhere (THRIVE). The Committee will tour the resource center for women veterans, the domiciliary, and the substance abuse inpatient unit.

On June 8, the Committee will receive briefings and updates on veteran service organizations, nursing services, and inpatient acute psychiatry building plans for privacy issues. These presentations will be followed by an open forum and town hall meeting. The five day site visit will conclude with an exit briefing by VAPAHCS leadership.

Any member of the public wishing to attend or seeking additional information should contact Ms. Chanel Bankston-Carter at the Department of Veterans Affairs, Center for Women Veterans (00W), 810 Vermont Avenue, NW., Washington, DC 20420. Ms. Bankston-Carter may be contacted either by phone at (202) 273-6193, fax at (202) 273-7092, or e-mail at 00W@mail.va.gov. Interested persons may attend, appear before, or file statements with the Committee. Written statements must be filed before the meeting or within 10 days after the meeting.

Dated: May 9, 2007.

By direction of the Secretary.

E. Philip Riggins,

Committee Management Officer.

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DEPARTMENT OF VETERANS AFFAIRS

Annual Pay Ranges for Physicians and Dentists of the Veterans Health Administration (VHA)

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: As required by the "Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004" (Pub. L. 108-445, dated December 3, 2004) the Department of Veterans Affairs (VA) is hereby giving notice of annual pay ranges for Veterans Health Administration (VHA) physicians and dentists as prescribed by the Secretary for Department-wide applicability. These annual pay ranges are intended to enhance the flexibility of the Department to recruit, develop, and retain the most highly qualified providers to serve our Nation's veterans and maintain a standard of excellence in the VA healthcare system.

EFFECTIVE DATES: Annual pay ranges are effective on July 8, 2007.

FOR FURTHER INFORMATION CONTACT:

Donna R. Schroeder, Director, Compensation and Classification Service (055), Office of Human Resources Management, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-9803.

SUPPLEMENTARY INFORMATION: Under 38 U.S.C. 7431(e)(1)(A), not less often than once every two years, the Secretary must prescribe for Department-wide applicability the minimum and maximum amounts of annual pay that may be paid to VHA physicians and dentists. Further, 38 U.S.C. 7431(e)(1)(B) allows the Secretary to prescribe separate minimum and maximum amounts of pay for a specialty or assignment. In construction of the annual pay ranges, 38 U.S.C. 7431(c)(4)(A) requires the consultation of two or more national surveys of pay for physicians and dentists, as applicable, whether prepared by private, public, or quasi-public entities in order to make a general assessment of the range of pays payable to physicians and dentists. Lastly, 38 U.S.C. 7431(e)(1)(C) states amounts prescribed under paragraph 7431(e) shall be published in the **Federal Register**, and shall not take

effect until at least 60 days after date of publication.

Background

The "Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004" (Pub. L. 108-445) was signed by the President on December 3, 2004. The major provisions of the law established a new pay system for Veterans Health Administration (VHA) physicians and dentists consisting of base pay, market pay, and performance pay. While the base pay component is set by statute, market pay is intended to reflect the recruitment and retention needs for the specialty or assignment of a particular physician or dentist at a facility. Further, performance pay is intended to recognize the achievement of specific goals and performance objectives prescribed annually. These three components create a system of pay that is driven by both market indicators and employee performance, while recognizing employee tenure in VHA.

Discussion

VA identified and utilized salary survey data sources which most closely represent VA comparability in the areas of practice setting, employment environment, and hospital/healthcare system. The Association of American Medical Colleges (AAMC), Hospital and Healthcare Compensation Service (HHCS), Sullivan, Cotter, and Associates (S&C), Physician Executive Management Center (PEMC), and the Survey of Dental Practice published by the American Dental Association (ADA) were collectively utilized as benchmarks from which to prescribe annual pay ranges for physicians and dentists across the scope of assignments/specialties within the Department. While aggregating the data, a preponderance of weight was given to those surveys which most directly resembled the environment of the Department.

In constructing annual pay ranges to accommodate the more than thirty specialties that currently exist in the VA system, VA continued the practice of grouping specialties into consolidated pay ranges. This allows VA to use multiple sources that yield a high number of physician salary data which helps to minimize disparities and aberrations that may surface from data involving smaller numbers of physicians and dentists for comparison and from sample change from year to year. Thus, by aggregating multiple survey sources into like groupings, greater confidence exists that the average compensation reported is truly representative. In addition, aggregation

of data provides for a large enough sample size and provides pay ranges with maximum flexibility for pay setting for the more than 15,000 VHA physicians and dentists.

In developing the annual pay ranges, a few distinctive principles were factored into the compensation analysis of the data. The first principle is to ensure that both the minimum and maximum salary is at a level that accommodates special employment situations, from fellowships and medical research career development awards to Nobel Laureates, high-cost areas, and internationally renowned clinicians. The second principle, to attempt to establish a rate range of ± 25 percent of the mean, is imperative to provide ranges large enough to accommodate career progression, geographic differences, sub-specialization, and special factors. This principle is also the standard recommended by World@Work for professional compensation ranges.

All clinical specialties for VHA physicians and dentists were reviewed against relevant private sector data. The specialties are grouped into five clinical pay ranges that reflect comparable complexity in salary, recruitment, and retention considerations. Two additional pay ranges apply to VHA Chiefs of Staff and physicians and dentists in executive level administrative assignments at the facility, network, or headquarters level.

PAY TABLE 1.—CLINICAL SPECIALTY

Tier level	Minimum	Maximum
Tier 1	\$91,530	\$175,000
Tier 2	110,000	200,000
Tier 3	120,000	215,000
Tier 4	130,000	225,000

PAY TABLE 1.—COVERED CLINICAL SPECIALTIES

Allergy and Immunology.
Endocrinology.
Geriatrics.
Infectious Diseases.
Internal Medicine/Primary Care/Family Practice/Admitting physician.
Neurology.
Preventive Medicine.
Psychiatry.
Rheumatology.
General Practice—Dentistry.
Endodontics.
Periodontics.
Prosthodontics.
Assignments that do not require a specific specialty.