

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	Clinic Staff Interview Guide	50	1	45/60

Dated: June 14, 2007.

Catina Conner,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-07-05AT]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 639-4604 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

A Site Specific Modular Evaluation Instrument for Behavior Outcome

Measurement—New—Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

ATSDR considers evaluation to be a critical component for enhancing program effectiveness and improving resource management. ATSDR's mandate under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended, is to help prevent or reduce further exposures at hazardous waste sites and the illnesses that result from such exposures. A standardized methodology to monitor outcomes associated with agency intervention will provide the data needed for demonstrating effectiveness and efficiency as well as identifying areas for improvement.

ATSDR, in cooperation with our cooperative agreement partners, is developing a series of survey modules designed to measure individual attitudes, knowledge and behaviors, as well as mental and physical health self-assessments, that may be influenced by health education and health promotion efforts conducted by the agency at hazardous waste sites. These modules will be used to determine knowledge improvements, attitude shifts, and behavior change following specific ATSDR program efforts and activities. The particular module or combination

of modules(s) used at a site will vary depending on the contaminant(s) of concern and education/health promotion actions undertaken. In addition, the timing of the data collection will vary depending on whether this is a new site or one that has been underway for some time. In general, for new sites or existing sites with new intervention efforts, we would aim for two data collections, baseline and post-intervention. At existing sites where ATSDR interventions have been completed, we would collect data once, post-intervention.

Health education and promotion activities are conducted at approximately 250 sites annually. We estimate that 90% will have total exposed or potentially exposed populations of 10,000 or less, and we expect to survey up to 150 respondents at each site. At sites with exposed or potentially exposed populations of more than 10,000, we expect to survey up to 500 respondents at each site.

Using a standardized methodology and survey instrument to assess outcomes related to targeted intervention activities at hazardous waste sites will provide the agency with important feedback for program improvement. There will be no costs to respondents except for their time to participate in the survey. The total estimated annualized burden hours are 27,250.

Estimated Annualized Burden Hours:

Type of respondents	Number of sites	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Public at Existing Sites with Exposed Populations of 10,000 or Less	55	150	1	20/60
General Public at Existing Sites with New Interventions or New Sites with Exposed Populations of 10,000 or Less	170	150	2	20/60
General Public at Existing Sites with Exposed Populations of 10,000 or More	5	500	1	20/60
General Public at Existing Sites with New Interventions or New Sites with Exposed Populations of 10,000 or More	20	500	2	20/60

Dated: June 14, 2007.

Catina Conner,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Privacy Act of 1974: New System of Records

AGENCY: Health Resources and Services
Administration (HRSA), HHS.

ACTION: Notification of new system of
records.

SUMMARY: In accordance with the requirements of the Privacy Act, the Health Resources and Services Administration (HRSA) is publishing notice of a proposal to add a new system of records titled, "Information Center (IC) Integrated Clearinghouse System (IC/ICS)," System No. 09-15-0067. The HRSA IC/ICS will facilitate the delivery of publications and requested information by members of the general public. The HRSA IC/ICS will also enable HRSA to deliver information efficiently through physical mailings or broadcast e-mail messages to HRSA Grantee organizations and other interested parties.

DATES: HRSA invites interested parties to submit comments on the proposed New System of Records on or before July 30, 2007. HRSA has sent a Report of New Systems of Records to Congress and to the Office of Management and Budget (OMB). The New System of Records will be effective 40 days from the date submitted to OMB unless HRSA receives comments which would result in a contrary determination.

ADDRESSES: Please address comments to Donn Taylor, Health Resources and Services Administration, Division of Management Services, 5600 Fishers Lane, Room 14A-20, Rockville, Maryland 20857; Telephone (301) 443-0204. Comments received will be available for inspection at this same address from 9 a.m. to 3 p.m., Monday through Friday. This is not a toll-free number.

FOR FURTHER INFORMATION CONTACT: Tina Cheatham, Acting Director, Office of Communications, Health Resources and Services Administration, 5600 Fishers Lane, Room 14-27, Rockville, Maryland 20857, Telephone: 301-443-3376.

Please note this is not a toll free telephone number.

SUPPLEMENTARY INFORMATION: The Health Resources and Services Administration proposes to establish a new system of records: "The HRSA Information Center (IC) Integrated Clearinghouse System (ICS)," HHS/HRSA/Office of Communications. The HRSA Information Center provides easy access to a diversity of resources and a broad range of health information from over 70 Agency programs. The HRSA Information Center makes this information available to the public, health care professionals, policy makers and researchers to enhance their access to vital knowledge generated by HRSA supported public health programs.

Dated: May 31, 2007.

Elizabeth M. Duke,

Administrator.

[FR Doc. 07-3052 Filed 6-19-07; 8:45 am]

BILLING CODE 4165-15-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2007

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is given that the Director of Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2007 for Medicare and Medicaid beneficiaries and beneficiaries of other Federal programs. The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment may be available to the extent that those services meet applicable requirements. Public Law 106-554, section 432, dated December 21, 2000, authorized IHS facilities to file Medicare Part B claims with the carrier for payment for physician and certain other practitioner services provided on or after July 1, 2001.

Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)

Calendar Year 2007

Lower 48 States: \$1,725.

Alaska: \$2,208.

Outpatient Per Visit Rate (Excluding Medicare)

Calendar Year 2007

Lower 48 States: \$256.

Alaska: \$398.

Outpatient Per Visit Rate (Medicare)

Calendar Year 2007

Lower 48 States: \$201.

Alaska: \$356.

Medicare Part B Inpatient Ancillary Per Diem Rate

Calendar Year 2007

Lower 48 States: \$353.

Alaska: \$613.

Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers

Effective Date for Calendar Year 2007 Rates

Consistent with previous annual rate revisions, the Calendar Year 2007 rates will be effective for services provided on/or after January 1, 2007 to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: January 4, 2007.

Charles W. Grim,

*Assistant Surgeon General, Director, Indian
Health Service.*

[FR Doc. 07-3037 Filed 6-19-07; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health,
Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected