By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E6–21196 Filed 12–12–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Information (RFI): Improving Health and Accelerating Personalized Health Care Through Health Information Technology and Genomic Information in Population- and Community-based Health Care Delivery Systems; Extension of Comment Period

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: On November 1, 2006, the U.S. Department of Health and Human Services (HHS) issued a notice in the **Federal Register** (FR Doc. Vol 71, No. 211, pages 64282–64284) to request input from the public and private sectors on plans for developing and using resources involving health information technology and genetic and molecular medicine, with specific reference to incorporating these capacities in evidence-based clinical practice, health outcomes evaluations, and research. A 60 day comment period was established upon publication of that notice.

The purpose of this notice is to inform all interested parties that the comment period originally identified in the November 1, 2006 **Federal Register** has been extended for thirty days, in order to maximize the opportunity for interested individuals and organizations to provide comments to HHS on this subject.

DATES: The closing period for the comment period will now be February 5, 2007.

ADDRESSES: Electronic responses are preferred and may be addressed to *PHCRFI@hhs.gov.* Written responses should be addressed to U.S. Department of Health and Human Services, Room 434E, 200 Independence Avenue SW., Washington, DC 20201, Attention: Personalized Health Care RFI.

FOR FURTHER INFORMATION CONTACT: Dr. Gregory Downing, Personalized Health Care Initiative, (202) 260–1911.

SUPPLEMENTARY INFORMATION: A copy of this RFI is available on the HHS Web site at *http://www.aspe.hhs.gov/PHC/rfi.* Please follow the instructions for submitting responses.

Dated: December 6, 2006.

John O. Agwunobi,

Assistant Secretary for Health, Office of Public Health and Science.

[FR Doc. E6–21146 Filed 12–12–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07–07AB]

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 Seleda Perryman, 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

Measuring the Psychological Impact on Communities Affected by Landmines—New—Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this project is to conduct an observational baseline survey that assesses the effectiveness of Humanitarian Mine Action (landmine and unexploded ordinance clearance, also known as demining) upon the economic, social and mental well being of impacted communities. This work will be conducted by the Harvard Humanitarian Initiative, a center of Harvard University, under a cooperative agreement with CDC. The general theory to be examined is that individuals and communities in these locations suffer when living in an area with landmines and unexploded ordinance (UXO) since they cannot use all land resources and suffer the trauma of injured or killed family members.

This research on the impact of demining is necessary because landmines and UXO continue to negatively impact civilian populations. For example, it has been estimated that each year landmines and unexploded ordinance lead to the injury and death of 24,000 persons worldwide, predominately civilians. At the same time, it is estimated that civilians account for 35% to 65% of war-related deaths and injuries. The use of landmines and UXO is ongoing, and therefore this issue merits continued attention.

Up to this point, however, little if any of the international response to landmines has studied the economic, social, and mental impact upon a community. Instead the focus has been their physical impact in terms of numbers of injured and killed. There are not statistics nor is there research that can accurately capture these alternative measures of impact. There now exists an opportunity for further research that will benefit the general public as well as the organizations and governments working with persons impacted by landmines and UXO.

The proposed work will allow CDC to continue its commitment to reduce the negative health impact posed by landmines and unexploded ordinance, both for U.S. and non-U.S.-based populations. Specific activities for this project include:

a. Identify and incorporate public health principles into the planning of a pilot study for assessing the impact of landmine and unexploded ordinance (UXO) abatement (also known as demining) on the economic, social and mental health of contaminated communities. This initial research in three or more locations will lay the groundwork for further study in additional sites around the world.

b. Develop the survey instrument and design a study that will assess the economic, social and mental health consequences of living in areas where landmines and UXO are present and the impact if they are cleared.

c. Collect and analyze data in order to draw conclusions and describe key findings that can be presented to the mine action community, which consists of United Nations (UN), governmental and non-governmental organizations (NGOs) focused on reducing the negative impact of mines and unexploded ordinance.

d. Develop materials and strategies for the wide dissemination of findings from the study. Organizations making up the mine action community will benefit from the ability to incorporate results (such as what practices alleviate negative social impacts on a community) of the research into their current practices.

e. Identify and understand all critical aspects of the demining or abatement process, which includes the proper procedures and techniques for demining, the distinction between humanitarian and military demining, a thorough understanding of international standards for demining, and the ability to critically evaluate the quality of demining programs and their work.

f. The work will be conducted in one country per year for a total of five years, depending upon available funding. The likely countries are: Angola, Bosnia, Colombia, Lebanon, and Nepal.

There are no costs to respondents except their time to participate in the survey.

Annualized Burden Hours:

Respondents	Number of respondents per year	Number of responses/ respondent	Avg. burden per response (in hrs.)	Total annual burden (in hrs.)
Persons Identified Annually in each Country	1580	1	1	1580

Dated: December 7, 2006.

Joan F. Karr,

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

[FR Doc. E6–21192 Filed 12–12–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention: Teleconference

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned Advisory Committee meeting.

Time and Date: 4 p.m.–5 p.m. Eastern Standard Time, December 14, 2006.

Place: The conference call will originate at the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333. Please see ''Supplementary Information'' for details on accessing the conference call.

Status: Open to the public, limited only by the availability of telephone ports.

Purpose: The committee will provide advice to the CDC Director on policy issues and broad strategies that will enable CDC, the Nation's prevention agency, to fulfill its mission of promoting health and quality of life by preventing and controlling disease, injury, and disability.

Matters To Be Discussed: The committee will review and discuss recommendations submitted by the Health Disparities Subcommittee, ACD and the Ethics Subcommittee, ACD. Agenda items are subject to change as priorities dictate.

Supplementary Information: This conference call is scheduled to begin at 4:00 p.m., Eastern Standard Time. To participate in the conference call, please dial 1–888–577–8993 and reference passcode ''Public Health''.

As provided under 41 CFR 102–3.150(b), the public health urgency of this agency business requires that the meeting be held prior to the first available date for publication of this notice in the **Federal Register**.

Contact Person For More Information: Lynn Austin, PhD, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, M/S D–14, Atlanta, Georgia 30333. Telephone 404–639–7000.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: December 7, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–21270 Filed 12–12–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers For Medicare & Medicaid Services

Privacy Act of 1974; Report of New System of Records

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of a new system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, CMS is proposing to establish a new system of records (SOR) titled ''Medicare Integrated Data Repository (IDR),'' System No. 09–70–0571. In December 2003, Congress passed the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173), that amends Title XVIII of the Social Security Act (the Act) by adding Part D, the voluntary prescription drug benefit program.

The IDR will provide an organized structure for reaching the data through a consistent application of access policies, processes and procedures, common services, governance, and framework. The IDR will integrate and load data from various CMS systems consisting of Medicare Parts A, B, C, and D entitlement, enrollment and utilization data. It is proposed that the IDR will also contain demographic information on Medicaid beneficiaries, Medicare providers and physicians, and employer plans that are receiving a subsidy from CMS for providing creditable drug coverage to their retirees. It is through the integration of this data with other data (e.g., historic data, Part A and Part B data) that the IDR will have value for quality improvement, research on outcomes and effectiveness of drugs, post-market surveillance, and other analytic efforts.

The primary purpose of this system is to establish an enterprise resource that will provide one integrated view of all CMS data to administer the Medicare and Medicaid programs. Information retrieved from this system of records will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor, consultant or CMS grantee; (2) assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent; (3) support providers and suppliers of services for administration of Title XVIII; (4) assist third parties where the contact is expected to have information relating to the individual's capacity to manage his