

experienced by citizens with intellectual disabilities and their families.

Dated: December 4, 2006.

Ericka Alston,

*Executive Assistant to the Director,
President's Committee for People with
Intellectual Disabilities.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Neurological Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Neurological Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on January 26, 2007, from 8 a.m. to 6 p.m.

Location: Hilton Washington, DC North/Gaithersburg, Salons A, B, and C, 620 Perry Pkwy., Gaithersburg, MD.

Contact Person: Janet L. Scudiero, Center for Devices and Radiological Health (HFZ-410), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 240-276-3737, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 3014512513. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will discuss and make recommendations on a premarket notification application for a device intended for the treatment of major depressive disorder. The committee will also hear and discuss post approval study reports for two recently approved neurological device premarket approval applications. The agency intends to make background available to the public no later than 1 business day before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will

be made publicly available at the location of the advisory committee meeting, and the background material will be posted on the agency Web site after the meeting. Background material is available at <http://www.fda.gov/ohrms/dockets/ac/acmenu.htm>, click on the year 2006 and scroll down to the appropriate advisory committee link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before January 19, 2007. Oral presentations from the public will be scheduled for 30 minutes at the beginning of the committee deliberations and for 30 minutes near the end of the committee deliberations. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before January 11, 2007. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by January 12, 2006.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact AnnMarie Williams, Conference Management Staff, at 301-827-7291, at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: November 29, 2006.

Randall W. Lutter,

Associate Commissioner for Policy and Planning.

[FR Doc. E6-20552 Filed 12-5-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Announcement of a Funding Priority for Service Multiple Counties Under the Fiscal Year 2007 New Access Points in High Poverty Counties Grant Opportunity

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

ACTION: Solicitation of comments.

SUMMARY: The President's Health Center Initiative, which began in fiscal year (FY) 2002, was established to significantly impact 1,200 communities by creating new or expanded health center access points. Building on the successes of this Initiative, a second health center initiative has been proposed by the President for FY 2007 to continue to increase access to high quality comprehensive primary health care for the most vulnerable populations in the Nation. The goal of the President's new High Poverty Counties Health Center Initiative is to increase access to primary health care in 200 of the Nation's poorest counties that do not have a health center. This new Initiative is subject to the availability of funds in the FY 2007 Health Center Program appropriation.

The President's High Poverty Counties Health Center Initiative contains two components, New Access Point and Planning grants to be funded under the Consolidated Health Center Program, as authorized by section 330 of the Public Health Service Act (42 U.S.C. 254b, as amended). New Access Point grants will be made for the provision of high quality comprehensive primary and preventive health care services through a new delivery site to a designated medically underserved area or population located in an eligible high poverty county.

As part of the Initiative, it is anticipated that the New Access Points in High Poverty Counties grant opportunity will contain a funding priority. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. The adjustment is typically made by a set, pre-determined number of points. For this grant opportunity, a funding priority is planned for applicants proposing to serve multiple counties (i.e., the proposed target population comes from other county(ies) in addition to the eligible high poverty county). Please