

formulation and execution; provides liaison on personnel management activities with the OPHS, and the Program Support Center; and is responsible for implementing the Congressional, international health, national (regional) components for the OWH mission. The Office will also provide scientific analyses for all initiatives.

2. *Division of Program Coordination (ACB2)*. The Division of Program Coordination (DPC), headed by the Division Director, advises the OWH Director on the development of strategic and operational plans and provides staff support to and liaison with program staff in coordinating, integrating, and articulating these plans; advises the OWH Director on policy issues; develops plans for evaluating the focus and impact of ongoing programs and the development of new programs and policies; and provides analytical reports of program trends and future forecasts.

3. *Division of Outreach and Collaboration (ACB3)*. The Division of Outreach and Collaboration (DOB), headed by the Division Director, provides oversight and direction to the OWH's communication programs consistent with policy direction established by the Office of the Assistant Secretary for Public Affairs; systematically captures, assesses, and disseminates information on scientific and policy developments relating to women's health research results and current or emerging trends and issues; manages the OWH information, education and awareness activities both within the Department and externally; coordinates, assigns, develops, researches, and prepares briefing materials on women's health for OWH Director and other HHS offices; manages public information activities and media and press relations; plans and coordinates efforts to promote the OWH's programs and policies in the voluntary and corporate sectors; manages exhibits; and develops visual and other graphic materials for the OWH.

II. Under Chapter AC, Office of Public Health and Science, Section AC.20 Functions, at the end of Paragraph A, "Immediate Office (ACA)," add the following statement:

(19) Provide administrative and management support to the President's Council on Bioethics.

Dated: October 1, 2007.

**Joe W. Ellis,**

*Assistant Secretary for Administration and Management.*

[FR Doc. 07-5046 Filed 10-11-07; 8:45 am]

**BILLING CODE 4150-33-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Update of A Public Health Action Plan To Combat Antimicrobial Resistance

The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH) announce an open meeting concerning antimicrobial resistance.

**Name:** Update of A Public Health Action Plan To Combat Antimicrobial Resistance.

**Times and Dates:** 8:30 a.m.–6 p.m., December 12, 2007; 8 a.m.–3 p.m., December 13, 2007.

**Place:** Grand Hyatt Atlanta in Buckhead, 3300 Peachtree Road, Atlanta, Georgia, USA 30305. Tel: +1 404/237-1234, Fax: +1 404/233-5686.

**Status:** Open to the public, limited only by the space available.

**Purpose:** To solicit input from invited consultants to update A Public Health Action Plan To Combat Antimicrobial Resistance that, when published in 2001, provided a blueprint for activities of Federal agencies to combat antimicrobial resistance. The Plan was developed by consultants from multi-disciplines and the Antimicrobial Resistance Task Force, composed of Federal personnel from ten Federal agencies and departments, co-chaired by CDC, FDA, and NIH. The revised Plan will not be limited to domestic activities.

**Matters To Be Discussed:** The agenda will focus on updates and revisions of existing action items or the addition of new items to the Plan. Action items in A Public Health Action Plan To Combat Antimicrobial Resistance are presented in four major topics:

1. Surveillance.
2. Prevention and Control.
3. Research.
4. Product Development.

Comments and suggestions from the consultants for updates of specific action items in the Action Plan or addition of new action items in these topics will be taken under advisement by the Task Force. The Task Force may also utilize other sources of information in updating the Action Plan. The agenda does not include development of consensus positions, guidelines, or discussions or endorsements of specific commercial products. Agenda items are subject to change as priorities dictate. Limited time will be available for oral comments and suggestions from the public. Written comments and

suggestions from the public are encouraged and should be received by the contact person listed below by December 3, 2007.

Persons anticipating attending the meeting are requested to send written notification by December 3, 2007, including name, organization (if applicable), address, phone, fax, and email addresses to the contact below.

#### *For Further Information Contact:*

Gregory J. Anderson, Centers for Disease Control and Prevention (CDC), Office of Antimicrobial Resistance, Mailstop A-07, 1600 Clifton Road, NE., Atlanta, Georgia 30333. Telephone +1 404/639-3539, fax +1 404/639-7444, e-mail: [gca5@cdc.gov](mailto:gca5@cdc.gov).

Dated: October 4, 2007.

**James D. Seligman,**

*Chief Information Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10185, CMS-10137, CMS-10240, CMS-10237 and 10214, CMS-855, and CMS-R-39]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Part D