

adoption should not necessarily preclude the other components such as population management systems.

Comments also raised the issue that HIT is far from reality for most of the safety net providers. Because of lack of resources, HIT is not a priority. Many safety net providers are struggling with outdated practice management systems that need constant repair and with scarce resources available to maintain them. It was suggested that HRSA provide access to resources or approaches that can support sustainability of some level for Safety-Net Provider Networks.

*Response:* HRSA appreciates that there are other HIT solutions in addition to EHRs and included many of these comments as part of its funding opportunities. In addition, HRSA believes funding for HIT adoption and sustainability must come from a variety of funding sources.

#### IX. Paperwork Reduction Act

Should any of the HIT initiatives involve the collection of information applicable to requirements of the Paperwork Reduction Act of 1995, the agency will request OMB review and approval.

Dated: January 16, 2008.

Elizabeth M. Duke,  
Administrator.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Loan Repayment Program for Repayment of Health Professions Educational Loans

*Announcement Type:* Initial.

*CFDA Number:* 93.164.

*Key Dates:* January 18, 2008 first award cycle deadline date, September 30, 2008 entry on duty deadline date.

#### I. Funding Opportunity Description

The Indian Health Service (IHS) estimated budget request for Fiscal Year (FY) 2008 includes \$11,581,766 for the Indian Health Service (IHS) Loan Repayment Program (LRP) for health professional educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other

Government and private health management organizations to employ qualified health professionals.

This program is authorized by Section 108 of the Indian Health Care Improvement Act (IHCIA) as amended, 25 U.S.C. 1601 *et seq.* The IHS invites potential applicants to request an application for participation in the LRP.

#### II. Award Information

The estimated funds available is approximately \$11,581,766 to support approximately 258 competing awards averaging \$44,740 per award for a two year contract. One year contract continuations will receive priority consideration in any award cycle. Applicants selected for participation in the FY 2008 program cycle will be expected to begin their service period no later than September 30, 2008.

#### III. Eligibility Information

##### 1. Eligible Applicants

Pursuant to Section 108(b), to be eligible to participate in the LRP, an individual must:

(1) (A) Be enrolled—

(i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

(ii) In an approved graduate training program in a health profession; or

(B) Have a degree in a health profession and a license to practice in a state; and

(2) (A) Be eligible for, or hold an appointment as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service (PHS); or

(B) Be eligible for selection for service in the Regular or Reserve Corps of the (PHS); or

(C) Meet the professional standards for civil service employment in the IHS; or

(D) Be employed in an Indian health program without service obligation; and

(E) Submit to the Secretary an application for a contract to the LRP.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through fulltime clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. All Indian health program sites are annually prioritized

within the Agency by discipline, based on need or vacancy.

Section 108 of the IHCIA, as amended by Public Laws 100-713 and 102-573, authorizes the IHS LRP and provides in pertinent part as follows:

(a)(1) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

Section 4(n) of the IHCIA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Public Law 104-313, provides that:

"Health Profession" means *allopathic medicine*, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health profession, or any other health profession.

For the purposes of this program, the term "Indian health program" is defined in Section 108(a)(2)(A), as follows:

(A) The term "Indian health program" means any health program or facility funded, in whole or in part, by the Service for the benefit of Indians and administered—

(i) Directly by the Service;

(ii) By any Indian Tribe or Tribal or Indian organization pursuant to a contract under—

(I) The Indian Self-Determination Act, or

(II) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(iii) By an urban Indian organization to Title V of this act." Section 108 of the IHCIA, as amended by Public Laws 100-713 and 102-573, authorizes the IHS to determine specific health professions for which Indian Health LRP contracts will be awarded. The list of priority health professions that follows is based upon the needs of the IHS as well as upon the needs of American Indians and Alaska Natives.

(a) Medicine: Allopathic and Osteopathic.

(b) Nurse: Associate and B.S. Degree.

(c) Clinical Psychology: Ph.D. only.

(d) Social Work: Masters level only.

(e) Chemical Dependency Counseling: Baccalaureate and Masters level.

(f) Dentistry.

(g) Dental Hygiene.

(h) Pharmacy: B.S., Pharm.D.

- (i) Optometry.
- (j) Physician Assistant.
- (k) Advanced Practice Nurses: Nurse Practitioner, Certified Nurse Midwife, Registered Nurse Anesthetist (Priority consideration will be given to Registered Nurse Anesthetists.).
- (l) Podiatry: D.P.M.
- (m) Physical Rehabilitation Services: Physician Therapy, Occupational Therapy, Speech-Language Pathology, and Audiology: M.S. and D.P.T.
- (n) Diagnostic Radiology Technology: Certificate, Associate, and B.S.
- (o) Medical Technology: B.S., and Associate.
- (p) Public Health Nutritionist/Registered Dietitian.
- (q) Engineering (Environmental): B.S. (Engineers must provide environmental engineering services to be eligible.).
- (r) Environmental Health (Sanitarian): B.S.
- (s) Health Records: R.H.I.T. and R.H.I.A.
- (t) Respiratory Therapy.
- (u) Ultrasonography.

## 2. Cost Sharing or Matching

Not applicable.

## Other Requirements

Interested individuals are reminded that the list of eligible health and allied health professions is effective for applicants for FY 2008. These priorities will remain in effect until superseded.

## IV. Application and Submission Information

### 1. Address to Request Application Package

Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, PH: 301/443-3396 [between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays].

### 2. Content and Form of Application Submission

Applications must be submitted on the form entitled "Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval number of OMB #0917-0014 (expires 12/31/08).

### 3. Submission Dates and Times

Completed applications may be submitted to the IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852. Applications for the FY 2008 LRP will

be accepted and evaluated monthly beginning January 18, 2008, and will continue to be accepted each month thereafter until all funds are exhausted for FY 2008. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month.

Applications shall be considered as meeting the deadline if they are either:

- (a) Received on or before the deadline date; or
- (b) Sent on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2008, will be notified in writing.

### 4. Intergovernmental Review

This program is not subject to review under Executive Order 12372.

### 5. Funding Restrictions

Not applicable.

### 6. Other Submission Requirements

All applicants must sign and submit to the Secretary, a written contract agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary, and submit a signed affidavit attesting to the fact that they have been informed of the relative merits of the U.S. PHS Commissioned Corps and the Civil Service as employment options.

## V. Application Review Information

### 1. Criteria

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those positions in order of priority by developing discipline-specific prioritized lists of sites. Ranking criteria for these sites include the following:

- (a) Historically critical shortages caused by frequent staff turnover;
- (b) Current unmatched vacancies in a health profession discipline;
- (c) projected vacancies in a health profession discipline;
- (d) Ensuring that the staffing needs of Indian health programs administered by an Indian Tribe or Tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service;
- (e) Giving priority to vacancies in Indian health programs that have a need

for health professionals to provide health care services as a result of individuals having beached LRP contracts entered into under this section;

Consistent with this priority ranking, in determining applications to be approved and contracts to accept, the IHS will give priority to applications made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian Tribes or Tribal or Indian organizations;

### 2. Review and Selection Process

Loan Repayment Awards will be made only to those individuals serving at facilities which have a site score of 70 or above during the first and second quarters and the first month of the third quarter of FY 2008, if funding is available.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, will be selected.

(a) An applicant's length of current employment in the IHS, Tribal, or urban program.

(b) Availability for service earlier than other applicants (first come, first served).

(c) Date the individual's application was received.

### 3. Anticipated Announcement and Award Dates

Not applicable.

## VI. Award Administration Information

### 1. Award Notices

Notice of awards will be mailed on the last working day of each month. Once the applicant is approved for participation in the LRP, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

### 2. Administrative and National Policy Requirements

Applicants may sign contractual agreements with the Secretary for 2 years. The IHS may repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational and living expenses in amounts up to \$20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Payment of health profession education loans will be made to the participant

within 120 days, from the date the contract becomes effective.

In addition to the loan payment, participants are provided tax assistance payments in an amount not less than 20 percent and not more than 39 percent of the participant's total amount of loan repayments made for the taxable year involved. The loan repayments and the tax assistance payments are taxable income and will be reported to the Internal Revenue Service (IRS). The tax assistance payment will be paid to the IRS directly on the participant's behalf. LRP award recipients should be aware that the IRS may place them in a higher tax bracket than they would otherwise have been prior to their award.

### 3. Reporting

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts may receive up to the maximum amount of \$20,000 per year plus an additional 20 percent for Federal withholding.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

### 4. DUNS Number

Participants are required to have a Dun and Bradstreet (DUNS) number. The DUNS number is a nine digit identification number. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711. Interested parties may wish to obtain this DUNS by phone to expedite the process. A DUNS number is required before Central Contractor Registry (CCR) registration can be completed. Registration with the CCR is free of charge. To register, access <http://www.ccr.gov> or call 1-888-227-2423.

### VII. Agency Contacts

Please address inquiries to Ms. Jacqueline K. Santiago, Chief, IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, PH: 301/443-3396 [between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays].

### VIII. Other Information

IHS Area Offices and Service Units that are financially able are authorized

to provide additional funding to make awards to applicants in the LRP, but not to exceed \$35,000 a year plus tax assistance. All additional funding must be made in accordance with the priority system outlined below. Health professions given priority for selection above the \$20,000 threshold are those identified as meeting the criteria in 25 U.S.C. 1616a(g)(2)(A) which provides that the Secretary shall consider the extent to which each such determination—

(i) Affects the ability of the Secretary to maximize the number of contracts that can be provided under the LRP from the amounts appropriated for such contracts;

(ii) Provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and

(iii) Provides an incentive with respect to the health professional involved remaining in an Indian health program with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the LRP.

Contracts may be awarded to those who are available for service no later than September 30, 2008, and must be in compliance with any limits in the appropriation and Section 108 of the Indian Health Care Improvement Act not to exceed the amount authorized in the IHS appropriation (up to \$27,000,000 for FY 2008.) In order to ensure compliance with the statutes, Area Offices or Service Units providing additional funding under this section are responsible for notifying the LRP of such payments before funding is offered to the LRP participant.

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for pharmacists. The Chinle Service Unit consists of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaiile PHS Indian Health Center. The national ranking will be used for the Chinle

Comprehensive Health Care Facility (Score = 44) and the Tsaiile PHS Indian Health Center (Score = 46). With a score of 46, the Tsaiile PHS Indian Health Center would receive priority over the Chinle Comprehensive Health Care Facility.

Dated: January 16, 2008.

**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; Comment Request; NIH-American Association for Retired Persons (AARP) Short Follow-Up Questionnaire 2008 (NCI)

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on November 6, 2007 (Vol. 72, No. 214, p. 62660) and allowed 60-days for public comment. One public comment was received on November 6, 2007 which questioned why AARP was not funding this study as opposed to using NIH funds. An e-mail response was sent on January 14, 2008 stating, "We received your comment. We will take your comments into consideration". The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

**Proposed Collection:** Title: NIH-American Association for Retired Persons (AARP) Short Follow-Up Questionnaire 2008 (NCI). **Type of Information Collection Request:** New. **Need and Use of Information Collection:** The purpose of this short 2-page questionnaire is to obtain information on 18 different medical conditions, several medical procedures, and lifestyle characteristics from 513,225 participants of the NIH-AARP Diet and Health Study. The questionnaire will support the ongoing examination