

which identity theft can be prevented through better authentication of individuals.⁵ The workshop will facilitate a discussion among public sector, private sector, and consumer representatives and will focus on technological and policy requirements for developing better authentication processes, including the incorporation of privacy standards and consideration of consumer usability.

To help in planning for the workshop, the FTC invites comments on ways to improve authentication processes in order to reduce the incidence of identity theft, including but not limited to, comments on the issues and topics set out below:

1. Establishing Identity—Understanding Verification Processes

- In what ways can identities be established? How can individuals prove their identities when establishing them in the first instance?
- Please comment on the strengths and weaknesses of relying on traditional identification documentation or credentials such as birth certificates, Social Security cards, driver's licenses, and passports.
- Please comment on the strengths and weaknesses of new or emerging tools for establishing individuals' identities. Examples may include consumer information databases, which can be used to confirm whether a name and other personal information (e.g., Social Security number) belong together, and fraud detection software, which can be used to identify anomalous patterns or behaviors that may signal use of a false identity.
- What roles should the public sector or the private sector have in establishing identification credentials? Within the public sector, what roles should different levels of government (i.e., federal, state, local) have in establishing identification credentials?

⁵ The term "authentication" generally means the process of ensuring that an individual is who she or he claims to be. However, this process is more easily understood as comprising two distinct steps. The first step is the identification of an individual at the onset of the relationship between the individual and the verifying entity (e.g., an individual's identity will be verified when he or she applies for a passport or opens a financial account). The second step is the reaffirmation that the individual is the same individual whose identity was initially verified (e.g., the individual's passport is checked when he or she travels in or out of the country or the individual provides a password or other credentials to the financial institution when accessing an existing account). Although different terms can be applied to these steps, the first step is often labeled verification and the second step, particularly with respect to online environments, is often labeled authentication. For greater clarity, these distinctions are used in the invitation for comment section set forth herein.

2. Confirming the Established Identity—Current or Emerging Use of Authentication Technologies or Methods

- What are some current or emerging authentication technologies or methods (e.g., biometrics, public key infrastructure, knowledge-based authentication) for confirming established identities? Describe the contexts in which they may be used and their strengths and weaknesses.
- Please comment on the concept of multifactor authentication and how it is being or should be applied.
- To what extent are consumer information databases being used to authenticate individuals? One example of such use is to support knowledge-based authentication tools, which generate questions the answers to which only the consumer would know.
- To what extent do current or emerging authentication technologies or methods incorporate or rely on readily available identification information, such as Social Security numbers? How might such reliance affect the risk of identity theft?
- To what extent do these technologies or methods meet consumer needs, such as ease of use? To what extent do these technologies or methods raise privacy concerns, including concerns about the tracking and profiling of an individual's movements or transactions by the public or private sector?

3. Comparing Verification and Authentication Systems

- What are some of the different models for verification and authentication systems? Please comment on their strengths and weaknesses. For example, what are the relative merits of a centralized identification system where a single or a limited number of organizations identify all individuals and issue credentials that other entities can rely upon versus a decentralized identification system where each organization develops its own procedures and separately verifies and authenticates the individuals with which it is involved?
- In considering the relative merits of different systems, please comment on:
 - Consumer acceptance and to what degree consumer education may facilitate such acceptance; and
 - Any privacy concerns including issues raised with respect to data collection, use, and storage.
- In addition to reducing identity theft, how might better systems or processes for proving claims of identity

generate other consumer benefits (e.g., providing access to various commercial or government services)?

- How are other countries addressing verification and authentication issues, particularly as the issues relate to identity theft? What lessons can be learned?

4. Upcoming Challenges in Authentication

- As technologies converge to allow consumers to conduct financial or other sensitive transactions in new ways, how can appropriate authentication processes or technologies be incorporated to ensure that consumers receive the intended benefits of these advances without exposing them to new vulnerabilities?

By direction of the Commission.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS-0990-0000] [60-day notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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 functions; (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.

Type of Information Collection Request: New collection.

Title of Information Collection: Understanding Barriers and Successful Strategies for Faith-Based Organizations in Accessing Grants.

Form/OMB No.: 0990–

Use: The “Understanding Barriers and Successful Strategies for Faith-Based Organizations in Accessing Grants” study aims to complement internal Health and Human Services (HHS) efforts to provide equal access to federal discretionary grants for faith-based organizations by collecting information directly from such organizations on their experiences applying for federal grants.

Frequency: Single time.

Affected Public: Not-for-profit institutions.

Annual Number of Respondents: 290.

Total Annual Responses: 290.

Average Burden per Response: 35.3 minutes.

Total Annual Hours: 170.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to

Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received with 60 days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Resources and Technology, Office of Resources Management, Attention: Sherette Funn-Coleman (0990–NEW), Room 537–H, 200 Independence Avenue, SW., Washington, DC 20201.

Dated: February 15, 2007.

Alice Bettencourt,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7–3175 Filed 2–23–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS–0990–0243] [60-day notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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 functions; (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.

Type of Information Collection

Request: Extension.

Title of Information Collection: OCR Pre-grant Data Request Form.

Form/OMB No.: 0990–0243.

Use: The form is designed to collect data from health care providers who have requested certification to participate in the Medicare program. This civil rights compliance determination is an essential component of HHS’ decision to grant or deny certification and must be made prior to the Department’s final notification of its decision to the provider.

Frequency: Recordkeeping single time.

Affected Public: Business or other for-profit.

Annual Number of Respondents: 3,500.

Total Annual Responses: 3,500.

Average Burden per Response: 15 hours.

Total Annual Hours: 52,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Resources and Technology, Office of Resources Management, Attention: Sherette Funn-Coleman (0990–0243), Room 537–H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: February 15, 2007.

Alice Bettencourt,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Toxicology Program (NTP); Center for the Evaluation of Risks to Human Reproduction (CERHR); Announcement of the Availability of the Hydroxyurea Expert Panel Report; Request for Public Comment

AGENCY: National Institute of Environmental Health Sciences; National Institutes of Health, HHS.

ACTION: Request for comment.

SUMMARY: CERHR announces availability of the hydroxyurea expert panel report by March 5, 2007 on the CERHR Web site (<http://cerhr.niehs.nih.gov>) or in print from CERHR (see “ADDRESSES” below). This expert panel report is an evaluation of the reproductive and developmental toxicity of hydroxyurea conducted by a 13-member expert panel composed of scientists from the Federal Government, universities, and private organizations. CERHR invites the submission of public comments on this expert panel report.

DATES: The final hydroxyurea expert panel report will be available by March 5, 2007, and written public comments on this report should be received by April 18, 2007.

ADDRESSES: Public comments and any other correspondence should be sent to Dr. Michael D. Shelby, CERHR Director, NIEHS, P.O. Box 12233, MD EC–32, Research Triangle Park, NC 27709 (mail), (919) 316–4511 (fax), or shelby@niehs.nih.gov (e-mail). Courier address: CERHR, 79 T.W. Alexander Drive, Building 4401, Room 103, Research Triangle Park, NC 27709.

SUPPLEMENTARY INFORMATION:

Background

Hydroxyurea is used in the treatment of cancer, sickle cell disease, and thalassemia. It is the only treatment for sickle cell disease used in children aside from blood transfusion. Hydroxyurea may be used in the treatment of children and adults with sickle cell disease for an extended period of time or for repeated cycles of therapy. Treatment with hydroxyurea may be associated with cytotoxic and myelosuppressive effects and hydroxyurea is mutagenic. Hydroxyurea is FDA-approved for reducing the frequency of painful crises and the need for blood transfusions in adults with sickle cell anemia who experience recurrent moderate to severe crises. CERHR selected hydroxyurea for expert panel evaluation because of (1) increasing use in the treatment of sickle cell disease in children and adults, (2)