DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Institute Special Emphasis Panel, NHLBI Patient-Oriented Research and Career Enhancement Award for Stem Cell Research.

Date: December 21, 2007.

Time: 9 a.m. to 11 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, 7192, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Mark Roltsch, PhD, Scientific Review Administrator, Review Branch/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7192, Bethesda, MD 20892–7924, 301–435–0287, *roltschm@nhlbi.nih.gov*.

This notice is being published less than 15 days prior to meeting due to the timing limitations imposed by the review and funding cycle.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: December 10, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–6053 Filed 12–14–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Additional Consolidated Health Information (CHI) Health Information Technology Standards

AGENCY: Federal Health Architecture (FHA), Office of the National Coordinator for Health Information Technology (ONC).

ACTION: Notice: Additional Consolidated Health Informatics (CHI) Health Information Technology Standards.

SUMMARY: This notice identifies three (3) additional Consolidated Health Informatics (CHI) messaging and vocabulary standards (Multimedia, Allergy, and Disability and Assessments) adopted for use in Federal government health information technology systems. This work supplements the work to further the adoption of the first set of 5 standards adopted on March 21, 2003 and second set of 15 standards adopted on May 6, 2004, as published in the December 23, 2005 **Federal Register** (70 FR 76287).

The CHI initiative began in October 2001 as one of 24 E-Government initiatives included in the President's Management Agenda (PMA). The CHI collaborative worked to adopt Federal government-wide health information interoperability standards to be implemented by Federal agencies in order to enable the Fedral government to exchange electronic health information. By publication of this document, we are informing the public of the adoption of three new CHI standards, Multimedia, Allergy and Disability and Assessment (adoption reports available at: *http://www.hhs.gov/healthit/chiinitiative.html*).

CHI Adopted Standards

As a result of work completed in furtherance of CHI, the three new domain areas and associated clinical standards that have been adopted are noted in the individual standards adoption reports found at *http://www.hhs.gov/healthit/chiinitiative.html* and are summarized below:

1. *Multimedia Messaging Standard:*

• National Electrical Manufacturer's Association (NEMA) Digital Imaging and Communications in Medicine (DICOM℠) 2004 Standard and higher.

2. *Allergy Messaging and Vocabulary Standard:*

• Health Level Seven (HL7®) HL7® 2.4 and higher messaging standard allergy information segments.

• College of American Pathologists (CAP) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) for allergy type, severity and reaction codes.

• National Library of Medicine (NLM) RxNorm for brand name allergen code.

• Food and Drug Administration (FDA) Unique Ingredient Identifier (UNII) codes for ingredient name allergen code.

• Department of Veteran Affairs (VA) National Drug File-Reference Terminology (NDF-RT) for drug class allergen code.

• 3. *Disability and Assessments:*

• Regenstrief Institute, Inc LOINC® (Logical Observation Identifiers Names and Codes®) representation and codes for questions and answers on federally-required assessment forms;

• CHI-endorsed semantic vocabulary matches linked with the LOINC® assessment questions and answers; and

• HL7® v2.4 and higher messaging standard and the HL7® CDA (Clinical Document Architecture (CDA)) for exchanging standardized federally-required assessment content.

SUPPLEMENTARY INFORMATION: In 2006, the CHI initiative was transitioned to the Federal Health Architecture (FHA) under the Office of the National Coordinator for Health IT (ONC). Currently, the CHI standards are being coordinated with the public/private processes of Healthcare Information Technology Standards Panel (HITSP).

HITSP serves as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software systems, as they will interact in a local, regional, and nationwide health information network.

CHI endorsement has been identified as one of the HITSP standards adoption criteria employed to adopt standards for the HITSP Interoperability Specifications. The HITSP Interoperability Specifications are developed to advance the national agenda for secure, interoperable health information systems. (Notice of Availability, 72 FR. 9339 (March 1, 2007).

Collection of Information Requirements

This notice does not impose information collection and recordkeeping requirements subject to

review the paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*)

Impact Statement

We foresee this notice having the following indirect effects upon the public: This notice will result in indirect impacts for Federal contractors or potential contractors who may be involved in health information technology design, development, or evaluation. The Federal government will require all future federal health information acquisitions to be based on CHI standards when applicable and as permitted by law, whether system development occurs within the Agency or through use of contractor services.

FOR FURTHER INFORMATION CONTACT: Vish Sankaran—(202) 205–2761.

Authority: The E-Government Act of 2002 (Pub. L. 107–347) (H.R. 2458).

Dated: December 7, 2007.

Robert M. Kolodner,

National Coordinator for Health Information Technology, Office of the National Coordinator for Health Information Technology.

[FR Doc. 07–6058 Filed 12–14–07; 8:45 am]

BILLING CODE 4150–45–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute for Occupational Safety and Health; Decision To Evaluate a Petition To Designate a Class of Employees at the Pantex Plant, Amarillo, TX, To Be Included in the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at the Pantex Plant, Amarillo, Texas, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Pantex Plant.

Location: Amarillo, Texas.

Job Titles and/or Job Duties: Production workers, technicians, including radiography, guards, physical plant, maintenance, administrative and support staff, contractors, and Atomic Energy Commission staff.

Period of Employment: January 1, 1950 through December 31, 1991.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C–46, Cincinnati, OH 45226, Telephone 513–533–6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to *OCAS@CDC.GOV.*

Dated: December 10, 2007.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. E7–24427 Filed 12–14–07; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30–Day–08–0338]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–4766 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S.—Reinstatement with Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The oral use of smokeless tobacco (SLT) products represents a significant health risk which can cause cancer and a number of non-cancerous oral conditions, and can lead to nicotine addiction and dependence. Furthermore, SLT use is not a safe substitute for cigarette smoking. The Comprehensive Smokeless Tobacco Health Education Act of 1986 (15 U.S.C. 4401 et seq., P. L. 99–252) requires each person who manufactures, packages, or imports smokeless tobacco (SLT) to provide the Secretary of Health and Human Services (HHS) with a list of ingredients added to tobacco in the manufacture of smokeless tobacco products. This legislation also authorizes HHS to undertake research, and submit an annual report to Congress (as deemed appropriate) discussing the health effects of these ingredients in smokeless tobacco products. HHS has delegated responsibility for the implementation of this Act to CDC's Office on Smoking and Health (OSH). Respondents report the required information to CDC once per year according to Tobacco Ingredient and Nicotine Reporting instructions posted on the OSH Web site. Changes effective with this reinstatement relate to the redesign of the OSH Web site. There are no costs to respondents other than their time. The total estimated annualized burden hours are 18,843.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers	11	1	1,713