ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Estimated annual burden hours
12-month survey	10,240	1	0.83	8,499.2
12-month observational study (intact couples)	3,200	1	0.68	2,176
12-month observational study (separated couples)	160	1	0.17	27.2
12-month observational study (children of intact couples)	1,600	1	0.33	528
12-month observational study (children of separated couples)	160	1	0.17	27.2
The process and implementation field research guide	504	1	1	504

Estimated Total Annual Burden Hours: 11,761.6.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: October 1, 2007

Brendan C. Kelly,

OPRE Reports, Clearance Officer.

[FR Doc. 07–4943 Filed 10–4–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERIVCES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Ryan White HIV/AIDS Treatment Modernization Act of 2006: Program Allocation and Expenditure Forms (NEW)

The Ryan White HIV/AIDS Program Allocation and Expenditure Reports will enable the Health Resources and Services Administration's HIV/AIDS Bureau to track spending requirements for each program as outlined in the 2006 legislation. Grantees funded under Parts A, B, C, and D of the Ryan White HIV/AIDS Program (codified under Title XXVI of the Public Health Service Act) would be required to report financial data to HRSA at the beginning and end of their grant cycle.

All Parts of the Ryan White HIV/AIDS Program specify HRSA's responsibilities in the administration of grant funds. Accurate allocation and expenditure records of the grantees receiving Ryan White HIV/AIDS Program funding are critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities.

The new law changes how Ryan White HIV/AIDS Program funds can be used, with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS across this country. More money will be spent on direct health care for Ryan White HIV/AIDS Program clients. Under the new law, unless they receive a waiver, grantees receiving funds under Parts A, B, and C must spend at least 75 percent of funds on ''core medical services'' and can spend no more than 5 percent or 3 million dollars (whichever is smaller) on clinical quality management. Under Parts A–D, there is also a 10 percent spending cap on grantee administration.

The forms would require grantees to report on how funds are allocated and spent on core and non-core services, and on various program components, such as administration, planning and evaluation, and quality management. The two forms are identical in the types of information they collect. However, the first report would track the allocation of their award at the beginning of their grant cycle and the second report would track actual expenditures (including carryover dollars) at the end of their grant cycle.

The primary purposes of these forms are to (1) provide information on the number of grant dollars spent on various services and program components, and (2) oversee compliance with the intent of congressional appropriations in a timely manner. In addition to meeting the goal of accountability to the Congress, clients, advocacy groups, and the general public, information

collected on these reports is critical for HRSA, State and local grantees, and individual providers to evaluate the effectiveness of these programs.

The response burden for grantees is estimated as:

Program under which grantee is funded	Number of grantee respondents	Responses per grantee	Total Responses	Hours to complete each form	Total hours
Part A	56	2	112	8	896
Part B	59	2	118	12	1416
Part A MAI	56	2	112	4	448
Part B MAI	59	2	118	4	472
Part C	361	2	722	7	5054
Part D	90	2	180	7	1260
Total	681		1,362		9,546

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 1, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7–19721 Filed 10–4–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Reimbursement of Travel and Subsistence Expenses Toward Living Organ Donation Proposed Eligibility Guidelines and Publication of Final Program Eligibility Guidelines

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

ACTION: Response to Solicitation of Comments and Publication of Final Program Eligibility Guidelines.

SUMMARY: A notice was published in the **Federal Register** on April 9, 2007 (72 FR 17564). The purpose of this notice was to solicit comments on the eligibility criteria that were proposed by HRSA concerning the Reimbursement of Travel and Subsistence Expenses Grant Program.

FOR FURTHER INFORMATION CONTACT: James F. Burdick, M.D., Director, Division of Transplantation, Healthcare Systems Bureau, Health Resources and Services Administration, Parklawn Building, Room 12C–06, 5600 Fishers Lane, Rockville, Maryland 20857; telephone (301) 443–7577; fax (301) 594–6095; or e-mail: *jburdick@hrsa.gov.*

SUPPLEMENTARY INFORMATION: Congress has provided specific authority under section 377 of the Public Health Service (PHS) Act, as amended, 42 U.S.C. 274f, for providing reimbursement of travel and subsistence expenses for living organ donors, with preference for those for whom paying such expenses would create a financial hardship. On September 25, 2006, HRSA awarded a 4-year, $8,000,000 Cooperative Agreement to the Regents of the University of Michigan to establish this Program.

Congress requires that the Secretary, in carrying out this Program, give preference to those individuals the Secretary determines are more likely to be unable to pay for the travel and related expenses associated with the donation process. In addition, Congress requires that funds from the Program not be used to reimburse travel and related expenses associated with being a living donor, if the donor has received any payments or is expected to receive any payments related to these expenses from:

(1) Any State compensation program, an insurance policy, or a Federal or State health benefits program;

(2) An entity that provides health services on a prepaid basis; or

(3) The recipient of the organ.

On April 9, 2007, HRSA published a notice in the **Federal Register**, requesting comments on the proposed eligibility criteria for the Program. HRSA outlined that the two main issues raised in developing program eligibility criteria are: (1) Criteria to identify potential living organ donors who may be unable to pay for travel and subsistence expenses associated with living organ donation, since Congress mandates that these individuals be given priority for reimbursement; and (2) criteria to assess the potential organ recipient's ability to pay for these expenses incurred by the living organ donor, since Congress prohibits reimbursement of these expenses if the recipient of the organ can reasonably pay for these expenses. HRSA proposed 200 percent of the HHS Poverty Guidelines as an income threshold for determining which transplant recipients could reasonably be expected to pay for travel and subsistence expenses incurred by the living donor. HRSA requested comments as to whether this was a reasonable approach for assessing a recipient's ability to pay. HRSA also proposed some additional criteria governing donor reimbursement including: Good faith effort to become a donor, U.S. legal status, donor informed consent, compliance with the criminal provisions contained in section 301 of the National Organ Transplant Act of 1984, as amended, concerning the transfer of a human organ for valuable consideration and requirements of the transplant program to be in good standing with the Organ Procurement and Transplantation Network.

HRSA received 29 public comments from advocacy groups, transplant hospitals, and concerned citizens. Nineteen of these comments expressed dissatisfaction in limiting reimbursement to specific donors. The majority of these respondents remarked that reimbursement should be available to all living donors without conditions. Three of these commenters proposed that HRSA increase the threshold to 300 percent of the HHS Poverty Guidelines. One respondent expressed concerns that the expectation of recipients paying for donors' costs and the income guidelines providing preference for the lowest socioeconomic class may result in the exchange of valuable consideration for the organ or otherwise be coercive towards individuals of lower socioeconomic status. Three respondents stated that they support the criteria as proposed. One of these two respondents stated that the Program should be based on the donor's ability to pay, that if people really want to donate and can afford it, money shouldn't be an issue.

One respondent asked HRSA to protect the rights of all living donors. Another respondent feels that HRSA is 'pushing' the black market by paying $6,000, which is an insufficient amount, to living organ donors. Furthermore, this respondent feels that the Program,