

to Mr. Robert E. Feldman, Executive Secretary of the Corporation, at (202) 898-7122.

Dated: September 19, 2008.  
Federal Deposit Insurance Corporation.

**Valerie J. Best,**

*Assistant Executive Secretary.*

[FR Doc. E8-22501 Filed 9-24-08; 8:45 am]

**BILLING CODE 6714-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Chronic Fatigue Syndrome Advisory Committee

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will be held on Tuesday, October 28, 2008, and Wednesday, October 29, 2008. The meeting will be held from 9 a.m. to approximately 5 p.m. on both days.

**ADDRESSES:** Department of Health and Human Services; Room 800 Hubert H. Humphrey Building; 200 Independence Avenue, SW.; Washington, DC 20201

**FOR FURTHER INFORMATION CONTACT:** Dr. Anand K. Parekh, Executive Secretary, Chronic Fatigue Syndrome Advisory Committee; Department of Health and Human Services; 200 Independence Avenue, SW., Room 727H; Washington, DC 20201; (202) 401-7605 or Olga Nelson, Committee Management Officer, Office of Public Health and Science; U.S. Department of Health and Human Services; 200 Independence Avenue, SW., Room 714B; Washington, DC 20201; (202) 690-5205.

**SUPPLEMENTARY INFORMATION:** CFSAC was established on September 5, 2002. The Committee was established to advise, consult with, and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including (1) the current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of

programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

The agenda for this meeting is being developed. The agenda will be posted on the CFSAC Web site, <http://www.hhs.gov/advcomcfs>, when it is finalized.

Public attendance at the meeting is strongly encouraged. Individuals must provide a photo ID for entry into the building where the meeting is scheduled to be held. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. The committee is very interested to hear about experiences that individuals with chronic fatigue syndrome have had interfacing with the medical community. In addition, the committee welcomes specific comments on issues surrounding chronic fatigue syndrome research, provider education, and quality of life. Individuals who wish to address the Committee during the public comment session must pre-register by October 23, 2008. Any individual who wishes to participate in the public comment session should call the telephone number listed in the contact information to register. Public comment will be limited to five minutes per speaker. Members of the public who wish to have printed material distributed to CFSAC members for discussion should submit, at a minimum, one copy of the material to the OPHS Committee Management Officer prior to close of business on October 23, 2008. Contact information for the OPHS Committee Management Officer is listed above.

Dated: September 19, 2008.

**Anand K. Parekh,**

*Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.*

[FR Doc. E8-22577 Filed 9-24-08; 8:45 am]

**BILLING CODE 4150-42-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Presidential Advisory Council on HIV/AIDS

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will be held Tuesday, October 21, 2008 and Wednesday, October 22, 2008. The meeting will be held from 9 a.m. to approximately 4 p.m. on October 21, and from 10 a.m. to approximately 4 p.m. on October 22.

**ADDRESSES:** Department of Health and Human Services, Room 800, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Ms. Nancy Barnes, Committee Manager, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue, SW., Room 727G, Hubert H. Humphrey Building, Washington, DC 20201; (202) 205-2311. More detailed information about PACHA can be obtained by accessing the Council's Web site at <http://www.pacha.gov>.

**SUPPLEMENTARY INFORMATION:** PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) Promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services. The Council is composed of not more than 21 members. Council membership is selected by the Secretary from individuals who are considered authorities with particular expertise in, or knowledge of, matters concerning HIV and AIDS.

The agenda for this Council meeting is being developed. The meeting agenda will be posted on the Council's Web site when it is drafted.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the building. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Pre-registration for public attendance is advisable and can be accomplished

online by accessing the PACHA Web site, <http://www.pacha.gov>.

Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment. Any individual who wishes to participate in the public comment session must register online at <http://www.pacha.gov>; registration for public comment will not be accepted by telephone. Public comment will be limited to three minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members for discussion at the meeting should submit, at a minimum, one copy of the materials to the Committee Manager, PACHA no later than close of business on October 14, 2008. Contact information for the PACHA Committee Manager is listed above.

Dated: September 19, 2008.

**Mary (Marty) McGeein,**

*Executive Director, Presidential Advisory Council on HIV/AIDS.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60-Day-08-0691]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 or send comments to Maryam Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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. Written comments should be received within 60 days of this notice.

#### Proposed Project

State Medicaid Tobacco Coverage Survey (OMB No. 0920-0691)—Reinstatement—National Center for Chronic Disease Prevention and Control (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Tobacco use remains the leading preventable cause of death in the United States despite the availability of evidence-based treatments for tobacco dependence, which include counseling and FDA-approved pharmacotherapies. To increase both the use of treatment by smokers attempting to quit and the number of smokers who quit successfully, the Guide to Community Preventive Services recommends reducing the out-of-pocket cost of effective tobacco-dependence treatments, and the Public Health Service (PHS) Clinical Practice Guideline supports expanded insurance coverage for tobacco-dependence treatment.

Medicaid recipients have approximately 50% greater smoking prevalence than the overall U.S. adult population, and they are disproportionately affected by tobacco-related disease and disability. In 2000, approximately 32 million low-income persons in the United States received their health insurance coverage through federally funded State Medicaid programs, and approximately 11.5 million (36%) of these persons smoked. Substantial action to improve coverage of tobacco-dependence treatments through Medicaid will be needed if the United States is to achieve the 2010 National Health Objective of 12% smoking prevalence among adults.

The amount and type of coverage for tobacco-dependence treatment offered by Medicaid has been collected for

1998, 2000, 2001, 2002, 2003, 2005, 2006, and 2007. Surveys have been funded by the Robert Wood Johnson Foundation (RWJF) (1998, 2000–2003) and the Centers for Disease Control and Prevention (CDC) (2005–2007) (OMB No. 0920-0691, expiration date 8/31/2008). The most recent analysis of these information collections demonstrated that in 2006, 39 states provided coverage for some FDA-approved medications for the general Medicaid population; however, only 17 states provided some form of coverage for counseling and only seven states covered all FDA-approved medications and at least one form of counseling for all enrollees. Some progress has been made in that the number of states offering no benefits decreased from 15 in 2002 to eight in 2006.

CDC plans to request reinstatement of OMB approval to collect similar information about Medicaid coverage of tobacco-dependence treatments during the years 2008–2010. Respondents will be Medicaid directors in all 50 states and the District of Columbia. To minimize burden, each respondent will receive an electronic copy of the survey pre-filled with the previous year's results. Respondents will only be asked to record changes that occurred since the time of the previous submission. In addition, respondents will be asked to answer new questions pertaining to the recommendations made in the updated PHS clinical practice guideline issued in May of 2008 regarding coverage for combination therapies, smokeless tobacco use, and their familiarity with and use of the 2000 PHS guideline. The minor changes to be incorporated in the revised survey instrument are not expected to have a significant impact on the overall burden estimate. As in previous years, each respondent will also attach a copy of the state's Medicaid coverage plan to their completed survey, in order to assist the research team with the interpretation of responses.

The information to be collected will allow CDC to continue monitoring compliance with the most recent PHS recommendations and the progress of State Medicaid Programs toward the 2010 National Health Objectives and Healthy People 2010 goals.

There are no costs to respondents except the time to complete the survey.