For more information regarding an Estimated Annual Respondent Burden specifically for cognitive testing please refer to OMB Control No: 0990–0376, Communications Testing for Comprehensive Communication Campaign for HITECH Act (expiration date 07/31/2014; ICR Reference No: 201106–0990–005).

Keith Tucker,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–28457 Filed 11–2–11; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Temporary Certification Program; Notice of Extension

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

SUMMARY: This notice announces the decision made by the National Coordinator for Health Information Technology (the National Coordinator) to extend the Temporary Certification Program.

Authority: Section 3001(c)(5) of the Public Health Service Act (PHSA) as added by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

FOR FURTHER INFORMATION CONTACT: Steve Posnack, Director, Federal Policy Division, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

SUPPLEMENTARY INFORMATION: On June 24, 2010, the Office of the National Coordinator for Health Information Technology (ONC) published a final rule (75 FR 36158) to establish a temporary certification program for health information technology. The temporary certification program would ensure that Certified EHR Technology was available for adoption and use by eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) for the Medicare and Medicaid EHR Incentive Programs beginning in 2011. On January 7, 2011, ONC published a final rule (76 FR 1262) to establish a permanent certification program for health information technology, which would eventually replace the temporary certification program. Under 45 CFR 170.490 and as discussed in the temporary certification program final rule (75 FR 36184), the temporary certification program will sunset on December 31, 2011, or if the permanent certification program is not fully constituted at that time, then upon a subsequent date that is determined to be appropriate by the National Coordinator. As we explained in the temporary certification program final rule (75 FR 36185), to determine whether the permanent certification program is fully constituted, the National Coordinator will consider whether there are a sufficient number of ONC–Authorized Certification Bodies (ONC–ACBs) and accredited testing laboratories to address current market demand. We refer readers to the final rule (76 FR 1262) for more information about accreditation, testing, and certification activities under the permanent certification program.

After consulting with the current ONC–Approved Accreditor (ONC–AA) for the permanent certification program (the American National Standards Institute (ANSI)) and the National Institute of Standards and Technology (NIST), which administers the National Voluntary Laboratory Accreditation Program (NVLAP) for health information technology, we do not anticipate that there will be a sufficient number of accredited testing laboratories or ONC–ACBs until summer 2012. We base this conclusion on ANSI and NVLAP's estimations of the amount of time needed to complete the accreditation of certification bodies and testing laboratories, as well as our estimation of the time period for the National Coordinator to review the applications of accredited certification bodies and subsequently authorize them as ONC–ACBs.

On this basis, the National Coordinator has determined it is necessary to extend the temporary certification program past the established sunset date of December 31, 2011. If the National Coordinator were to take no action, the temporary certification program would end on that date without a replacement program fully in place to ensure the continued availability of Certified EHR Technology for EPs and hospitals that seek to achieve meaningful use and participate in the EHR Incentive Programs. We believe that the sunset of the temporary certification program should be tied to the effective date of the final rule that we intend to issue in summer 2012, which is expected to adopt new and revised standards, implementation specifications, and certification criteria for EHR technology in support of the next stage of meaningful use under the Medicare and Medicaid EHR Incentive Programs. We believe aligning the sunset of the temporary certification program with the effective date of this forthcoming final rule would provide certainty to health care providers, EHR technology developers, and other stakeholders, while also ensuring a sufficient number of accredited testing laboratories and ONC–ACBs exist to meet market demand. Although we believe this timeline is feasible based on current expectations as discussed above, we recognize unanticipated events may make it necessary to reconsider the sunset date for the temporary certification program. We will publish another **Federal Register** notice to inform the public of any changes to our expected sunset date for the temporary certification program.

As stated in the temporary certification program final rule (75 FR 36184), when the temporary certification program sunsets, ONC–Authorized Testing and Certification Bodies (ONC–ATCBs) will be prohibited from accepting new requests to test and certify EHR technology and will be permitted up to six months after the sunset date to complete all testing and certification activities associated with requests received prior to the sunset date. If these activities are not completed within the 6-month period, the EHR technology would have to be resubmitted for testing and certification under the permanent certification program.

Dated: October 28, 2011.

Farzad Mostashari,

National Coordinator for Health Information Technology.

[FR Doc. 2011–28492 Filed 11–2–11; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Blood Safety and Availability

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health.

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 Advisory Committee on Blood Safety and Availability (ACBSA) will hold a meeting. The meeting will be open to the public.

DATES: The meeting will take place Monday, December 5, and Tuesday December 6, 2011, from 9 a.m. to 5 p.m.

ADDRESSES: National Institutes of Health Conference Room, 5635 Fishers Lane, Terrace Level, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Mr. James Berger, Acting Executive Secretary, ACBSA, Office of the Assistant Secretary for Health, Department of Health and Human Services, 1101 Wootton Parkway, Suite 250, Rockville, MD 20852, (240) 453–8809, *FAX* (240) 453–8456, *email ACBSA@hhs.gov.*

SUPPLEMENTARY INFORMATION: The ACBSA provides advice to the Secretary, through the Assistant Secretary for Health, on a broad range of issues involving the safety and availability of blood and blood products. The agenda for the meeting includes discussion by the Committee on the current informed consent laws for blood, organ, cells, and tissues. The Committee will examine the informed consent laws and consider making recommendations about legal reform. In keeping with established mission, the ACBSA also will be asked to review and comment on previous ACBSA recommendations.

The public will have the opportunity to present their views to the Committee during a public comment session scheduled for December 6, 2011. Comments will be limited to five minutes per speaker and must be pertinent to the discussion. Pre-registration is required for participation in the public comment session. Any member of the public who would like to participate in this session is encouraged to contact the Acting Executive Secretary at his/her earliest convenience to register for time (limited to 5 minutes) and registration must be prior to close of business on December 1, 2011. If it is not possible to provide 30 copies of the material to be distributed, then individuals are requested to provide a minimum of one (1) copy of the document(s) to the Acting Executive Secretary to be distributed prior to the close of business on December 5, 2011. It is also requested that any member of the public who wishes to provide comments to the Committee utilizing electronic data projection to submit the necessary material to the Acting Executive Secretary prior to the close of business on December 1, 2011. Electronic comments must adhere to disability accessibility guidelines (Section 508 compliance).

Dated: October 27, 2011.

James J. Berger,

Acting Executive Secretary, Advisory Committee on Blood Safety and Availability.

[FR Doc. 2011–28489 Filed 11–2–11; 8:45 am]

BILLING CODE 4150–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR–271]

Notice of the Revised Priority List of Hazardous Substances That Will Be the Subject of Toxicological Profiles

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA or Superfund), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), requires that ATSDR and the Environmental Protection Agency (EPA) prepare a Priority List of Hazardous Substances commonly found at facilities on the CERCLA National Priorities List (NPL). The Priority List of Hazardous Substances includes substances that have been determined to be of greatest public health concern to persons at or near NPL sites. CERCLA as amended also requires that the Priority List of Hazardous Substances be revised periodically.

This announcement provides notice that a revised Priority List of 275 Hazardous Substances has been developed and is now available for download. CERCLA as amended also requires ATSDR to prepare and to periodically revise toxicological profiles on hazardous substances included in the priority list. Thus, each priority list substance is a potential toxicological profile subject, as well as a candidate for identification of priority data needs.

In addition to the Priority List of Hazardous Substances, ATSDR has developed a Completed Exposure Pathway Site Count Report. This report lists the number of sites or events at which ATSDR is involved and wherein a substance has been found in a completed exposure pathway (CEP).

ADDRESSES: Requests for a printed copy of the 2011 Priority List of Hazardous Substances That Will Be the Subject of Toxicological Profiles and Support Document, including the CEP report should be submitted to Ms. Nickolette Roney, Division of Toxicology and Environmental Medicine, ATSDR, Mail Stop F–62, 1600 Clifton Road NE., Atlanta, GA 30333.

Electronic Availability: The 2011 Priority List of Hazardous Substances and Support Document is posted on ATSDR's Web site located at *http://www.atsdr.cdc.gov/SPL.* The CEP Report is also posted at *http://www.atsdr.cdc.gov/CEP.*

FOR FURTHER INFORMATION CONTACT: Ms. Nickolette Roney, Division of Toxicology and Environmental Medicine, ATSDR, 1600 Clifton Road NE., Mail Stop F–62, Atlanta, GA 30333, telephone (800) 232–4636, ET.

This is an informational notice only; no comments are solicited at this time.

SUPPLEMENTARY INFORMATION: CERCLA establishes certain requirements for ATSDR and EPA with regard to hazardous substances most commonly found at facilities on the CERCLA NPL. Section 104(i)(2)(A) of CERCLA, as amended,[1] requires that ATSDR and EPA prepare a list, in order of priority, of at least 100 hazardous substances most commonly found at facilities on the NPL and which, in the agencies' sole discretion, pose the most significant potential threats to human health (see also 52 FR 12866, April 17, 1987). CERCLA section 104(i)(2)(B)[2] also requires the agencies to revise the priority list to include 100 or more additional hazardous substances (see also 53 FR 41280, October 20, 1988), and to include at least 25 additional hazardous substances in each of the three successive years following the 1988 revision (see 54 FR 43615, October 26, 1989; 55 FR 42067, October 17, 1990; and 56 FR 52166, October 17, 1991). CERCLA section 104(i)(2)(B) further requires ATSDR and EPA at least annually to revise the list to include any additional hazardous substances that have been determined to pose the most significant potential threat to human health.

In 1995, the agencies, recognizing the stability of this listing activity, altered the priority list publication schedule (60 FR 16478, March 30, 1995). As a result, the substance priority list is now on a 2-year publication schedule, with annual informal review and revision. However, after the publication of the 2007 substance priority list, ATSDR transitioned to a new science database. This transition caused a delay in the publication of the revised priority list. Thus, the 2011 priority list is the first publication of the list since the 2007 priority list. Each substance on the Priority List of Hazardous Substances is a potential subject of a toxicological profile prepared by ATSDR and, subsequently, a candidate for the identification of priority data needs.

The ranking of substances on the priority list is based on an algorithm

[1] 42 U.S.C. 9604(i)(2)(A).

[2] 42 U.S.C. 9604(i)(2)(B).