

**SUPPLEMENTARY INFORMATION:** The Commission has requested approval of this information collection under the emergency processing provisions of the PRA by January 22, 2008.

*OMB Control Number:* 3060-0804.

*Title:* Universal Service—Rural Health Care Program/Rural Health Care Pilot Program.

*Form Number(s):* FCC Forms 465, 466, 466-A, and 467.

*Type of Review:* Revision of a currently approved collection.

*Respondents:* Business or other for-profit; not-for-profit institutions; and state, local, or tribal governments.

*Number of Respondents:* 6,494.

*Estimated Time per Response:* 0.10–20 hours.

*Frequency of Response:*

Recordkeeping; on occasion, one time, annual, quarterly, and monthly reporting requirements; third party disclosure.

*Obligation to Respond:* Required to obtain or retain benefits.

*Total Annual Burden:* 67,467 hours.

*Total Annual Cost:* \$0.00.

*Privacy Impact Assessment:* No Impact(s).

*Nature and Extent of Confidentiality:*

The Commission is not requesting that the respondents submit confidential information to the FCC. Respondents may, however, request confidential treatment for information they believe to be confidential under 47 CFR 0.459 of the Commission's rules.

*Needs and Uses:* In the Telecommunications Act of 1996 (1996 Act), Congress specifically intended that rural health care providers be provided with "an affordable rate for the services necessary for the provision of telemedicine and instruction relating to such services." In 1997, the Commission implemented this statutory directive by adopting the current Rural Health Care support mechanism, which provides universal service support to ensure that rural health care providers pay no more than their urban counterparts for their telecommunications needs and Internet access in the provision of health care services. Despite the Commission's efforts to increase the utility of the Rural Health Care support mechanism, the program has yet to fully achieve the benefits intended by the statute and the Commission. In particular, health care providers continue to lack access to the broadband facilities needed to support the types of advanced telehealth applications, like telemedicine, that are vital to bringing medical expertise and the advantages of modern health technology to rural areas of the Nation. In response, the Commission issued the 2007 Pilot Program Selection Order (WC

Docket No. 02–60; FCC 07–198) which selected 69 participants for the universal service Rural Health Care Pilot Program (which was originally established by the Commission in September 2006). These 69 participants represent 42 states and 3 U.S. territories and will be eligible for approximately \$417 million in universal service support over three years (or \$139 million per funding year) to: (1) Support up to 85 percent of the costs associated with the construction of state or regional broadband health care networks and with the advanced telecommunications and information services provided over those networks; and (2) support up to 85 percent of the costs of connecting to Internet2 or National LambdaRail, which are both dedicated nationwide backbones, or to the public Internet. To minimize the burden on Pilot Program participants and to streamline the process, the Commission generally uses the same forms as the existing Rural Health Care support mechanism. For example, selected participants, in order to receive support, must submit an FCC Form 465 (seeking bids), FCC 466–A (selection of service provider), and FCC Form 467 (notification of service initiation). Due to the unique structure of the Pilot Program, however, in the 2007 Pilot Program Selection Order, the Commission provides guidance regarding how these forms should be completed and additional information is required from selected participants, including, proposed network costs worksheets, certifications, letters of agency from each participating health care provider, invoices showing actual incurred costs, and, if applicable, network design studies.

Federal Communications Commission.

**William F. Caton,**

*Deputy Secretary.*

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**BILLING CODE 6712-01-P**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies

owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 3, 2008.

**A. Federal Reserve Bank of New York** (Anne MacEwen, Bank Applications Officer) 33 Liberty Street, New York, New York 10045–0001:

1. *The Toronto-Dominion Bank*, Toronto, Canada; TD US P&C Holdings ULC, Calgary, Canada; Cardinal Top Co. and Cardinal Intermediate Co., both of New York, New York; to become bank holding companies by acquiring 100 percent of the voting shares of Commerce Bancorp, Inc., Cherry Hill, New Jersey, and thereby indirectly acquire voting shares of Commerce Bank, NA, Philadelphia, Pennsylvania, and Commerce Bank/North, Ramsey, New Jersey; and 14.8 percent of Pennsylvania Commerce Bancorp, Inc., and thereby acquire Commerce Bank/Harrisburg, N.A., both of Harrisburg, Pennsylvania.

**B. Federal Reserve Bank of Atlanta** (David Tatum, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. *SEB Bancorp, Inc.*, to become a bank holding company by acquiring 100 percent of the voting shares of Security Exchange Bank, both of Marietta, Georgia.

**C. Federal Reserve Bank of Kansas City** (Todd Offenbacher, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198–0001:

1. *First Central Nebraska Company*, Broken Bow, Nebraska; to merge with WoodRiver Banco, Incorporated, and thereby indirectly acquire The Farmers Bank, both of Oconto, Nebraska.

Board of Governors of the Federal Reserve System, December 4, 2007.

Margaret McCloskey Shanks,

Associate Secretary of the Board.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10232, CMS-10120, CMS-10241, CMS-370, 377 and 378]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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 function; (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.

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* State Plan Pre-print for Integrated Medicare and Medicaid Programs; *Use:* Information submitted via the State Plan Amendment (SPA) pre-print will be used by CMS Central and Regional Offices to analyze a State's proposal to implement integrated Medicare and Medicaid programs. The pre-print is an optional document for use by States to highlight the arrangements between a State and Medicare Advantage Special Needs Plans that are also providing Medicaid services. State Medicaid Agencies will complete the SPA pre-print and submit it to CMS for a comprehensive analysis. The pre-print provides the opportunity for States to confirm that their integrated care model complies with both federal statutory and

regulatory requirements. The pre-print contains assurances, check-off items, and areas for States to describe policies and procedures for subjects such as enrollment, marketing and quality assurance. *Form Numbers:* CMS-10251 (OMB#: 0938-NEW); *Frequency:* Reporting—Once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 30; *Total Annual Hours:* 600.

2. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* 1932 State Plan Amendment Template, State Plan Requirements and Supporting Regulations in 42 CFR 438.50; *Form No.:* CMS-10120 (OMB#: 0938-0933); *Use:* The State Medicaid Agencies will complete the template. CMS will review the information to determine if the State has met all the requirements under Section 1932(l)(1)(A) of the Social Security Act and 42 CFR 438.50. Once all requirements are met, the State will be allowed to enroll Medicaid beneficiaries on a mandatory basis into managed care entities without section 1115 or 1915(b) waiver authority; *Frequency:* On occasion; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 56; *Total Annual Responses:* 10; *Total Annual Hours:* 100.

3. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Annual State Report and Annual State Performance Rankings; *Use:* The Deficit Reduction Act of 2005 (DRA) requires CMS to contract with a vendor to conduct a monthly national survey of retail prescription drug prices and to report the prices to the States. These national average prices will be used as a benchmark by the States for the management of their prescription drug programs. The law also requires that States report their drug utilization rates for non-innovator multiple source drugs, their payment rates under their State plan, and their dispensing fees. A template will be used to facilitate data collection. The States' rankings are to be presented to the Congress and the States. *Form Number:* CMS-10241 (OMB#: 0938-NEW); *Frequency:* Reporting—Yearly; *Affected Public:* States, Local or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 765.

4. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Health Insurance Benefit Agreement,

Ambulatory Surgical Centers (ASC) Request for Certification in the Medicare Program, ASC Survey Report Form and ASC Conditions of Coverage; *Use:* The Health Insurance Benefit Agreement is utilized for the purpose of establishing for payment under Title XVIII of the Social Security Act. The ASC Request for Certification form is utilized as an application for facilities wishing to participate in the Medicare program as an ASC. This form initiates the process of obtaining a decision as to whether the conditions for coverage are met. It also promotes data retrieval from the Online Data Input Edit (ODIE) system, a subsystem of the Online Survey Certification and Report (OSCAR) system by CMS Regional Offices (ROs). The ASC Report Form is an instrument used by the State survey agency to record data collection in order to determine supplier compliance with individual conditions for coverage and report it to the Federal Government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ODIE/OSCAR system at the CMS ROs. This form includes basic information on compliance (i.e., met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself. *Form Numbers:* CMS-370, 377, 378 (OMB#: 0938-0266); *Frequency:* Reporting—Occasionally (initially and then every 3 years); *Affected Public:* States, Local or Tribal Governments; *Number of Respondents:* 5123; *Total Annual Responses:* 1707; *Total Annual Hours:* 2,787.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on January 7, 2008.

OMB Human Resources and Housing Branch, Attention: Katherine Astrich, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.