decision making that is transparent and involves the broad stakeholder communities.

8. Timely—Have the ability to carry out activities and achieve goals in a timely manner.

9. Collaborative—Have the ability to engage and work with other organizations to ensure effective implementation of rules and standards.

10. Sustainable—Have adequate resources to meet long and short term goals.

The concept of a national entity responsible for setting rules and standards for sharing and using healthcare quality measurement data has also been supported by the Institute of Medicine in their 2005 report Performance Measurement. IOM additionally proposed that this entity would be responsible for several other roles in performance measurement, including articulation of national goals, selection of measures, aggregation of data, reporting of results and performance measurement research. It is recognized that the role of a NHDSE might extend to domains beyond health care performance measurement. Respondents are encouraged to describe such domains and provide information relating to NHDSE roles and characteristics, with the understanding that any such information will be considered and will be presented by AHRQ to AQA but may not be acted on in the immediate future.

Information Requested

For the purpose of achieving a broader understanding of the need for a nationwide health data stewardship entity, and what form it might take, input is requested from interested parties. It is not necessary to answer all questions. In your response, please indicate which question you are addressing in your comments. Specific areas for comment include:

1. Whether or not there is a need for a national health data stewardship entity with reasons, including value such an entity might bring and issues it might solve

2. Desirable governmental and private sector roles in such an organization or in health data stewardship more generally

3. The roles and responsibilities currently assumed by other existing entities that might be addressed by a NHDSE, as well as roles that should not be fulfilled by a NHDSE

4. The relationship of a NHDSE and its work to other quality improvement organizations and activities

5. The relationship of a NHDSE and its work to other initiatives which set national standards for health information, such as the ANSI Health IT Standards Panel (HITSP)

6. Key challenges to creation and maintenance of a NHDSE

7. The risks of creating a NHDSE

8. The appropriate role(s) of a NHDSE in advancing quality measurement

9. The appropriate role(s) of a NHDSE in characterization and evaluation of the comprehensiveness, accuracy and reliability of shared and aggregated health care quality measurement data

10. The appropriate role(s) of a NHDSE regarding the transmission of shared and aggregated data

11. The appropriate scope of activities for a NHDSE beyond quality measurement (in such domains as research and population health)

12. The key stakeholders that would be impacted by a NHDSE and how to structure interactions with a NHDSE

13. Appropriate governance model(s) for a NHDSE

14. Means to assure NHDSE objectivity and independence

15. Means to achieve trustworthiness or trust in a NHDSE, and how that would best be achieved

16. Recommendations for achieving timeliness in NHDSE decision making

17. Recommendations for achieving compliance with NHDSE recommendations, rules or standards

18. The essential external inputs to a NHDSE

19. Recommendations for achieving organizational flexibility for a NHDSE

20. The potential organizational infrastructure needs of a NHDSE

21. Potential funding requirements and sources of funding for a NHDSE

22. The organizational skill set required of a NDHSE

23. Priority activities for NHDSE to support data sharing and aggregation

24. Issues concerning the above-excerpted AQA characterizations of a NHDSE

25. The suitability of one or more existing organizations to fulfill the role of a NHDSE

Potential Responders

Responses are both requested and anticipated from a broad range of individual organizations that have interests in healthcare data. Examples of commenters from whom we would hope to hear include, but are not limited to:

Health care professional societies
Payers, including public and private insurers
Health maintenance organizations
Purchasers, including employers and healthcare consumers
Consumer and patient interest groups
Community health delivery systems
State and local health agencies
Interested Federal agencies
University-based health systems
Advocacy groups and public interest organizations
Trade industry organizations
Health information technology industry vendors
Regional health information organizations
Interested individuals

We look forward to receiving constructive comments representing diverse perspectives.

Dated: May 25, 2007.

Carolyn M. Clancy,

AHRQ, Director.

[FR Doc. 07–2733 Filed 6–1–07; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Communities Empowering Youth (CEY) Program Evaluation.

OMB No.: New collection.

Description: This proposed information collection activity is to obtain information from Communities Empowering Youth (CEY) grantee agencies and the faith-based and community organizations working in partnership with them. The CEY evaluation is an important opportunity to examine the outcomes achieved through this component of the Compassion Capital Fund in meeting its objective of improving the capacity of faith-based and community organizations and the partnerships they form to increase positive youth development and address youth violence, gang involvement, and child abuse/neglect. The evaluation will be designed to assess changes and improvements in the structure and functioning of the partnership and the organizational capacity of each participating organization.

Respondents: CEY grantees and the faith-based and community organizations that are a part of the partnership approved under the CEY grant.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Initial/Baseline Survey	800	1	.75	600
Follow-up Survey	640	1	.75	480

Estimated Total Annual Burden Hours: 1,080.

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. Email 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: May 29, 2007.

Brendan C. Kelly,

Reports Clearance Officer.

[FR Doc. 07–2724 Filed 6–1–07; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of Federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Human and Avian Influenza Whole Genome Phage Display Libraries

Description of Technology: Available for use in developing research reagents, therapeutics or diagnostics are recombinant bacteriophage display libraries for identifying influenza viral gene products in preparation for pandemic threats the cross-reactivity and long-term protection of interpandemic influenza vaccines. Influenza vaccines predominantly include haemagglutinin (HA) and Neuraminidase (NA) antigens that characterize annual circulating influenza types A and type B. Analyses of the immune responses against new candidate vaccines is required in order to identify the best correlate of protection against seasonal human influenza strains and potential pandemic strains.

These ''Whole Viral Genome Phage Display Libraries'' express complete sets of protein fragments encoded by several Human and Avian Influenza strains including HlN1, H3N2, H5N1 and H7N7 and can be used for in depth analyses of plasma samples from: (a) Individuals exposed to human influenza; (b) individuals exposed to avian influenza; (c) individuals vaccinated with traditional influenza vaccines; (d) individuals vaccinated with new generation vaccines against human and bird influenza viruses.

Applications: Serological assays for surveillance of pandemic influenza outbreaks; Serological assays for distinguishing between exposure to human and bird influenza strains; Serological assays for diagnosing true infections in previously vaccinated individuals; Rapid analyses of immune sera from pre-clinical and clinical trials of novel influenza vaccines; Mapping of monoclonal and polyclonal antibodies against different influenza gene products; Identification of highly conserved ''protective'' epitopes for inclusion in future broadly-reactive influenza vaccines (against either inter-pandemic or pandemic influenza strains); Studies of viral protein-protein, viral RNA-protein and viral-host protein interactions (viral pathogenesis studies).

Market: Influenza diagnostics and vaccines.

Development Status: Materials available as research tools.

Inventors: Hana Golding, Ph.D. (FDA), Surender Khurana, Ph.D. (FDA).

Patent Status: HHS Reference No. E–031–2007/0—Research Tool.

Licensing Status: Available for licensing as a biological material.

Scientific Contact: Hana Golding, Ph.D.; FDA/CBER/OVRR/DVP/LR; 9000 Rockville Pike, Building 29B, Room 4N04, Bethesda, MD 20892; E-mail: *goldingh@cber.fda.gov*; Phone: 301/827–0784.

Licensing Contact: Michael A. Shmilovich, Esq.; National Institutes of Health, Office of Technology Transfer; 6011 Executive Blvd., Suite 325, Rockville, MD 20852; E-mail: *shmilovm@mail.nih.gov*; Phone: 301/435–5019; Fax: 301/402–0220.

Diagnostic and Therapeutic Use of Brother of the Regulator of Imprinted Sites (BORIS) Alternative Splice Forms

Description of Technology: This technology identifies twenty five (25) new alternatively spliced transcripts of the *BORIS* gene. The transcripts lead to the expression of seventeen different protein isoforms with variable N- and C-termini encoded by *BORIS* gene locus. Differential expression levels of *BORIS* isoforms were observed in different cancers. While some *BORIS* alternative splice variants were expressed at different levels in all types of cancers,