Description	Amount
Personnel and Support Staff	$7,500
Consultant (sub-contractor) services	0
Equipment	0
Supplies	0
All other expenses	0
Average Annual Cost	7,500

b. OCR

OCR cannot conduct its work without collecting information through its proposed complaint forms. Even if OCR did not use complaint forms and only took information orally, it would still have to capture the same information in order to begin processing a complaint. Therefore, the incremental cost to OCR of processing the information collected from the complaint form is minimal and is equivalent to only approximately 0.05 FTE or $7,500 per year, with virtually no new overhead costs.

Description	Amount
Personnel and Support Staff	$7,500
Consultant (sub-contractor) services	0
Equipment	0
Supplies	0
All other expenses	0
Average Annual Cost	7,500

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on the above-described AHRQ and OCR information collection to implement the Patient Safety Act are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research, quality improvement and information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: February 13, 2008.

Carolyn M. Clancy,

Director, AHRQ.

[FR Doc. 08–757 Filed 2–19–08; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Solicitation for Nominations for New Clinical Preventive Health Topics To Be Considered for Review by the United States Preventive Services Task Force

AGENCY: Agency for Healthcare Research Quality (AHRQ), DHHS.

ACTION: Solicit for new topic nominations.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) invites individuals and organizations to nominate primary and secondary prevention topics pertaining to clinical preventive services that they would like the United States Preventive Services Task Force (USPSTF) to consider for review. All topics previously reviewed by the USPSTF are available on AHRQ's Web site, *http://www.preventiveservices.ahrq.gov*.

The USPSTF is an independent panel of experts that makes evidence-based recommendations regarding the provision of clinical preventive services. Clinical preventive services include screening, counseling and preventive medications associated with primary care. The USPSTF makes recommendations about preventive services for asymptomatic people—people without recognized signs or symptoms of the specific conditions targeted by the preventive service.

Topics can be nominated by individuals, organizations, evidence-based practice centers (EPC) and USPSTF members. The USPSTF will consider nominations in two steps. The USPSTF will first determine if the service is eligible, i.e., constitutes primary or secondary prevention applicable to healthy asymptomatic persons; is primary care feasible or referable from primary care; and addresses a condition with a substantial health burden. As a second step, within eligible topics, the USPSTF will prioritize based on the following set of criteria: public health importance (burden of suffering, potential of preventive service to reduce the burden); and potential for greatest Task Force impact (e.g., clinical controversy, practice does not reflect evidence, inappropriate timing in delivery of services).

Basic Topic Nomination Requirements

Nominations must be no more than 500 words in length and must include the information listed below. Nominations may include supporting documentation; reference lists and other supporting documents are not counted against the 500 word limit, but should not exceed ten pages.

Required information:

1. Name of topic.

2. Rationale for consideration by the USPSTF, describing:

a. Characterization as primary or secondary prevention topic (screening, counseling or preventive medication).

b. Primary care relevance (applicable clinical preventive service must be provided by a primary care provider or initiated in the primary care setting which can be defined as family practice, internal medicine, pediatrics or obstetrics/gynecology).

c. Public health importance (burden of disease/suffering, potential of preventive service to reduce burden, including effective interventions). Citations and supporting documents are recommended.

d. Potential impact of USPSTF's review of the topic, i.e., change in clinical practice, research focus, etc.

DATES: Topic nominations should be submitted by March 21, 2008 in order to be considered for 2008–2010. AHRQ will not reply to submissions in response to the request for nominations, but will consider all topic nominations during the selection process. If a topic is selected for review by the USPSTF, the nominator will be notified by AHRQ.

ADDRESSES: Please submit nominations to: Gloria Washington, ATTN: USPSTF Topic Nominations, Center for Primary Care, Prevention & Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Fax: 301.427.1595, E-mail: *gloria.washington@ahrq.hhs.gov*.

FOR FURTHER INFORMATION CONTACT: Therese Miller at *therese.miller@ahrq.hhs.gov* or Gloria Washington at *gloria.washington@ahrq.hhs.gov*.

Arrangement for Public Inspection: All nominations will be available for public inspections by appointment at the Center for Primary Care, Prevention & Clinical Partnerships, 301.427.1500, weekdays between 10 a.m. and 5 p.m. (Eastern time).

SUPPLEMENTARY INFORMATION:

Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness and effectiveness of health care services and access to such services. AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including prevention of diseases and other health conditions and improvements in the organization, financing and delivery of health care services. 42 U.S.C. 299–299c–7.

The United States Preventive Services Task Force (USPSTF) is an independent expert panel, first established in 1984 under the auspices of the U.S. Public Health Service. Under AHRQ's authorizing legislation noted above, specifically 42 U.S.C. 299b–4(a)(1), the Director of AHRQ is responsible for convening the USPSTF which is to be composed of individuals with appropriate expertise. The mission of the Task Force is to evaluate rigorously the effectiveness of critical preventive services and to formulate recommendations for primary care clinicians regarding the appropriate provision of preventive services. Current Task Force recommendations and associated evidence reviews are available at *http://www.preventiveservices.ahrq.gov*.

Topic Nomination Solicitation

The purpose of this solicitation for new topics by AHRQ and the USPSTF is to create a balanced portfolio of relevant topics for the current Task Force library. Balance in the library is sought on the basis of populations, types of services (screening, counseling, preventive medications) and disease types (cancer; heart and vascular disease; injury and violence-related disorders; infectious diseases; mental disorders and substance abuse; metabolic, nutritional and endocrine diseases; musculoskeletal conditions; obstetric and gynecological conditions; endocrine diseases; musculoskeletal conditions; obstetric and gynecological conditions; pediatric disorders; and vision and hearing disorders). Selection of suggested topics will be made on the basis of the qualifications of nominations as outlined above (see basic topic nomination requirements).

Dated: February 6, 2008.

Carolyn M. Clancy,

Director.

[FR Doc. 08–738 Filed 2–19–08; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–0138]

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 Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *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

Pulmonary Function Testing Course Approval Program, 29 CFR 1910.1043 (OMB No. 0920–0138)—Reinstatement—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

NIOSH has the responsibility under the Occupational Safety and Health Administration's Cotton Dust Standard, 29 CFR 1920.1043, for approving courses to train technicians to perform pulmonary function testing in the cotton industry. Successful completion of a NIOSH-approved course is mandatory under the Standard. To carry out its responsibility, NIOSH maintains a Pulmonary Function Testing Course Approval Program. The program consists of an application submitted by potential sponsors (universities, hospitals, and private consulting firms) who seek NIOSH approval to conduct courses, and if approved, notification to NIOSH of any course or faculty changes during the approval period, which is limited to five years. The application form and added materials, including an agenda, curriculum vitae, and course materials are reviewed by NIOSH to determine if the applicant has developed a program which adheres to the criteria required in the Standard. Following approval, any subsequent changes to the course are submitted by course sponsors via letter or e-mail and reviewed by NIOSH staff to assure that the changes in faculty or course content continue to meet course requirements. Course sponsors also voluntarily submit an annual report to inform NIOSH of their class activity level and any faculty changes. Sponsors who elect to have their approval renewed for an additional 5 year period submit a renewal application and supporting documentation for review by NIOSH staff to ensure the course curriculum meets all current standard requirements. Approved courses that elect to offer NIOSH-Approved Spirometry Refresher Courses must submit a separate application and supporting documents for review by NIOSH staff. Institutions and organizations throughout the country voluntarily submit applications and materials to become course sponsors and carry out training. Submissions are required for NIOSH to evaluate a course and determine whether it meets the criteria in the Standard and whether technicians will be adequately trained as mandated under the Standard. There will be no cost to respondents other than their time.