

ATTACHMENT 6

**FEDERAL REGISTER NOTICE ANNOUNCING THE
PROPOSED DATA COLLECTION FOR THE PREVENTION
RESEARCH CENTERS PROGRAM, JANUARY 22, 2007**

meeting, at which it will (1) Consider and discuss policy proposals in organ procurement, allocation, and transplantation; (2) hear presentations on and discuss issues in clinical applications of advancements in genetics, as well as genetics policy and ethics; and (3) discuss contributions to a pending Council report and volume on the bioethical significance of the concept of human dignity. All agenda items are continuations of previous Council discussions. Subjects discussed at past Council meetings (although not on the agenda for the February 2007 meeting) include: therapeutic and reproductive cloning, assisted reproduction, reproductive genetics, neuroscience, aging retardation, and lifespan-extension. Publications issued by the Council to date include: Human Cloning and Human Dignity: An Ethical Inquiry (July 2002); Beyond Therapy: Biotechnology and the Pursuit of Happiness (October 2003); Being Human: Readings from the President's Council on Bioethics (December 2003); Monitoring Stem Cell Research (January 2004), Reproduction and Responsibility: The Regulation of New Biotechnologies (March 2004), Alternative Sources of Human Pluripotent Stem Cells: A White Paper (May 2005), and Taking Care: Ethical Caregiving in Our Aging Society (September 2005).

DATES: The meeting will take place Thursday, February 15, 2007, from 9 am to 5:15 pm, ET; and Friday, February 16, 2007, from 8:30 am to 12 noon, ET.

ADDRESSES: The Hamilton Crowne Plaza Hotel, 1001 14th Street, NW., Washington, DC 20005. Phone 202-682-0111.

Agenda: The meeting agenda will be posted at <http://www.bioethics.gov>.

Public Comments: The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:45 am, on Friday, February 16. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane M. Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

FOR FURTHER INFORMATION CONTACT: Ms. Diane M. Gianelli, Director of

Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, NW., Washington, DC 20006. Telephone: 202/296-4669. E-mail: info@bioethics.gov. Web site: <http://www.bioethics.gov>.

Dated: January 11, 2007.

F. Daniel Davis,

Executive Director, The President's Council on Bioethics.

[FR Doc. E7-755 Filed 1-19-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07-0650]

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 and send comments to Joan F. Karr, CDC Acting 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

Prevention Research Center Information System—Extension—

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description:

In spring 2003, CDC published Program Announcement #04003 (FY 2003-2009) for the Prevention Research Centers Program. The Program Announcement introduced a set of performance indicators developed collaboratively with the Prevention Research Centers (PRCs) and other stakeholders and are consistent with federal requirements that all agencies, in response to the Government Performance and Results Act of 1993, prepare performance plans and collect program-specific performance measures. Currently, CDC provides funding to 33 PRCs selected through competitive peer review process and managed as CDC cooperative agreements. Awards are made for five (5) years and may be renewed through a competitive process. PRCs are housed in a school of public health, medicine, or osteopathy and conduct health promotion and disease prevention research using a community-based participatory approach.

In accordance with the current OMB approval for the Prevention Research Centers (PRC) Information System, (OMB 0920-0650, expiration November 30, 2007), this requested 3 year extension will continue the data collection as approved. The Information System (IS) is a web-based, password protected technical reporting system that allows the accurate, uniform, and complete collection of PRC information using the Internet. The IS allows CDC to monitor and report on PRC activities efficiently and effectively. Data reported to CDC through the PRC IS are used to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate the progress made in achieving center-specific goals and objectives, and obtain information needed to describe the impact and effectiveness of the overall program as needed to respond to Congressional and other inquiries regarding the PRC Program. The annual report and record keeping burden is essentially the same as the currently approved Information Collection.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (hours)
Clerical	33	2	2.75	182
Directors	33	2	1.5	99
Total				281

Dated: January 11, 2007.
Joan F. Karr,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. E7-770 Filed 1-19-07; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07-07AH]

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Proposed Project

Formative Research to inform the development of new recommendations for Human Immunodeficiency Virus (HIV), Counseling, Testing, and Referral in non-health care settings—New-National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Coordinating Center for

Infectious Diseases (CCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project involves formative research to elicit consumer opinions on HIV counseling, testing, and referral (CTR) in non-health care settings. The study entails conducting focus groups with persons who are either HIV positive or at risk for HIV because of their drug injection or sexual behavior. The purpose of the focus groups is to explore: (1) Facilitators and barriers to using CTR services in non-health care settings; (2) ideal service components to decrease barriers to early diagnosis, decrease risk behaviors, link clients with follow-up care, and ensure client rights; (3) perceived risks and benefits of CTR; and (4) preferences for providing informed consent.

CDC will use study findings to inform the development of new recommendations for HIV CTR in non-health care settings. We expect a total of 450 participants to be screened for eligibility. Of the 450 participants who are screened, we expect that 180 people will participate in a focus group. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Responses per respondent	Average burden per response (In hours)	Total burden hours
Screener	450	1	20/60	150
Focus Group	180	1	2	360
Total				510

Dated: January 11, 2007.
Joan F. Karr,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07-07AI]

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