online by accessing the PACHA Web site, *http://www.pacha.gov*.

Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment. Any individual who wishes to participate in the public comment session must register online at *http://www.pacha.gov*; registration for public comment will not be accepted by telephone. Public comment will be limited to three minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members for discussion at the meeting should submit, at a minimum, one copy of the materials to the Committee Manager, PACHA no later than close of business on October 14, 2008. Contact information for the PACHA Committee Manager is listed above.

Dated: September 19, 2008.

Mary (Marty) McGeein,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. E8–22580 Filed 9–24–08; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–08–0691]

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 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

State Medicaid Tobacco Coverage Survey (OMB No. 0920–0691)—Reinstatement—National Center for Chronic Disease Prevention and Control (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of death in the United States despite the availability of evidence-based treatments for tobacco dependence, which include counseling and FDA-approved pharmacotherapies. To increase both the use of treatment by smokers attempting to quit and the number of smokers who quit successfully, the Guide to Community Preventive Services recommends reducing the out-of-pocket cost of effective tobacco-dependence treatments, and the Public Health Service (PHS) Clinical Practice Guideline supports expanded insurance coverage for tobacco-dependence treatment.

Medicaid recipients have approximately 50% greater smoking prevalence than the overall U.S. adult population, and they are disproportionately affected by tobacco-related disease and disability. In 2000, approximately 32 million low-income persons in the United States received their health insurance coverage through federally funded State Medicaid programs, and approximately 11.5 million (36%) of these persons smoked. Substantial action to improve coverage of tobacco-dependence treatments through Medicaid will be needed if the United States is to achieve the 2010 National Health Objective of 12% smoking prevalence among adults.

The amount and type of coverage for tobacco-dependence treatment offered by Medicaid has been collected for 1998, 2000, 2001, 2002, 2003, 2005, 2006, and 2007. Surveys have been funded by the Robert Wood Johnson Foundation (RWJF) (1998, 2000–2003) and the Centers for Disease Control and Prevention (CDC) (2005–2007) (OMB No. 0920–0691, expiration date 8/31/2008). The most recent analysis of these information collections demonstrated that in 2006, 39 states provided coverage for some FDA-approved medications for the general Medicaid population; however, only 17 states provided some form of coverage for counseling and only seven states covered all FDA-approved medications and at least one form of counseling for all enrollees. Some progress has been made in that the number of states offering no benefits decreased from 15 in 2002 to eight in 2006.

CDC plans to request reinstatement of OMB approval to collect similar information about Medicaid coverage of tobacco-dependence treatments during the years 2008–2010. Respondents will be Medicaid directors in all 50 states and the District of Columbia. To minimize burden, each respondent will receive an electronic copy of the survey pre-filled with the previous year's results. Respondents will only be asked to record changes that occurred since the time of the previous submission. In addition, respondents will be asked to answer new questions pertaining to the recommendations made in the updated PHS clinical practice guideline issued in May of 2008 regarding coverage for combination therapies, smokeless tobacco use, and their familiarity with and use of the 2000 PHS guideline. The minor changes to be incorporated in the revised survey instrument are not expected to have a significant impact on the overall burden estimate. As in previous years, each respondent will also attach a copy of the state's Medicaid coverage plan to their completed survey, in order to assist the research team with the interpretation of responses.

The information to be collected will allow CDC to continue monitoring compliance with the most recent PHS recommendations and the progress of State Medicaid Programs toward the 2010 National Health Objectives and Healthy People 2010 goals.

There are no costs to respondents except the time to complete the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Medicaid Programs	51	1	0.5	26
Total				26

Dated: September 16, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–22594 Filed 9–24–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Office of Community Services

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Notice To Award a Program Expansion Supplement to the National Association for State Community Services Program (NASCSP) in Washington, DC.

CFDA#: 53.570.

Legislative Authority: Section 678A(a)(1)(A) of the Community Services Block Grant (CSBG) Act of 1981, (Pub. L. 97–35) as amended by the Community Opportunities, Accountability, and Training and Educational Services (COATES) Human Services Reauthorization Act of 1998, (Pub. L. 105–285) authorizes the Secretary of Health and Human Services (HHS) to use a percentage of appropriated funds for training, technical assistance, planning, evaluation, performance measurement, monitoring, assistance for States in carrying out corrective actions and the correction of programmatic deficiencies of eligible entities under the CSBG Act.

Amount of Award: $125,000.

Project Period: 9/30/2007–9/29/2010.

Summary:

The purpose of this supplemental request is for the NASCSP to further improve the general capacity and technical competency of states to administer the Community Services Block Grant (CSBG). Targeted assistance will be provided to states for improvement in the areas of state plan development and Results Oriented Management and Accountability (ROMA) focused monitoring. Emerging training and technical assistance needs for states and local agencies receiving CSBG funds will also be assessed and a plan will be developed for strategic assistance in the areas identified. Additionally, this supplemental aims to enhance the capacity of the Office of Community Services (OCS) to continue to convene its Monitoring Task Force (MTF) and provide updates on its comprehensive response to the Government Accountability Office's report on the CSBG program. Specific emphasis will be placed on monitoring states for compliance while encouraging excellence

Contact for Further Information: Josephine B. Robinson, Director, Office of Community Services, 370 L'Enfant Promenade, SW., Washington, DC 20047, *Telephone:* 202/401–9333.

Dated: September 16, 2008.

Josephine B. Robinson,

Director, OCS.

[FR Doc. E8–22476 Filed 9–24–08; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2008–N–0272]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Notification of a Health Claim or Nutrient Content Claim Based on an Authoritative Statement of a Scientific Body

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by *October 27, 2008.*

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–6974, or e-mailed to *baguilar@omb.eop.gov*. All comments should be identified with the OMB control number 0910–0374. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Jonna Capezzuto, Office of Information Management (HFA–710), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–796–3794.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Notification of a Health Claim or Nutrient Content Claim Based on an Authoritative Statement of a Scientific Body—(OMB Control Number 0910–0374—Extension)

Section 403(r)(2)(G) and (r)(3)(C) of the Federal Food, Drug and Cosmetic Act (the act) (21 U.S.C. 343(r)(2)(G) and (r)(3)(C)), as amended by the FDA Modernization Act of 1997, provides that any person may market a food product whose label bears a nutrient content claim or a health claim that is based on an authoritative statement of a scientific body of the U.S. Government or the National Academy of Sciences (NAS). Under this section of the act, a person that intends to use such a claim must submit a notification of its intention to use the claim 120 days before it begins marketing the product bearing the claim. In the **Federal Register** of June 11, 1998 (63 FR 32102), FDA announced the availability of a guidance entitled ''Guidance for Industry: Notification of a Health Claim or Nutrient Content Claim Based on an Authoritative Statement of a Scientific Body.'' The guidance provides the agency's interpretation of terms central to the submission of a notification and the agency's views on the information that should be included in the notification. The agency believes that the guidance will enable persons to