

Type of application form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Services Provided .....	1,021	1	1,021	0.5	510.5
Sites Listing .....	1,021	1	1,021	1.0	1,021
Other Site Activities .....	700	1	700	0.5	350
Board Member Characteristics .....	1,021	1	1,021	1.0	1,021
Request for Waiver of Governance Requirements .....	150	1	150	1.0	150
Compliance Matrix .....	1,021	1	1,021	.5	510.5
Health Center Affiliation Certification .....	250	1	250	.5	125
Health Center Affiliation Checklist .....	1,021	1	1,021	.5	510.5
Need for Assistance .....	900	1	900	6.0	5,400
Emergency Preparedness Form .....	1,021	1	1,021	1.0	1,021
FTCA Form .....	800	1	800	1.0	800
Points of Contact .....	800	1	800	.5	400
Total .....	1,021	.....	15,131	.....	52,686

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 5, 2007.

**Caroline Lewis,**

*Associate Administrator for Management.*

[FR Doc. E7-11219 Filed 6-8-07; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Response to Solicitation of Comments on a Funding Priority for Multiple Counties Under the Fiscal Year 2007 New Access Points in High Poverty Counties Grant Opportunity

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Response to Solicitation of Comments.

**SUMMARY:** A notice was published in the **Federal Register** (FR) on December 6, 2006, (Vol. 71, No. 234, pp. 70780–70781), describing a funding priority to be included in the fiscal year (FY) 2007 New Access Points in High Poverty Counties grant opportunity. The notice requested public comments on the proposed funding priority to be sent to HRSA no later than January 5, 2007.

Comments were received from over 30 organizations and/or individuals in response to the notice of the proposed funding priority. The majority of comments received did not pertain specifically to the proposed funding priority, but rather the President's High

Poverty Counties Initiative ("the Initiative") and grant opportunity; therefore this notice presents a summary of the general comments received with HRSA's corresponding responses including references to the FY 2007 New Access Points in High Poverty Counties (HRSA-07-069) funding opportunity, as well as a summary of the final funding priority.

#### Summary of Comments Received

##### *Issue: Methodology and List of Eligible Counties*

*Comments:* Over 25 of the comments received requested additional information on the poorest counties that would be eligible for the grant opportunities offered under the Initiative. A number of comments offered suggestions for the methodology of determining the eligible counties, while others solely requested a list of the eligible counties.

*Agency Response:* Specific eligibility requirements for the New Access Points in High Poverty Counties (HRSA-07-069) opportunity, as well as the Planning Grants in High Poverty Counties (HRSA-07-066) funding opportunity, are detailed within the respective grant announcements available online through the HRSA Web site at: <http://www.hrsa.gov/grants>. Eligibility for both opportunities is limited to the 200 eligible high poverty counties that have been determined using two cohorts with no section 330 grantee site and a high percentage of people living below 200 percent of the Federal poverty level. One cohort consists of counties with populations at or above 100,000 (high population) and makes up approximately 25 percent of the total eligible counties. The other cohort consists of counties with populations below 100,000 (low population) and constitutes approximately 75 percent of the eligible

counties. The low population counties were also screened by a provider need criteria. To be eligible, low population counties were required to exhibit a need of at least one additional primary care provider (PCP), using a standard of one PCP for every 3,000 persons. The list of eligible counties is included within each of the grant announcements.

##### *Issue: Focusing on County Level for Eligibility*

*Comments:* Comments expressed specific concern over the decision to limit eligibility for the Initiative to the county level, especially since counties differ significantly in geographic size, population density, diversity, etc. Suggestions included opening the competition to all communities, with a priority instead to the defined high poverty counties.

*Agency Response:* The Initiative was established to further the success of the President's Health Center Initiative by focusing support and increasing access to quality health services in the Nation's poorest counties without a health center. Counties were selected as the focus of this particular initiative because they are a recognized boundary for the delivery of public health and social services in many communities, and the Initiative will help support county level efforts to provide needed primary care services to their populations.

##### *Issue: Guidance information*

*Comments:* Comments requested further information on the application guidance release date, funding levels, and how to apply for the funding opportunities.

*Agency Response:* The New Access Point in High Poverty Counties (HRSA-07-069) and Planning Grants in High Poverty Counties (HRSA-07-066) opportunities were both released March 14, 2007, and were made available on

the HRSA Web site at <http://www.hrsa.gov/grants>, or through Grants.gov at: <http://www.grants.gov>. In FY 2007, up to 120 New Access Points in High Poverty Counties are estimated to be funded. HRSA anticipates awarding a minimum of \$24 million for this activity in FY 2007 and applications were due May 23, 2007. Subject to the availability of funds, up to 25 Planning Grants in High Poverty Counties will be funded, with applications that were due May 16, 2007. All applications were to be submitted electronically through Grants.gov by the established due dates.

#### Summary of the Funding Priority

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The New Access Point in High Poverty Counties funding opportunity has one funding priority of five (5) points for "Multi-County Applications." In order to be considered for this funding priority, applicants must demonstrate that a minimum of 15 percent of the total target population will come from a county(ies) other than the eligible high poverty county in which the new access point will be located. Applicants requesting consideration of a funding priority must initiate the request and provide the expected distribution of the target population among the counties to be served by the high poverty county new access point project.

**FOR FURTHER INFORMATION CONTACT:** Preeti Kanodia, Division of Policy and Development, Bureau of Primary Health Care, Health Resources and Services Administration. Ms. Kanodia may be contacted by e-mail at [PKanodia@hrsa.gov](mailto:PKanodia@hrsa.gov) or via telephone at (301) 594-4300.

Dated: June 5, 2007.

**Elizabeth M. Duke,**  
Administrator.

[FR Doc. E7-11220 Filed 6-8-07; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Inspector General

#### Healthcare Integrity and Protection Data Bank: Announcement of Proactive Disclosure Service Opening Date and User Fees

**AGENCY:** Office of Inspector General (OIG), HHS.

**ACTION:** Notice.

**SUMMARY:** The Office of Inspector General (OIG) is announcing the availability of a Proactive Disclosure Service (PDS) Prototype for customers of the Healthcare Integrity and Protection Data Bank (HIPDB). The PDS was developed for the National Practitioner Data Bank (NPDB) in response to customers' interest in real-time monitoring of practitioner credentials. As a result of the technical interoperability of the NPDB and HIPDB, the PDS feature is also being made available to HIPDB customers.

**DATES:** This fee will be effective June 11, 2007.

**FOR FURTHER INFORMATION CONTACT:** Joel Schaer, OIG Office of External Affairs, (202) 619-0089, or Mark Pincus, HRSA, Bureau of Health Professions, (301) 443-2300.

**SUPPLEMENTARY INFORMATION:** The PDS has been initially offered as a prototype to authorized NPDB entities, as set forth in a HRSA notice published in the **Federal Register** on March 7, 2007 (72 FR 10227). In accordance with implementation of the PDS prototype, authorized HIPDB customers can also now choose to enroll all of their practitioners, providers, and suppliers in PDS, or enroll some of their practitioners, providers, and suppliers while continuing to periodically query on others using the regular query methods. Customers with PDS-enrolled subjects will be notified within one business day of the HIPDB's receipt of a report on any of their enrollees. While customers can expect to receive reports sooner with PDS, the format of and information contained in a report will remain the same.

The annual subscription fee during the prototype period will be \$3.25 per practitioner, provider, or supplier. The rate is subject to change after the prototype period is complete. The query fee for periodic queries will continue to remain at \$4.75 per name.

#### PDS Enrollment Availability

The PDS prototype became available to NPDB queries effective April 30, 2007. An invitation to participate in this prototype was extended first to organizations that assisted HRSA with designing and pricing, which occurred between 2003 and 2005. All entities registered with the HIPDB and/or the NPDB have been invited to participate to meet a predetermined number for subjects to be monitored. Once this number is achieved, enrollment in the prototype will close. It is anticipated that the PDS prototype period will last

approximately 18 to 24 months before it is opened to all authorized Data Bank entities.

#### User Fee Amount

An annual subscription fee of \$3.25 per subject will be charged upon enrollment. This fee includes the cost of an initial query, which automatically will be incurred when a subject is first enrolled, and all reports received on the enrolled subject over the course of the one-year subscription period. The fee was determined through economic analysis of the average annual rate of queries performed by health care entities in relationship to the current query fee that is based on the actual cost for services. The Department will accept payment for the subscription fee from entities via credit card or electronic funds transfer. When the prototype period concludes, the Department may change the subscription fee. Any changes will be announced through notice in the **Federal Register**.

Dated: May 14, 2007.

**Daniel R. Levinson,**  
Inspector General.

[FR Doc. E7-11207 Filed 6-8-07; 8:45 am]

**BILLING CODE 4152-01-P**

## 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.