In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the OS OMB Desk Officer. All comments must be faxed to OMB at 202–395–6974.

Proposed Project: Evaluation of the Parents Speak-Up National Campaign: Youth Survey OMB No. 0990–New—Office of Adolescent Pregnancy Program.

Abstract: The Evaluation of the Parents Speak-Up National Campaign (PSUNC): Youth Survey is designed to evaluate the Parents Speak-Up National Campaign, a campaign designed to encourage parents to talk with their children about sexual activity. The campaign includes paid and public service announcement (PSA)-type spots, as well as a Web site, 4parents.gov. As the campaign aims to increase parent-child communication about sex, the purpose of this information collection is to measure youth self-reported communication with parents, their related attitudes and beliefs about sex, and determine whether their parents' exposure to PSUNC affects the youth reports of communication. Parents of the youth in this study are participating in an OMB-approved, randomized controlled study of the behavioral effects of PSUNC message exposure.

This collection is follow-up of youth aged 13–15 whose parents participated in the parent efficacy study for the campaign. We are requesting a 2 year clearance.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (in hours)	Total burden hours
Youth Survey	13–15 year old youth	760	1	20/60	253

Terry Nicolosi,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E8–6398 Filed 3–27–08; 8:45 am]

BILLING CODE 4150–30–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Program Office on Vaccine Financing

AGENCY: Department of Health and Human Services, Office of the Secretary.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (DHHS) is hereby giving notice that the National Vaccine Program Office (NVPO) will convene a meeting of the Vaccine Finance Working Group and is inviting input from stakeholders on this issue. The meeting will be open to the public.

DATES: The meeting will be held on Tuesday, April 29, 2008 and Wednesday, April 30, 2008. The meeting will be held from 9 a.m. to 5 p.m. on both days.

ADDRESSES: Hilton Washington DC/Rockville Hotel and Executive Meeting Center; 1750 Rockville Pike, Rockville, MD 20852–1699.

FOR FURTHER INFORMATION CONTACT: Angela Shen, National Vaccine Program Office, Department of Health and Human Services, Room 443-H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201; (202) 260–1587, or e-mail *angela.shen@hhs.gov.*

SUPPLEMENTARY INFORMATION: NVPO has responsibility for coordinating and ensuring collaboration among the many Federal agencies involved in vaccine and immunization activities. The NVPO provides leadership and coordination among Federal agencies, as they work together to carry out the goals of the National Vaccine Plan. The National Vaccine Plan provides a framework, including goals, objectives, and strategies, for pursuing the prevention of infectious diseases through immunizations. NVPO periodically convenes working groups to address specific issues and topics that impact vaccine and immunization.

The Vaccine Finance Working Group was established to address issues related to vaccine financing in the United States. The Working Group has developed a draft white paper with a number of policy options to be considered for presentation to the National Vaccine Advisory Committee (NVAC) for discussion. NVPO has charged the Vaccine Finance Working Group to obtain input from stakeholders whose viewpoints and interests can help shape an understanding of the issues that are relevant to the challenges in creating optimal approaches to vaccine financing in both the public and private sectors.

The two-day meeting is scheduled to be held to provide an opportunity for vaccine financing stakeholders to discuss and make comments on the draft white paper and to solicit input, in particular, regarding the conclusions and options made by the working group that are contained in the draft document. A wide range of stakeholders representing health care providers, employers, payers, health insurers, vaccine manufacturers and distributors, consumers, and other interested parties within the public health community are invited to attend the meeting. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed material distributed to meeting

participants should submit materials to the NVPO staff person designated as the contact for additional information. All materials should be submitted to the designated point of contact no later than close of business April 21, 2008. Pre-registration is required for public comment. Any individual who wishes to participate in the public comment session should e-mail *angela.shen@hhs.gov* or call 202–690–5566.

There is limited space available for the public to attend this meeting. However, it is desired that the public participate in the discussions, as well. Registration is required to attend the meeting; registration information can be found at: *https://nvpo.constellagroup.com.* Registration for the meeting will be accepted until April 5, 2008. Registration after that date will be on the basis of space availability. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person.

Dated: March 24, 2008.

Bruce Gellin,

Director, National Vaccine Program Office.

[FR Doc. E8–6433 Filed 3–27–08; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[ATSDR–241]

Public Comments and Revised Final Criteria for Removing Chemicals From Future Editions of CDC's National Report on Human Exposure to Environmental Chemicals

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

SUMMARY: On Tuesday, May 16, 2006, CDC published draft criteria for removing chemicals from future releases of *CDC's National Report on Human Exposure to Environmental Chemicals* (the ''Report'') (See FR, Vol. 71, No. 94, p. 28346–7). This and previous notices related to the ''Report'' are at *http://www.cdc.gov/exposurereport/chemical_nominations.htm.* The proposed criteria provided that a chemical may be removed from the ''Report'' if (1) a new replacement chemical (i.e., a metabolite) is more representative of exposure than is the chemical currently measured; or (2) after three survey periods (or not less than 6 years), detection rates for all chemicals within a methodological and chemically related group are less than 5 percent for all population subgroups (i.e., two sexes, three race/ethnicity groups, and three age groups); or (3) after three survey periods (or not less than 6 years), levels of chemicals within a methodological and chemically related group are unchanged or declining in all the specific subgroups as documented in the ''Report.''

Using these criteria, CDC would have continued to measure the chemical and not remove it from the ''Report'' if it met either of two proposed exceptions to these criteria: (a) It is a chemical for which there is an established biomonitoring threshold (e.g., CDC's level of concern for blood lead levels in children) or any chemical for which there is widespread public health concern (e.g., mercury) or (b) three survey periods (or not less than 6 years) have passed, constituting the minimum time before a chemical could be removed; a longer period may be necessary to account for the half-life of a particular chemical or to account for a recent change (e.g., the removal of a chemical from commerce) that would necessitate monitoring of the population. In that notice, CDC pointed out that the criteria for removing a chemical from the ''Report'' are not corollaries of the criteria for adding chemicals to the ''Report.''

Summary of Public Comments

CDC received 31 public comments on the criteria cited above and describes below the comments received and CDC's responses to those comments. Comments are grouped in the following categories: Removal process, criterion 1, criterion 2, criterion 3, and exceptions ''a'' and ''b.''

General Informational Comments Related to Process and Procedure

CDC received several public comments about how the process of removing chemicals from the ''Report'' would be implemented. These generally pertained to (1) concurrence on the scientific basis for exposure assessment; (2) analytical cost considerations as secondary; (3) description of the policy basis for the process; (4) consideration of and suggestions for alternative approaches to limited sample volumes; and (5) affirmation of decision procedures, transparency, and public notification.

CDC responses to general informational comments:

Understanding exposures through biomonitoring can help scientists focus research on those chemicals found in people's bodies and target the appropriate levels of exposure. The ''Report'' provides unique exposure assessment information and not assessment of health risk. However, the biomonitoring data in the ''Report'' can facilitate and complement the risk-assessment process. For some chemicals, such as lead and mercury, risks have become better characterized when biomonitoring levels have become the benchmark to which the risks are tied. CDC considers the public health utility and quality of biomonitoring information to be the primary consideration, with cost of analysis as an important, but secondary, consideration (See **Federal Register** Vol. 67, No. 34 March 20, 2002, pages 12996–7).

The policy basis for the development of criteria for removing chemicals from the ''Report'' was developed in consideration of sound science and resource utilization. With guidance from a Work Group that was convened at the direction of the Board of Scientific Counselors of the National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry (NCEH/ATSDR), the proposed criteria were established, and comments from the public were solicited through the **Federal Register** notice published in May 2006 (Vol. 71, No. 94, p. 28346–7).

As currently described, only one of the three criteria needs to apply to delist a chemical. That is, the three criteria apply independently—no combinations of criteria are necessary to qualify a chemical for removal from the ''Report.'' When chemicals published in the ''Report'' meet a criterion for removal, they will be deleted from future reports. The Division of Laboratory Sciences (DLS) at NCEH will make these decisions using the finalized criteria only and will post the names of the removed chemicals on its Web site: *http://www.cdc.gov/exposurereport.*

Two commenters provided helpful suggestions for maintaining flexibility in applying the removal process and suggested alternative plans for optimal use of samples. For those chemicals requiring large amounts of sample volume to detect the chemicals, alternatives such as less frequent sampling or pooled analyses are appropriate alternatives. CDC has actively researched these alternatives and will continue to weigh the relative cost-benefit of other approaches in addressing the issue of limited sample volume. Such approaches could include less frequent sampling, pooling of samples, and development of more sensitive analytical methods. For difficult decisions, the NCEH/ATSDR