Americas Bank, N.A., both of Atlanta, Georgia.

C. Federal Reserve Bank of Kansas City (Todd Offenbacker, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198–0001:

1. Kelly J. Schoen; to acquire voting shares of Freedom Bancshares, Inc., and thereby indirectly acquire voting shares of Freedom Bank, all of Overland Park, Kansas.

Board of Governors of the Federal Reserve System, February 1, 2008.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E8–2126 Filed 2–5–08; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at *www.ffiec.gov/nic/*.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than March 3, 2008.

A. Federal Reserve Bank of Chicago (Burl Thornton, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. West Suburban Bancorp, Inc., Lombard, Illinois; to acquire 100 percent of the voting shares of G.R. Bancorp, Ltd., and thereby indirectly acquire voting shares of The First National Bank of Grand Ridge, both of Grand Ridge, Illinois.

B. Federal Reserve Bank of Kansas City (Todd Offenbacker, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198–0001:

1. ENB Acquisition Corporation, Oklahoma City, Oklahoma; to become a bank holding company by acquiring 100 percent of the voting shares of Exchange Bancshares of Moore, Inc., and thereby indirectly acquire Exchange National Bank of Moore, both of Moore, Oklahoma.

Board of Governors of the Federal Reserve System, February 1, 2008.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E8–2125 Filed 2–5–08; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E8–1202 published on page 4573 of the issue for Friday, January 25, 2008.

Under the Federal Reserve Bank of Kansas City heading, the entry for HOTC, Inc., Wray, Coloardo, is revised to read as follows:

A. Federal Reserve Bank of Kansas City (Todd Offenbacker, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198–0001:

1. HOTC, Investment Company, to become a bank holding company by acquiring 100 percent of the voting shares of Wray State Bank, both of Wray, Colorado.

Comments on this application must be received by February 19, 2008.

Board of Governors of the Federal Reserve System, February 1, 2008.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E8–2127 Filed 2–5–08 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Meeting

ACTION: Meeting announcement.

SUMMARY: This notice announces the meeting date for the 20th meeting of the American Health Information Community in accordance with the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App.). The American Health Information Community will advise the Secretary and recommend specific actions to achieve a common interoperability framework for health information technology (IT).

DATES: *Meeting Date:* February 26, 2008, from 10:30 a.m. to 3 p.m. (Eastern time).

ADDRESSES: Rosen Centre Hotel, Salon 9 and 10, 9840 International Drive, Orlando, FL 32819. This meeting will be held in conjunction with the Healthcare Information and Management Systems Society (HIMSS) annual conference.

SUPPLEMENTARY INFORMATION: The meeting will include presentations by the Confidentiality, Privacy and Security Workgroup and the Personalized Healthcare Workgroup on Recommendations to the Community; an update on the Nationwide Health Information Network (NHIN); and an update on the AHIC Successor.

FOR FURTHER INFORMATION: Visit *http://www.hhs.gov/healthit/ahic.html.* A Web cast of the Community meeting will be available on the NIH Web site at: *http://www.videocast.nih.gov/.*

If you have special needs for the meeting, please contact (202) 690–7151.

Dated: January 29, 2008.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 08–516 Filed 2–5–08; 8:45 am]

BILLING CODE 4150–45–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5014–N]

Medicare Program; Rural Community Hospital Demonstration Program; Solicitation of Additional Participants

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces a solicitation for up to six additional hospitals to participate in the Rural Community Hospital Demonstration Program for the remainder of the 5-year time period allowed by section 410A of

the MMA that is currently scheduled to end in 2010.

DATES: *Application Submission Deadline:* Applications must be received by 5 p.m., e.s.t. on or before March 24, 2008. Only applications that are considered ''timely'' will be reviewed and considered by the technical panel.

ADDRESSES: The applications should be *MAILED* or sent by an overnight delivery service to the following address: Centers for Medicare & Medicaid Services, ATTN: Sid Mazumdar, Rural Community Hospital Demonstration, Medicare Demonstrations Program Group, Mail Stop C4–17–27, 7500 Security Boulevard, Baltimore, MD 21244.

Please allow sufficient time for mailed information to be received in a timely manner in the event of delivery delays. Because of staffing and resources limitations, and because we require an application containing an original signature, we cannot accept applications by facsimile (Fax) transmission.

FOR FURTHER INFORMATION CONTACT: Sid Mazumdar at (410) 786–6673 or by e-mail at: *Siddhartha.mazumdar@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Section 410A(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108–173) (MMA) requires the Secretary to establish a demonstration to test the feasibility and advisability of establishing ''rural community hospitals'' for Medicare payment purposes for covered hospital inpatient services furnished to Medicare beneficiaries. A rural community hospital, as defined in section 410A(f)(1) of the MMA, is a hospital that—

- Is located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act (the Act) (42 U.S.C. 1395ww(d)(2)(D))) or treated as being so located pursuant to section 1886(d)(8)(E) of the Act (42 U.S.C. 1395ww(d)(8)(E));
- Has fewer than 51 acute care inpatient beds, as reported in its most recent cost report;
- Makes available 24-hour emergency care services; and
- Is not eligible for critical access hospital (CAH) designation, or has not been designated a CAH under section 1820 of the Act.

Section 410A(a)(4) of the MMA specifies that the Secretary is to select for participation no more than 15 rural community hospitals in rural areas of States that the Secretary identifies as having low population densities. Using 2002 data from the U.S. Census Bureau, we identified the 10 States with the lowest population densities in which rural community hospitals must be located to participate in the demonstration: Alaska, Idaho, Montana, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Utah, and Wyoming. (Source: U.S. Census Bureau, Statistical Abstract of the United States: 2003).

The demonstration is designed to test the feasibility and advisability of reasonable cost reimbursement for inpatient services to small rural hospitals. The demonstration is aimed at increasing the capability of the selected rural hospitals to meet the needs of their service areas.

Section 410A(a)(5) of the MMA states the Secretary shall conduct the demonstration program for a 5-year period. We originally solicited applicants for the demonstration in May 2004; 13 hospitals began participation with cost report years beginning on or after October 1, 2004. Four of these 13 hospitals have withdrawn from the program and have become CAHs. For the remaining 9 participating hospitals, the demonstration will end in 2010 when each hospital has completed its fifth cost report year.

II. Provisions of the Notice

This notice announces the solicitation for up to six additional hospitals to participate in the Rural Community Hospital Demonstration Program. Hospitals that enter the demonstration under this solicitation will be able to participate for no more than 2 years. We will adhere to the requirement under section 410A of the MMA to limit the demonstration to 5 years, that is, the program will end in 2010.

A. Demonstration Payment Methodology

Section 410A of the MMA requires that ''in conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented.'' In order to achieve budget neutrality for this demonstration program for FYs 2005, 2006, 2007, and 2008, we adjusted the national hospital inpatient prospective payment system (IPPS) rates by an amount sufficient to offset the added costs of this demonstration program. We will present an estimate of the amount needed to offset the additional costs incurred under the demonstration in FY 2009, including the cost of newly selected rural community hospitals, in the FY 2009 IPPS proposed rule.

Hospitals selected for participation in the demonstration will receive payment for covered inpatient services, with the exclusion of services furnished in a psychiatric or rehabilitation unit that is a distinct part of the hospital, using the following rules. For discharges occurring—

- In the first cost reporting period on or after the implementation of the program, their reasonable costs for covered inpatient services; or
- During the second or subsequent cost reporting period, the lesser of their reasonable costs or a target amount. The target amount in the second cost reporting period is defined as the reasonable costs of providing covered inpatient hospital services in the first cost reporting period, increased by the IPPS update factor (as defined in section 1886(b)(3)(B) of the Act) for that particular cost reporting period. The target amount in subsequent cost reporting periods is defined as the preceding cost reporting period's target amount increased by the IPPS update factor for that particular cost reporting period.

Covered inpatient hospital services means inpatient hospital services (defined in section 1861(b) of the Act) and including extended care services furnished under an agreement under section 1883 of the Act.

B. Participation in the Demonstration

To participate in this demonstration, a hospital must be located in one of the identified States and meet the criteria for a rural community hospital. Eligible hospitals that desire to participate in the demonstration must submit an application to CMS. Information about the demonstration and details on how to apply can be found on the CMS Web site at *http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2004_Rural_Community_Hospital_Demonstration_Program.pdf.*

III. Collection of Information Requirements

The information collection requirements contained in this notice are subject to the Paperwork Reduction Act of 1995 (PRA). As discussed in section II.B. of this notice, a hospital must submit the required information on the cover sheet of the CMS Medicare Waiver Demonstration Application to receive consideration by the technical review panel. The burden associated with voluntary requirement is the time and effort necessary to complete the Medicare Waiver Demonstration Application and submit the information

to CMS. The burden associated with this requirement is currently approved under OMB control number 0938–0880 with an expiration date of November 20, 2010.

Authority: Section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. No. 108–173. (Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program).

Dated: January 11, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 08–511 Filed 2–1–08; 10:00 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2008–D–0079]

Guidance for Industry: Fish and Fisheries Products Hazards and Controls Guidance Third Edition June 2001: Letter to Seafood Processors that Purchase Grouper, Amberjack, and Related Predatory Reef Species Captured in the Northern Gulf of Mexico

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a guidance document entitled ''Fish and Fisheries Products Hazards and Controls Guidance, Third Edition June 2001: Letter to Seafood Processors that Purchase Grouper, Amberjack and Related Predatory Reef Species Captured in the Northern Gulf of Mexico.'' The guidance sets forth the agency's recommendations for ensuring the safety of grouper, amberjack, and related predatory reef species captured in the northern Gulf of Mexico with respect to ciguatera fish poisoning (CFP). The guidance is in response to recent cases of CFP that have occurred in the United States.

DATES: This guidance is final February 6, 2008. Submit written or electronic comments on the guidance document at any time.

ADDRESSES: Submit written comments on the guidance to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.regulations.gov*. Submit written requests for single copies of the guidance to the Office of Food Safety (HFS–317), Center for Food Safety and Applied Nutrition, 5100 Paint Branch Pkwy., College Park, MD 20740. Send one self-addressed adhesive label to assist the office in processing your request, or fax your request to 301–436–2651. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the guidance document.

FOR FURTHER INFORMATION CONTACT: Byron Truglio, Center for Food Safety and Applied Nutrition (HFS–325), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 301–436–1420.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a guidance document entitled ''Fish and Fisheries Products Hazards and Controls Guidance, Third Edition June 2001: Letter to Seafood Processors that Purchase Grouper, Amberjack and Related Predatory Reef Species Captured in the Northern Gulf of Mexico.'' The purpose of the document is to revise guidance provided to industry for processing potentially ciguatoxic fish species captured in the northern Gulf of Mexico which are subject to the provisions of the Hazard Analysis and Critical Control Point regulation for seafood (21 CFR part 123) (the seafood HACCP regulation). This guidance is in response to recent CFP outbreaks that have been traced to fish captured in an area in the United States where ciguatera was previously extremely rare. CFP is caused by consumption of fish that have eaten toxic marine algae directly or that have eaten other toxin-contaminated fish. CFP can result in gastrointestinal, cardiovascular, and neurological symptoms. In severe cases, recurring neurological symptoms can persist for months to years.

FDA is issuing this guidance as level 1 guidance consistent with FDA's good guidance practices regulation (§ 10.115 (21 CFR 10.115)). Consistent with FDA's good guidance practices regulation, the agency will accept comment, but is implementing the guidance document immediately in accordance with § 10.115(g) (2) because the agency has determined that prior public participation is not feasible or appropriate in light of the need to respond expeditiously to the recent cases of CFP. The guidance represents the agency's current thinking on CFP from fish in the Northern Gulf of Mexico. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statutes and regulations. This guidance modifies our previous guidance on this subject (See ''Fish and Fisheries Products Hazards and Controls Guidance, Third Edition June 2001'' *http://www.cfsan.fda.gov/guidance.html*). The recommendations in this guidance only pertain to grouper, amberjack, and related predatory reef species associated with CFP that have been captured in the Northern Gulf of Mexico. This guidance does not pertain to other species of fish that have not been associated with CFP.

II. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments regarding this guidance. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The guidance and received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Please note that on January 15, 2008, the FDA Web site transitioned to the Federal Dockets Management System (FDMS). FDMS is a Government-wide, electronic docket management system. Electronic submissions will be accepted by FDA through FDMS only.

III. Electronic Access

Persons with access to the Internet may obtain the guidance document at *http://www.cfsan.fda.gov/guidance.html*.

Dated: January 31, 2008.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 08–537 Filed 2–1–08; 4:38 pm]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[FDA No. 225–07–8007]

Memorandum of Understanding Between the Food and Drug Administration and the National Institutes of Health

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.