meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at *http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm*. Scroll down to the appropriate advisory committee link.

*Procedure:* Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before November 23, 2011. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Those individuals interested in making formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before November 15, 2011. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by November 16, 2011.

Persons attending FDA's advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Kalyani Bhatt at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: September 20, 2011.

**Jill Hartzler Warner,**

*Acting Associate Commissioner for Special Medical Programs.*

[FR Doc. 2011–24532 Filed 9–22–11; 8:45 am]

**BILLING CODE 4160–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. FDA–2010–N–0318]**

### Novartis Pharmaceuticals Corp. et al.; Withdrawal of Approval of 27 New Drug Applications and 58 Abbreviated New Drug Applications; Correction

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of July 21, 2010 (75 FR 42455). The document withdrew approval of 27 new drug applications (NDAs) and 58 abbreviated new drug applications (ANDAs) from multiple applicants. The published document excluded a footnote in the table. This document corrects that error.

**FOR FURTHER INFORMATION CONTACT:** Joyce Strong, Office of Policy, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, rm. 3208, Silver Spring, MD 20993–0002, 301–796–9148.

**SUPPLEMENTARY INFORMATION:** In FR Doc. 2010–17785, appearing on page 42455, in the **Federal Register** of Wednesday, July 21, 2010, the following correction is made:

1. On page 42456, in Table 1, under the ''Drug'' column, correct the entry for ''Proventil (albuterol USP) Inhalation Aerosol'' to read ''Proventil (albuterol USP) Inhalation Aerosol [1]''.

2. On page 42456, at the end of the table, add footnote number 1 to read:

This product included an oral pressurized metered-dose inhaler that contained chlorofluorocarbons (CFCs) as a propellant. CFCs may no longer be used as a propellant for any albuterol metered-dose inhalers. (See 70 FR 17168, April 4, 2005.)

Dated: September 19, 2011.

**Leslie Kux,**

*Acting Assistant Commissioner for Policy.*

[FR Doc. 2011–24400 Filed 9–22–11; 8:45 am]

**BILLING CODE 4160–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Practitioner Data Bank; Name Change of Proactive Disclosure Service (PDS) to Continuous Query

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** On March 7, 2007, the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), published in the **Federal Register** a notice announcing the implementation of a prototype for querying the National Practitioner Data Bank (NPDB), then known as Proactive Disclosure Service (PDS). This notice announces that the prototype status is removed and that PDS is now known as Continuous Query.

**DATES:** The effective date of this status upgrade and name change is September 23, 2011.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Practitioner Data Banks, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, 5600 Fishers Lane, Room 8–103, Rockville, MD 20857; telephone number: (301) 443–2300.

**SUPPLEMENTARY INFORMATION:**

#### I. Background

On March 7, 2007, the National Practitioner Data Bank (NPDB) published in the **Federal Register** (72 FR 10227) a notice announcing a Proactive Disclosure Service (PDS) prototype. The PDS was offered as an alternative to the traditional querying of the NPDB and allowed for on-going monitoring of a practitioner's credentials. PDS is a subscription service that notifies subscribers, which are registered entities that are eligible to query the NPDB or the Healthcare Integrity and Protection Data Bank (HIPDB), of new information on any of their enrolled practitioners within 24 hours of the NPDB or HIPDB receipt of the information. The PDS prototype was available for enrollment beginning on April 30, 2007 to a select group of NPDB registered entities. A few months later PDS was opened to all NPDB registered entities, as well as to those registered in the HIPDB. In the last year (July 1, 2010 through June 30, 2011), 1,965 entities had practitioner enrollments through PDS versus 14,370 entities that submitted traditional queries on

practitioners in the NPDB. Unlike a traditional query, PDS enrolled practitioners are continuously monitored and subscribed entities need not pay for multiple queries each time they want to access new information on a practitioner. The following table charts the growth of PDS enrollments beginning in June 2007 through June 2010 for the NPDB and the HIPDB:

NUMBER OF PRACTITIONERS ENROLLED IN PDS

| Month/year | NPDB | HIPDB |
|---|---|---|
| June 2010 | 481,794 | 125,649 |
| June 2009 | 311,275 | 101,720 |
| June 2008 | 113,631 | 12,592 |
| June 2007 | 47,641 | 2,005 |

The number of enrollments is steadily climbing and re-enrollment rates for this service are approximately 90 percent. This service is quickly becoming the benchmark for monitoring practitioner credentials because it is designed and developed to meet new accreditation standards that require on-going monitoring of practitioners. In light of these developments, HRSA is making this service a permanent feature. The name change from PDS to Continuous Query better captures the true nature of this service, which is the continuous monitoring of enrolled practitioners.

All aspects of the PDS querying service as described in the March 7, 2007 notice are still in effect except for the upgrade from prototype to permanent status and the name change set forth in this notice.

**II. Revisions to Previous Notice**

This notice is to inform the public that the prototype status for PDS is removed and that the name of the PDS querying service has been changed to Continuous Query.

Dated: September 16, 2011.

**Mary K. Wakefield,**

*Administrator, Health Resources and Services Administration.*

[FR Doc. 2011–24403 Filed 9–22–11; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Submission for OMB Review; Comment Request; NINR End-of-Life and Palliative Care Science Needs Assessment: Funding Source (Survey of Authors)

*Summary:* Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Nursing (NINR), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This information collection was previously published in the **Federal Register** on June 16, 2011, page 35221 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

*5 CFR 1320.5 (General requirements) Reporting and Recordkeeping Requirements:* Final Rule requires that the agency inform the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. This information is required to be stated in the 30-day **Federal Register** Notice.

*Proposed Collection: Title:* NINR End-of-Life and Palliative Care Science Needs Assessment: Funding Source (Survey of Authors). *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* The NINR End-of-Life Science Palliative Care (EOL PC) Needs Assessment: Funding Source Questionnaire will obtain information on funding sources of EOL PC research published studies for which a funding source is not cited or the information is unclear. Target participants are authors of publicly-available EOL PC research studies published between 1997–2010 for whom a funding source is unknown or unclear. The questionnaire inquires about the funding source of the published study, type of funding received, year of funding, and duration of funded study. This is a 7-item questionnaire that takes approximately 5 minutes to complete. Data collected is part of a needs assessment to address the breadth and depth of EOL PC scientific issues for use in stimulating research capacity in the field. *Frequency of Response:* One time. *Affected Public:* Individual authors of publicly available EOL PC research publications who do not list a funding source or the source is unclear within their publication. *Type of Respondents:* EOL PC researchers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1840; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .08; and *Estimated Total Annual Burden Hours Requested:* 147. There are no Capital Costs, Operating or Maintenance Costs to report.

*Request for comments:* Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Direct comments to OMB:* Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Amanda Greene, Office of Science Policy and Public Liaison, NINR, NIH, Democracy One, 6701 Democracy Blvd., Suite 710, Bethesda, MD 20892 or call non-toll-free number (301) 496–9601 or E-mail your request, including your address to: *amanda.greene@nih.gov.*

*Comments due date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: September 16, 2011.

**Amanda Greene,**

*Science Evaluation Officer, NINR, National Institutes of Health.*

[FR Doc. 2011–24510 Filed 9–22–11; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as