testing.

ESTIMATED ANNOALIZED BUNDEN TABLE—CORUNGEO			
Instrument/form name	Number of respondents	Number of responses per respondent	Average burden per re- sponse (in hours)
Usability Test Confidentiality Agreement	100 100	1 1	1.5 5/60

0

167

167

200

50

50

268

67

67

115

115

.....

0

#### ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Screener .....

Web-test ......
Confidentiality Agreement ......

Screener .....

Message Test .....

Confidentiality Agreement .....

Screener .....

Telephone Test .....

Confidentiality Agreement .....

Screener .....

Web-test .....

Confidentiality Agreement .....

.....

#### Mary Oliver-Anderson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer. [FR Doc. E8–18346 Filed 8–7–08; 8:45 am] BILLING CODE 4150–32–P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Data collection task

Web-based concept and prototype

In person message testing .....

Telephone-based message testing ...

Web-based message testing .....

# Solicitation for Written Comments on the Development of Healthy People 2020

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Disease Prevention and Health Promotion.

**ACTION:** Notice.

Authority: 42 U.S.C. 200u.

**SUMMARY:** The Office of Disease Prevention and Health Promotion (ODPHP), Office of Public Health and Science (OPHS), U.S. Department of Health and Human Services (HHS), is soliciting written comments on key elements of *Healthy People 2020*, including the vision, mission, overarching goals and framework. Every 10 years, through the Healthy People initiative, HHS leverages scientific insights and lessons from the past decade, along with the new knowledge of current data, trends, and innovations to develop the next iteration of national health promotion and disease prevention objectives. Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage

collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention and health promotion activities. Healthy People 2020 will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention.

Background: The Healthy People process is inclusive: its strength is directly tied to collaboration. The development process strives to maximize transparency, public input and stakeholder dialogue to ensure that Healthy People 2020 is relevant to diverse public health needs and seizes opportunities to achieve its goals. Since its inception, Healthy People has become a broad-based, public engagement initiative with thousands of citizens helping to shape it at every step along the way. Drawing on the expertise of a Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 and public input, Healthy People will organize and establish a framework to address risk factors and determinants of health and the diseases and disorders that are affecting our communities.

Public participation will shape
Healthy People 2020, its purpose, goals,
organization, and action plans. HHS has
sought input from communities and
stakeholders across the nation through
six regional meetings and is soliciting
written public comments on the
development of *Healthy People 2020*through an online public comment
database. As a national initiative,
Healthy People's success depends on a
coordinated commitment to improve the
health of the nation. Individuals may

subscribe to the listserv at: http://www.healthypeople.gov/Contact for the latest information on Healthy People 2020 and to receive email notices of related Healthy People 2020. Healthy People 2020 will be released in two-phases. The vision, mission, overarching goals, and organizing framework will be released in late 2008-early 2009. A year later, in January 2010, the specific Healthy People 2020 objectives with baselines and targets will be released.

1

1

1

1

1

1

1

.....

Total response

burden

0

5/60

10/60

5/60

10/60

5/60

10/60

5/60

150

167

14

33 50

4

45

67

115

10

1,402

6

8

**DATES:** In order for comments on the proposed vision, mission, overarching goals, and framework for Healthy People 2020 to be considered by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, written comments must be submitted via the Internet at the Healthy People Web site http:// www.healthypeople.gov/hp2020/ comments by the close of business Eastern Daylight Time on September 2, 2008. Comments submitted to the Web site after September 2, 2008 and before September 15, 2008 will be considered by HHS but not reviewed by the Secretary's Advisory Committee.

ADDRESSES: The proposed vision, mission, overarching goals, and framework for *Healthy People 2020* can be viewed and commented on at <a href="http://www.healthypeople.gov/hp2020/Comments">http://www.healthypeople.gov/hp2020/Comments</a>.

FOR FURTHER INFORMATION CONTACT: Email the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services, at HP2020@hhs.gov or to Hilary Scherer at HP2020@norc.org (e-mail), (301) 634—9374 (phone) or (301) 634—9301 (fax).

Dated: July 24, 2008.

### Penelope Slade Rovall,

RADM, USPHS, Deputy Assistant Secretary for Health, (Disease Prevention and Health Promotion).

[FR Doc. E8–18299 Filed 8–7–08; 8:45 am]

BILLING CODE 4150-32-P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Center for Preparedness, Detection, and Control of Infectious Diseases

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

 $\it Name:$  Clinical Laboratory Improvement Advisory Committee (CLIAC).

Times and Dates: 8:30 a.m.-5 p.m., September 10, 2008; 8:30 a.m.-3 p.m., September 11, 2008.

Place: Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Tom Harkin Global Communications Center, Building 19, Room 232, Auditorium B, Atlanta, Georgia 30333.

New Information—Online Registration Required: In order to expedite security clearance process at the CDC Roybal Campus located on Clifton Road, all CLIAC attendees are required to register in advance for the meeting at http://www.cdc.gov/cliac/default.aspx by clicking the Register for a "Meeting" link and completing all forms according to the instructions given. Please complete all the required fields and submit your registration as far in advance of the meeting date as possible.

**Note:** The cut-off date for registration for domestic attendees is Thursday, September 4, 2008; the cut-off date for international attendees to register is Monday, August 25, 2008

Status: Open to the public, limited only by the space available. The meeting Room accommodates approximately 100 people.

Purpose: This Committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact on medical and laboratory practice of proposed revisions to the standards; and the modification of the standards to accommodate technological advances.

Matters to Be Discussed: The agenda will include updates from the CDC, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration; a report from the CLIAC Workgroup on Good Laboratory Practices for Genetic Testing, and discussion

of the Workgroup's proposals related to such; presentations and discussion related to laboratory quality control through risk management; and an introduction to the status of waived testing and discussion of the potential for waiver of automated hematology devices. Agenda items are subject to change as priorities dictate.

Providing Oral or Written Comments: It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments whenever possible.

Oral Comments: In general, each individual or group requesting to make an oral presentation will be limited to a total time of five minutes (unless otherwise indicated). Speakers must also submit their comments in writing for inclusion in the meeting's Summary Report. To assure adequate time is scheduled for public comments, individuals or groups planning to make an oral presentation should, when possible, notify the contact person below at least one week prior to the meeting date.

Written Comments: For individuals or groups unable to attend the meeting, CLIAC accepts written comments until the date of the meeting (unless otherwise stated). However, the comments should be received at least one week prior to the meeting date so that the comments may be made available to the Committee for their consideration and public distribution. Written comments, one hard copy with original signature, should be provided to the contact person below. Written comments will be included in the meeting's Summary Report.

Contact Person for Additional Information: Nancy Anderson, Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, CDC, 1600 Clifton Road, NE., Mailstop F–11, Atlanta, Georgia 30333; telephone (404) 498–2741; fax (404) 498–2219; or via e-mail at Nancy.Anderson@cdc.hhs.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 28, 2008.

#### Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8-18285 Filed 8-7-08; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff; Modifications to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Supplementary Classification of External Causes of Injury and Poisoning

**ACTION:** Notice.

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, announces the following modifications to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM), Supplementary Classification of External Causes of Injury and Poisoning. These codes will become effective October 1, 2008.

#### **External Cause Tabular**

New code E927.0 Overexertion from sudden strenuous movement. Sudden trauma from strenuous movement

New code E927.1 Overexertion from prolonged static position

New code E927.2 Excessive physical exertion from prolonged activity

New code E927.3 Cumulative trauma from repetitive motion

New code E927.4 Cumulative trauma from repetitive impact

New code E927.8 Other overexertion and strenuous and repetitive movements or loads

New code E927.9 Unspecified overexertion and strenuous and repetitive movements or loads

#### CONTACT PERSON FOR ADDITIONAL

INFORMATION: Donna Pickett, Medical Systems Specialist, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, e-mail dfp4@cdc.gov, telephone 301–458–4434. The complete diagnosis addenda may be accessed on the NCHS Web site using the URL: http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm#addenda.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to modifications to the ICD-9-CM, for both CDC and the