review the external review draft document titled, ''An Exploratory Study: Assessment of Modeled Dioxin Exposure in Ceramic Art Studios'' (EPA/600/R–06/044A). The draft document was prepared by the National Center for Environmental Assessment (NCEA) within EPA's Office of Research and Development. The purpose of this report is to describe an exploratory investigation of potential dioxin exposures to artists/hobbyists who use ball clay to make pottery and related products. Dermal, inhalation and ingestion exposures to clay were measured at the ceramics art department of Ohio State University in Columbus, OH. Estimates of exposure were made based on measured levels of clay in the studio air, deposited on surrogate food samples and on the skin of artists. EPA is releasing this draft document solely for the purpose of pre-dissemination peer review under applicable information quality guidelines. This document has not been formally disseminated by EPA. It does not represent and should not be construed to represent any Agency policy or determination.

On October 4, 2007, EPA announced a 45-day public comment period on the draft document (72 FR 56756). The public comment period has closed as of November 19, 2007. The public comment period and the external peer-review panel workshop are separate processes that provide opportunities for all interested parties to comment on the document. All public comments submitted have been forwarded to EPA's contractor, Eastern Research Group, Inc. (ERG), and provided to the external peer-review panel members prior to the workshop for consideration during discussions at the workshop.

In preparing a final report, EPA will consider the public comments submitted to EPA's docket during the public comment period, and the comments and, recommendations from the external peer-review workshop, including any oral public comments made at the workshop.

DATES: The peer-review panel workshop will begin on Wednesday, January 16, 2008, at approximately 9 a.m. and end at 5 p.m. Members of the public may attend the peer-review panel workshop. Time will be set aside on the morning of January 16, 2008 for registered attendees who wish to make brief oral comments (for more information refer to the instructions for registration below).

ADDRESSES: Eastern Research Group (ERG), an EPA contractor for external scientific review, will convene an independent panel of experts and organize and conduct the peer-review workshop to review this draft document. The peer-review workshop will be held at the Navy League Building, 2300 Wilson Boulevard, Arlington, Virginia 22201.

Observers may attend the peer-review workshop through a registration process by calling ERG's conference line between the hours of 9 a.m. and 5:30 p.m. EST at (781) 674–7374 or toll free at (800) 803–2833, or by faxing a registration request to (781) 674–2906 (please reference the ''Dioxin/Cermics Peer-Review Panel Workshop'' and include full address and contact information) or by sending an e-mail to *Meetings@erg.com* (Subject line: Dioxin/Ceramics Peer-Review Panel Workshop; Body: include full address and contact information). Pre-registration is strongly recommended as space is limited, and registration will be accepted on a first-come, first-served basis. The deadline for pre-registration is Monday, January 7, 2008. If space allows, registrations will continue to be accepted after this date, including on-site registration. Time will be set aside to hear comments from observers, and individuals will be limited to a maximum of five minutes during the morning of the day of the workshop. When you register, please inform ERG that you wish to make comments during the comment period.

The draft document, ''An Exploratory Study: Assessment of Modeled Dioxin Exposure in Ceramic Art Studios,'' is available primarily via the Internet on the National Center for Environmental Assessment(s home page under the Recent Additions and the Data and Publications menus at *http://www.epa.gov/ncea.* A limited number of paper copies are available from the NCEA Information Management Team; telephone: 202–564–3261; facsimile: 202–565–0050.

If you are requesting a paper copy, please provide your name, mailing address, and the document title, ''An Exploratory Study: Assessment of Modeled Dioxin Exposure in Ceramic Art Studios''. Copies are not available from ERG and copies will not be available at the workshop.

FOR FURTHER INFORMATION CONTACT: Questions regarding information, registration, and logistics for the external peer-review workshop should be directed to Eastern Research Group, 110 Hartwell Avenue, Lexington, MA 02421–3136; telephone: (781) 674–7374 or toll free at (800) 803–2833; facsimile: (781) 674–2906; e-mail: *Meetings@erg.com.*

If you need technical information about the document, please contact John Schaum, National Center for Environmental Assessment (NCEA); telephone: 202–564–3237; facsimile: 202–565–0078; e-mail *schaum.john@epa.gov*.

Dated: November 21, 2007.

Peter W. Preuss,

Director, National Center for Environmental Assessment.

[FR Doc. E7–23158 Filed 11–28–07; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting Notice

AGENCY: Federal Election Commission.

DATES AND TIMES: Thursday, November 29, 2007, at 10 a.m.

PLACE: 999 E Street, NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

THE FOLLOWING ITEM HAS BEEN ADDED TO THE AGENDA: *Advisory Opinion 2007–30:* Chris Dodd for President, Inc., by Marc E. Elias, Esq.

PERSON TO CONTACT FOR INFORMATION: Mr. Robert Biersack, Press Officer, Telephone: (202) 694–1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. 07–5892 Filed 11–27–07; 3:06 pm]

BILLING CODE 6715–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10054, CMS–R–118 and CMS–10246]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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 function; (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.

1. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Recognition of payment for new technology services for New Technology ambulatory payment classification (APC) groups under the Outpatient Prospective Payment System and Supporting Regulations in 42 CFR part 419; *Use:* CMS needs to keep pace with emerging new technologies and make them accessible to Medicare beneficiaries in a timely manner. It is necessary that CMS continue to collect appropriate information from interested parties such as hospitals, medical device manufacturers, pharmaceutical companies and others that bring to CMS' attention specific services that they wish us to evaluate for New Technology APC payment. The information that CMS seeks to continue to collect is necessary to determine whether certain new services are eligible for payment in New Technology APCs, to determine appropriate coding and to set an appropriate payment rate for the new technology service. The intent of these provisions is to ensure timely beneficiary access to new and appropriate technologies. Interested parties such as hospitals, device manufacturers, pharmaceutical companies, and physicians use this information to apply for New Technology APC payments for certain services covered in the Outpatient Prospective Payment System. *Form Numbers:* CMS–10054 (OMB #: 0938–0860); *Frequency:* Reporting—Once; *Affected Public:* Business or other for-profits; *Number of Respondents:* 15; *Total Annual Responses:* 15; *Total Annual Hours:* 180.

2. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* Quality Improvement (formerly Peer Review) Organization Contracts: Solicitation of Statements of Interest from In-State Organizations, General Notice and Supporting Regulations in 42 CFR, 475.102, 475.103, 475.104, 475.105, 475.106; *Use:* The criteria that an organization must satisfy in order to be eligible for a Medicare Quality Improvement Organization (QIO) contract are specified by law and set forth in sections 1152 and 1153 of the Social Security Act (the Act). In very basic terms, the applicant organization must demonstrate that it is either a physician-sponsored or physician-access organization. The qualifications for in-State status for an otherwise qualified QIO organization are also set forth in section 1153(i)(3) of the Act.

To comply with section 1153 of the Act, we must publish the solicitation of statements of interest from qualified in-State organizations no later than January 31, 2008. We wish to publish notice of contract expiration dates and the time periods during which interested, qualified organizations may submit statements of interest and proposals for these contracts substantially sooner than the January 2008 deadline, in order to give maximal notice and opportunity to all qualified and potentially interested organizations. We are soliciting information in the form of responses to our request for statements of interest from qualified in-State organizations who may wish to compete for the QIO contracts for their respective States. The responses should contain an indication of interest and information demonstrating the interested organizations' eligibility to qualify as a QIO under the requirements of sections 1152 and 1153 of the Act. *Form Number:* CMS–R–118 (OMB #: 0938–0526); *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 53; *Total Annual Responses:* 53; *Total Annual Hours:* 1.

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Cost and Resource Utilization (CRU) Data Collection for the Medicare Post Acute Care Payment Reform Demonstration; *Use:* The CRU data collection is part of the Post-Acute Care Payment Reform Demonstration mandated by Section 5008 of the Deficit Reduction Act of 2005. This demonstration is intended to address problems with the current Medicare payment systems for post-acute care services, including those for Long Term Care Hospitals, Inpatient Rehabilitation Facilities, Skilled Nursing Facilities, and Home Health Agencies. Each of these four types of providers currently has a separate prospective payment system (PPS) with its own case-mix groups, payment units, and rates. Each case-mix grouper uses a unique set of items to measure patients, making it difficult to compare severity, costs, and outcomes across settings. These four provider types form a continuum of care where patients may overlap in terms of the conditions being treated, but they primarily differ in terms of the severity of the patients' medical or functional impairments. The current payment methods are designed as silos that do not recognize the potential overlap in case mix or the complimentary nature of the services across an episode, nor does it allow for standardized measures of costs across settings since each PPS was developed independently using different measurement systems and underlying assumptions.

The Post-Acute Care Payment Reform Demonstration will examine the relative costliness and outcomes of post acute cases admitted to different settings for similar conditions. The work will differ from past attempts in this area because it will use a standardized case mix tool for measuring patient severity and a standardized resource data collection tool in all four post acute settings. Specifically, the legislation requires that CMS provide information on both the fixed and variables costs for each individual treated in post acute care settings.

The CRU data collection instruments are designed to collect a provider's routine costs to specific patients because in general, nurses' and many other direct care providers' time spent on behalf of specific patients and on activities not patient-specific, is not reported. In addition, charges for therapist services reported on claims may not sufficiently measure true relative differences in therapy resource costs among patients. The data will be used, along with Medicare claims and cost report data, to examine substitution issues: how do costs and outcomes differ for post acute care patients with similar case mix acuity when treated in one of the various settings. The results will be used to provide CMS and the Congress information on setting-neutral payment models, revisions to single setting payment systems, current discharge placement patterns, and patient outcomes across settings.

Since the August 24, 2007, **Federal Register** notice (72 FR 48645), we have made minor changes to the CRU instrument in response to public comments and internal review. The changes are primarily wording changes and direction clarifications. These changes are not expected to impact the data collection burden. *Form Number:* CMS–10246 (OMB #: 0938–New); *Frequency:* Reporting and Recordkeeping; *Affected Public:* Private Sector—Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 138; *Total Annual Responses:* 61,589; *Total Annual Hours:* 28,783.

To obtain copies of the supporting statement and any related forms for the

proposed paperwork collections referenced above, access CMS Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *December 31, 2007*.

OMB Human Resources and Housing Branch, *Attention:* Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: November 21, 2007.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E7–23163 Filed 11–28–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services, HHS

[Document Identifier: CMS–10165, CMS–2552–96 and CMS–10008]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections 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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Electronic Health Record; *Use:* The purpose of this demonstration project is to reward the delivery of high-quality care supported by the adoption and use of electronic health records in small to medium-sized primary care physician practices. While this is separate and distinct from the Medicare Care Management Performance (MCMP) Demonstration, it expands upon the foundation created by the MCMP Demonstration, which was mandated by Section 649 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The electronic health record demonstration will be operational for a 5-year period and will be operated under section 402 demonstration waiver authority. The information to be obtained as part of the application form is necessary to document basic information for physician practices that intend to participate in this demonstration initiative. *Form Number:* CMS–10165 (OMB#: 0938–0965); *Frequency:* Once; *Affected Public:* Private sector—Business or other for-profit; *Number of Respondents:* 2,400; *Total Annual Responses:* 2,400; *Total Annual Hours:* 520.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Hospital and Health Care Complexes Cost Report and supporting Regulations in 42 CFR 413.20 and 413.24; *Use:* This Cost Report Form is filed annually by freestanding providers participating in the Medicare program to effect year end cost settlement for providing services to Medicare beneficiaries. The CMS–2552–96 cost report is needed to determine the amount of reimbursable cost, based upon the cost limits, that is due these providers furnishing medical services to Medicare beneficiaries. *Form Number:* CMS–2552–96 (OMB #: 0938–0050); *Frequency:* Yearly; *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 6,175; *Total Annual Responses:* 6,175; *Total Annual Hours:* 4,090,474.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Process and Information Required to Determine Eligibility of Drugs, Biologicals, and Radiopharmaceutical Agents for Transitional Pass-Through Status Under the Hospital Outpatient Prospective Payment System (OPPS); *Use:* Section 1833(t)(6) of the Social Security Act provides for temporary additional payments or ''transitional pass-through payments'' for certain drugs and biological agents. Interested parties such as hospitals, pharmaceutical companies, and physicians can apply for transitional pass-through payment for drugs and biologicals used with services covered under the OPPS. CMS uses this information to determine if the criteria for making a transitional pass-through payment are met and if an interim Healthcare Common Procedure Coding System (HCPCS) code for a new drug or biological is necessary. *Form Number:* CMS–10008 (OMB #: 0938–0802); *Frequency:* Once; *Affected Public:* Private sector—Business or other for-profit; *Number of Respondents:* 10; *Total Annual Responses:* 10; *Total Annual Hours:* 160.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received at the address below, no later than 5 p.m. on *January 28, 2008*.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, *Attention:* Bonnie L Harkless, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: November 21, 2007.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E7–23164 Filed 11–28–07; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Gastrointestinal Drugs Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.