

calculated from a complete census of cable systems. The only way to accurately conclude that the 70/70 test has been met is to have the entire cable industry provide to the Commission the data for all cable systems. Specifically, we will require each cable operator to provide for 2006 and 2007 for each cable system on a zip code basis: (1) The total number of homes the cable operator currently passes; (2) the total number of homes the cable operator currently passes with 36 or more activated channels; (3) the total number of actual subscribers, including all subscribers in multiple dwelling units (MDUs); and (4) the total number of subscribers to systems with 36 or more activated channels. The submitted information will allow the Commission to calculate the 70/70 test for the entire universe of cable systems, which will be more accurate than relying on the available sample statistics.

A cable operator may certify to the Commission that it does not possess the requested information for calendar year 2006 and that it is not possible for the operator to compile such data for calendar year 2006. The Commission will provide cable operators that do not possess 2006 data with a certification form to be signed, dated, and returned to the Commission. This form will not impose any additional burden on cable operators.

Federal Communications Commission.

Marlene H. Dortch,
Secretary.

[FR Doc. E9-1626 Filed 1-23-09; 8:45 am]

BILLING CODE 6712-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics; Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS) Standards Subcommittee.

Time and Date: February 24, 2008 9 a.m.–5 p.m.

Place: Hubert Humphrey Building, 200 Independence Ave, SW., Room 505A, Washington, DC 20201.

Status: Open.

Purpose: The purpose of this meeting is to gather a better understanding of the issues, requirements, and plans to modify HIT standards processes to meet the needs of health care, personal health, and population health, as all of these health environments

move rapidly into the information age. This meeting will be the first of several meetings on this topic that will be scheduled during 2009 by the Standards Subcommittee of the NCVHS.

For More Information Contact: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Denise Buenning, lead staff for Standards Subcommittee, NCVHS, Centers for Medicare and Medicaid Services, Office of E-Health Standards and Services, 7500 Security Boulevard, Room S2-26-17, Baltimore, Maryland, 21244, telephone (410) 786-6711 or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: January 12, 2009.

James Scanlon,

Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. E9-1450 Filed 1-23-09; 8:45 am]

BILLING CODE 4151-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09-0776]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Economic Analysis of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) (OMB No. 0920-0776 exp. 4/30/2009)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCDDPH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is the largest organized cancer screening program in the United States. The NBCCEDP provides critical breast and cervical cancer screening services to underserved women through grants to 50 states, the District of Columbia, 4 U.S. territories, and 13 American Indian/Alaska Native organizations. In the past decade, the NBCCEDP has provided over 7.8 million breast and cervical cancer screening and diagnostic exams to over 3.2 million low-income women. Women diagnosed with cancer through the program are eligible for Medicaid coverage through the Breast and Cervical Cancer Prevention and Treatment Act passed by Congress in 2000.

In 2008, CDC obtained OMB approval to collect one year of activity-based cost information from all 68 NBCCEDP grantees. With this revision request, CDC proposes to collect two additional, consecutive years of information and to implement a minor change to the data collection instrument, the Cost Assessment Tool (CAT), regarding screening activities supported through non-Federal funds. The additional information will allow CDC to calculate averages over time that reduce year-to-year fluctuations and provide better estimates of activity-based costs.

The information is being collected to support activity-based analysis of the costs and cost-effectiveness of the NBCCEDP. The information will be used to assess the costs of various program components, identify factors that impact average cost, perform cost-effectiveness analysis, and to develop a resource allocation tool for ensuring the most appropriate use of limited program resources. The information required to perform an activity-based cost analysis includes: staff and consultant salaries, screening costs, contracts and material costs, provider payments, in-kind contributions, administrative costs, allocation of funds, and staff time devoted to specific program activities. Data will be collected electronically.

NBCCEDP grantees currently report information on screening and diagnosis volumes (the effectiveness measures for the program) as part of the Minimum Data Elements (MDE) for the NBCCEDP (OMB 0920-0571, exp. 1/31/2010). Cost information to be collected through the CAT will complement information currently collected through the MDE project.

There are no costs to respondents other than their time. The total

estimated annualized burden hours are
1,496.

Estimated Annualized Burden Hours:

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
NBCCEDP Grantees	68	1	22

Dated: January 8, 2009.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9-1616 Filed 1-23-09; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-2274-CN]

RIN 0938-AP09

Medicaid Program; Fiscal Year Disproportionate Share Hospital Allotments and Disproportionate Share Hospital Institutions for Mental Disease Limits

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

ACTION: Correction of notice.

SUMMARY: This document corrects a technical error that appeared in the notice published in the **Federal Register** on December 19, 2008 entitled, "Medicaid Program; Fiscal Year Disproportionate Share Hospital Allotments and Disproportionate Share Hospital Institutions for Mental Disease Limits."

DATES: *Effective Date:* This notice is effective on February 20, 2009.

FOR FURTHER INFORMATION CONTACT: Richard Strauss, (410) 786-2019.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. E8-30267 of December 19, 2008 (73 FR 77704), a technical error was identified and corrected in the Correction of Errors section below. The correction in this notice is effective as if it had been included in the document

published December 19, 2008.

Accordingly, the correction is effective on February 20, 2009.

II. Summary of Errors

As published on page 77712 of the December 19, 2008 **Federal Register**, Chart 2 Preliminary DSH Allotment For Fiscal Year 2009, we erroneously omitted Column J and Column K. This correction notice republishes that chart with all of the Columns A through K included.

III. Correction of Errors

In FR Doc. E8-30267 of December 19, 2008 (73 FR 77704), on page 77712, Chart 2—Preliminary DSH Allotment For Fiscal Year 2009, is being republished in its entirety. The revised chart reads as follows:

BILLING CODE 4000-01-P