DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for Beat Down Blood Pressure Challenge

AGENCY: Office of the National Coordinator for Health Information Technology, Department of Health and Human Services (HHS).

ACTION: **Federal Register** Notice; Correction.

SUMMARY: On March 22, 2012 the Office of the National Coordinator for Health Information Technology, located within the Department of Health and Human Services (HHS) published a notice in the **Federal Register** (77 FR 17060) announcing requirements and registration for a Beat Down Blood Pressure Video Challenge. This challenge will not be open to the public until Wednesday, March 28th. On 3/28, we encourage you to visit *http://BloodPressure.Challenge.gov* for a complete set of rules and requirements for this contest.

FOR FURTHER INFORMATION CONTACT: For questions concerning this notice please contact: Erin Poetter, MPH, Office of the National Coordinator for Health Information Technology, HHS, *erin.poetter@hhs.gov* or 202–205–3310.

Dated: March 21, 2012.

Erin Poetter,

Consumer e-Health Policy Analyst ONC, Department of Health and Human Services.

[FR Doc. 2012–7485 Filed 3–28–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation; Meeting of the Advisory Council on Alzheimer's Research, Care, and Services

AGENCY: Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the public meeting of the Advisory Council on Alzheimer's Research, Care, and Services (Advisory Council). Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Advisory Council on Alzheimer's Research, Care, and Services provides advice on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with the disease and their caregivers. The Advisory Council will discuss the Draft National Plan to Address Alzheimer's Disease, and, as appropriate, make recommendations to the Secretary of HHS.

Meeting Date: April 17, 2012 from 9 a.m. to 4:15 p.m. EDT.

ADDRESSES: The meeting will be held at the U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 800, Washington, DC 20201.

Comments: Time is allocated on the agenda to hear public comments. In lieu of oral comments, formal written comments may be submitted for the record to Helen Lamont, OASPE, 200 Independence Avenue SW., Room 424E, Washington, DC 20201. Comments may also be sent to *napa@hhs.gov.* Those submitting written comments should identify themselves and any relevant organizational affiliations.

FOR FURTHER INFORMATION CONTACT: Helen Lamont (202) 690–7996, *helen.lamont@hhs.gov.* **Note:** Seating may be limited. Those wishing to attend the meeting must send an email to *napa@hhs.gov* and put (April 17 meeting attendance) in the Subject line by Wednesday, April 11, 2012, so that their names may be put on a list of expected attendees and forwarded to the security officers at the Department of Health and Human Services. Any interested member of the public who is a non-U.S. citizen should include this information at the time of registration to ensure that the appropriate security procedure to gain entry to the building is carried out. Although the meeting is open to the public, procedures governing security and the entrance to Federal buildings may change without notice.

SUPPLEMENTARY INFORMATION: Topics of the Meeting: The Advisory Council will discuss the Draft National Plan to Address Alzheimer's Disease.

Procedure and Agenda: This meeting is open to the public. The Advisory Council will discuss the Draft National Plan to Address Alzheimer's Disease, and, as appropriate, make recommendations to the Secretary of HHS.

Authority: 42 U.S.C. 11225; Section 2(e)(3) of the National Alzheimer's Project Act. The panel is governed by provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Sherry Glied,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 2012–7482 Filed 3–28–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12GO]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 and send comments to Kimberly S. Lane, at CDC 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Colorectal Cancer Control Program Indirect/Non-Medical Cost Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States, following lung cancer. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for average-risk persons. Screening tests that may be used alone or in combination include fecal occult blood testing (FOBT), fecal immunochemical testing (FIT), flexible sigmoidoscopy, and/or colonoscopy.