to prepare its estimates of the number of individuals and families in poverty.

However, provisions in three recent laws prohibited the Secretary of HHS from publishing updated poverty guidelines for 2010 before May 31, 2010, and required that the poverty guidelines published on January 23, 2009, remain in effect until updated poverty guidelines were published. These provisions were section 1012 of the Department of Defense Appropriations Act, 2010 (Pub. L. 111–118), section 7 of the Temporary Extension Act of 2010 (Pub. L. 111–144), and section 6 of the Continuing Extension Act of 2010 (Pub. L. 111–157).

The provisions included in these laws were in response to a decrease in the annual average CPI–U for 2009. In the absence of a legislative change, this decrease would have required HHS to issue 2010 poverty guidelines that were lower than the 2009 poverty guidelines, resulting in an adverse effect on potential and actual program beneficiaries. An explanatory statement in the December 16, 2009 *Congressional Record* described the first legislative provision to delay the publication of the 2010 guidelines as a "freeze" of the guidelines at 2009 levels "in order to prevent a reduction in eligibility for certain means-tested programs, including Medicaid, Supplemental Nutrition Assistance Program (SNAP), and child nutrition * * *." (*Congressional Record* (House), December 16, 2009, p. H15370).

Legislation to further delay the publication of the 2010 poverty guidelines beyond May 31, 2010, did not pass Congress. Accordingly, HHS is publishing poverty guidelines for the remainder of 2010 in this notice. These 2010 guidelines will remain in effect until HHS publishes the 2011 poverty guidelines, which is expected to occur in late January 2011.

If HHS had published the 2010 poverty guidelines in late January 2010, on the normal schedule, the update would have been based on the 2008 Census Bureau poverty thresholds and the percentage change in the annual average CPI–U from calendar year 2008 to calendar year 2009 (the period from January through December 2009). Since the publication of the 2010 poverty guidelines was delayed through May 31, 2010, HHS is basing this update on the 2008 Census Bureau poverty thresholds—which remain the most recent published thresholds available—and the percentage change in the average CPI–U from calendar year 2008 to the period beginning with January 2009 and ending on May 31, 2010. The average CPI–U for the January 2009–May 2010 period was 0.042 percent higher than the annual average CPI–U for calendar year 2008. (The Omnibus Budget Reconciliation Act of 1981 requires that the starting point for the update of the poverty guidelines shall be the latest published Census Bureau poverty thresholds, rather than the previous HHS poverty guidelines.) The percentage increase in the CPI–U was so small that after the rounding procedures used in the guidelines calculation, the guidelines for the remainder of 2010 showed no change from the 2009 guidelines.

The poverty guidelines are calculated each year using the latest published Census Bureau poverty thresholds as the starting point. They are not calculated from the previous year's poverty guidelines. As a result, the level of next year's poverty guidelines—the 2011 guidelines—will not be affected by the way in which these 2010 poverty guidelines were calculated.

The poverty guidelines for the remainder of 2010 are provided below. The guideline figures shown represent annual income. These guidelines will remain in effect until HHS publishes the 2011 poverty guidelines, which is expected in late January 2011.

### 2010 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

| Persons in family | Poverty guideline |
|---|---|
| 1 | $10,830 |
| 2 | 14,570 |
| 3 | 18,310 |
| 4 | 22,050 |
| 5 | 25,790 |
| 6 | 29,530 |
| 7 | 33,270 |
| 8 | 37,010 |

For families with more than 8 persons, add $3,740 for each additional person.

### 2010 Poverty Guidelines for Alaska

| Persons in family | Poverty guideline |
|---|---|
| 1 | $13,530 |
| 2 | 18,210 |
| 3 | 22,890 |
| 4 | 27,570 |
| 5 | 32,250 |
| 6 | 36,930 |
| 7 | 41,610 |
| 8 | 46,290 |

For families with more than 8 persons, add $4,680 for each additional person.

### 2010 Poverty Guidelines for Hawaii

| Persons in family | Poverty guideline |
|---|---|
| 1 | $12,460 |
| 2 | 16,760 |
| 3 | 21,060 |
| 4 | 25,360 |
| 5 | 29,660 |
| 6 | 33,960 |
| 7 | 38,260 |
| 8 | 42,560 |

For families with more than 8 persons, add $4,300 for each additional person.

Dated: July 30, 2010.

**Kathleen Sebelius,**

*Secretary of Health and Human Services.*

[FR Doc. 2010–19129 Filed 7–30–10; 4:15 pm]

**BILLING CODE 4151–05–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Solicitation of Nomination for Appointment to the Chronic Fatigue Syndrome Advisory Committee

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

**ACTION:** Notice.

**Authority:** 42 U.S.C. 217a, section 222 of the Public Health Service (PHS) Act, as amended. The committee is governed by the provisions of Public Law 92–463, as amended (5 U.S.C. App 2), which sets forth standards for the formation and use of advisory committees.

**SUMMARY:** The Office of Public Health and Science, Office on Women's Health, HHS, is seeking nominations of qualified candidates to be considered for appointment as a member of the Chronic Fatigue Syndrome Advisory Committee (CFSAC). CFSAC provides science-based advice and recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health, on a broad range of issues and topics pertaining to chronic fatigue syndrome (CFS). CFSAC, which was formerly known as the Chronic Fatigue Syndrome Coordinating Committee, was established by the Secretary of Health and Human Services on September 5, 2002. Several Committee member appointments are scheduled to end on April 1, 2011. Nominations of qualified candidates are being sought to fill future vacancies.

**DATES:** Nominations for membership on the Committee must be received no later than 5 p.m. EDT on Wednesday,

September 15, 2010, at the address listed below.

**ADDRESSES:** All nominations should be mailed or delivered to Wanda K. Jones, Dr.P.H., Executive Secretary, Chronic Fatigue Syndrome Advisory Committee; C/O Office on Women's Health; Department of Health and Human Services; 200 Independence Avenue, SW.; Room 712E; Washington, DC20201. E-mail delivery of nominations will not be accepted.

**FOR FURTHER INFORMATION CONTACT:** Wanda K. Jones, Dr.P.H.; Department of Health and Human Services, C/O Office on Women's Health; 200 Independence Avenue, SW.; Room 712E; Washington, DC 20201; please refer all inquiries to *cfsac@hhs.gov*.

**SUPPLEMENTARY INFORMATION:** CFSAC was established on September 5, 2002. The Committee was established to advise, consult with, and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including (1) the current state of the knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

**Nominations**

The Office on Women's Health is requesting nominations to future committee member vacancies for the CFSAC. The positions are scheduled to become vacant on April 1, 2011. The Committee is composed of seven scientists with demonstrated expertise in biomedical research and four individuals with demonstrated expertise in health services, insurance, or voluntary organizations concerned with the problems of individuals with CFS. The vacant positions include the biomedical research and health services categories.

Individuals selected for appointment to the Committee will serve as voting members. Individuals selected for appointment to the Committee can be invited to serve terms of up to four years. Committee members receive a stipend for attending Committee meetings and conducting other business in the interest of the Committee. Committee members also are authorized to receive per diem and reimbursement for travel expenses incurred for conducting Committee business. To qualify for consideration of appointment to the Committee, an individual must possess demonstrated experience and expertise in the designated fields or disciplines, as well as expert knowledge of the broad issues and topics pertinent to chronic fatigue syndrome.

Nominations should be typewritten, and the original nomination and three copies submitted in one package. The following information must be part of the package submitted for each individual being nominated for consideration: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.,* specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee; (2) the nominator's name, address, and daytime telephone number, and the home and/or work address, telephone number, and e-mail address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. Federal employees should not be nominated for consideration of appointment to this Committee.

The Department makes every effort to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that a broad representation of geographic areas, females, ethnic and minority groups, and people with disabilities are given consideration for membership on HHS Federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. Nominations must state that the nominee is willing to serve as a member of CFSAC and appears to have no conflict of interest that would preclude membership. Potential candidates are required to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflict of interest.

Dated: July 28, 2010.

**Wanda K. Jones,**

*Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee.*

[FR Doc. 2010–19025 Filed 8–2–10; 8:45 am]

**BILLING CODE 4150–42–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

**Project: Survey of State Underage Drinking Prevention Policies and Practices—New**

The *Sober Truth on Preventing Underage Drinking Act* (the "STOP Act") [1] states that the "Secretary [of Health and Human Services] shall * * * annually issue a report on each State's performance in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking." The Secretary has delegated responsibility for this report to SAMHSA. Therefore, SAMHSA is developing a *Survey of State Underage Drinking Prevention Policies and Practices* (the "*State Survey*") to provide input for an *Annual Report on State Underage Drinking Prevention and Enforcement Activities* (the "State Report").

The STOP Act also requires the Secretary to develop "a set of measures to be used in preparing the report on best practices" and to consider categories including but not limited to the following:

*Category #1:* Sixteen specific underage drinking laws/regulations enacted at the State level (*e.g.,* laws prohibiting sales to minors; laws related to minors in possession of alcohol);

*Category #2:* Enforcement and educational programs to promote compliance with these laws/regulations;

*Category #3:* Programs targeted to youths, parents, and caregivers to deter underage drinking and the number of individuals served by these programs;

*Category #4:* The amount that each State invests, per youth capita, on the prevention of underage drinking broken into five categories: (a) Compliance check programs in retail outlets; (b) Checkpoints and saturation patrols that include the goal of reducing and

[1] Public Law 109–422. It is assumed Congress intended to include the District of Columbia as part of the State Report.