

diseases; attitudes toward marriage, childbearing, and parenthood; and men's and women's roles in raising children.

While the content of Cycle 7 will be similar to that of Cycle 6, the interviewing will be conducted over a 4.5-year period rather than all in one year, as in previous cycles. This continuous interviewing design is intended to reduce costs, increase efficiency, and contribute to continuous improvement in the collection, processing, and dissemination of the data. Sample size is expected to increase

from 12,571 in Cycle 6 to 17,400 total in the 4.5 years of data collection in Cycle 7. For this cycle, the "Pretest" will be conducted initially in the first 8 weeks of interviewing and, if no problems are found, those weeks will become part of the Main Study. If operational problems are found in that period, they will be corrected, and the "Main Study" will begin at that point. Emerging public policy issues may necessitate the addition of a few new questions. The burden table represents the survey collection averaged over the first three years of the survey.

Users of the NSFG include the National Institutes of Health National Institute of Child Health and Human Development; the Office of Population Affairs; NCHS/CDC; the Division of Reproductive Health, CDC; the Divisions of HIV/AIDS Prevention, CDC; the Office of the Assistant Secretary for Planning and Evaluation; and the Administration for Children and Families.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 6,457

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents/instruments	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pretest Screener	403	1	5/60
Males	109	1	1.00
Females	133	1	1.33
Main study screener	7,250	1	5/60
Males	1,957	1	1.00
Females	2,393	1	1.33
Verification	725	1	5/60
Test new questions	2,000	1	10/60

Dated: February 24, 2006.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Health Department Subcommittee of the Board of Scientific Counselors (BSC), Centers for Disease Control and Prevention (CDC), National Center for Environmental Health/Agency for Toxic Substances and Disease Registry: Teleconference Meeting.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), The National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR), CDC announces the following subcommittee teleconference meeting:

Name: Health Department Subcommittee (HDS), BSC, NCEH/ATSDR.

Time and Date: 1 p.m.-2:30 p.m., March 15, 2006.

Place: Century Center, 1825 Century Boulevard, Atlanta, Georgia 30345.

Status: Open to the public, teleconference access limited only by availability of telephone ports.

Purpose: Under the charge of the BSC, NCEH/ATSDR the Health Department Subcommittee will provide the BSC, NCEH/ATSDR with advice and recommendations on local and state health department issues and concerns that pertain to the mandates and mission of NCEH/ATSDR.

Matters to be Discussed: The meeting agenda will include a discussion of NCEH/ATSDR's inventory list of environmental health training activities; a discussion of the Office of Workforce and Career Development; a discussion on the list of Environmental Health training activities being conducted by groups other than CDC; and a discussion on formulating possible recommendations to the BSC.

Items are subject to change as priorities dictate.

Supplementary Information: To participate in the meeting, public comment period will be from 2-2:10 p.m. Eastern Standard Time. Dial (877) 315-6535 and enter conference code 383520.

For Further Information Contact: Shirley D. Little, Committee Management Specialist, NCEH/ATSDR, 1600 Clifton Road, Mail Stop E-28, Atlanta, GA 30303; telephone 404/498-0003, fax 404/498-0059; E-mail: slittle@cdc.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 both CDC and NCEH/ATSDR.

Dated: February 24, 2006.

Alvin Hall,

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

[FR Doc. E6-3025 Filed 3-2-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-668B and CMS-10181]

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:* Extension of a currently approved collection; *Title of Information Collection:* Post Clinical Laboratory Survey Questionnaire and Supporting Regulations in 42 CFR 493.1771, 493.1773, and 493.1777; *Use:* To provide an opportunity and a mechanism for Clinical Laboratory Improvement Amendments of 1988 (CLIA) laboratories surveyed by CMS or CMS' agents to express their satisfaction and concerns about the CLIA survey process.; *Form Number:* CMS-668B (OMB #0938-0653); *Frequency:* Recordkeeping, Reporting—Biennially; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 21,000; *Total Annual Responses:* 10,500; *Total Annual Hours:* 2,625.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Enrolling Low-Income Beneficiaries into the Medicare Prescription Drug Program—Survey of State Agency Experiences; *Use:* The Centers for Medicare and Medicaid Services (CMS) will conduct a survey of State Medicaid agencies, State health insurance plans (SHIPs), and State pharmaceutical assistance programs (SPAPs) to identify best practices for the successful enrollment of all types of low-income Medicare beneficiaries into a low-income subsidy and the Medicare Part D Prescription Drug Benefit Program. The evaluation will assist in identifying the best practices, the factors that make them effective, and how the information can be disseminated in an effective manner. The information will be used to help CMS as it designs its outreach and communication campaigns in subsequent open enrollment periods.; *Form Number:* CMS-10181 (OMB #0938-NEW); *Frequency:* Reporting—Other, one-time; *Affected Public:* State, Local or Tribal governments, Federal government; *Number of Respondents:* 126; *Total Annual Responses:* 126; *Total Annual Hours:* 63.

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 May 2, 2006. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—A, Attention: Melissa Musotto (CMS-668B), Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 22, 2006.

Michelle Shortt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10110 and CMS-10170]

Agency Information Collection Activities: Submission for OMB Review; 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), 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:* Revision of a currently

approved collection; *Title of Information Collection:* Manufacturer Submission of Average Sales Price (ASP) Data for Medicare Part B Drugs and Biologicals And Supporting Regulations in 42 CFR 414.804; *Form No.:* CMS-10110 (OMB #0938-0921); *Use:* In accordance with section 1847A of the Social Security Act (the Act), Medicare Part B covered drugs and biologicals not paid on a cost or prospective payment basis are paid based on the average sales price of the drug or biological, beginning in CY 2005. The ASP data reporting requirements are specified in section 1927 of the Act. The reported ASP data are used to establish the Medicare payment amounts. CMS will utilize the ASP data to determine the drug payment amounts for CY 2005 and beyond. In the interim final rule which published April 6, 2004 (69 FR 17935), the ASP reporting format, (Addendum A), was specified. In addition, we stated that, as we gain more experience with the ASP methodology, we may seek to modify the reporting requirements (data elements and format for submission) in the future. Based on our experience during the initial six reporting periods, we have found it necessary for carrying out section 1847A of the Act, to expand the ASP data collected from manufacturers.

We are proposing that, in addition to the original data elements (manufacturer name, National Drug Code (NDC), manufacturer's ASP, and number of units), the following data elements must be submitted quarterly by manufacturers:

- Name of drug or biological;
- Strength of the product;
- Volume per item;
- Number of items per NDC;
- Wholesale acquisition costs (applies to NDCs assigned to single source drug and biological billing codes and NDCs during the initial period under section 1847A(c)(4) of the Act);
- Expiration date of the last lot sold;
- Date NDC was first available for sale; and
- Date of first sale.

We are also proposing that manufacturers would no longer report ASP data for an NDC beginning the reporting period after the expiration date of the last lot sold. For NDCs first made available for sale or sold on or after October 1, 2005, we are also proposing to collect the date the NDC was first available for sale and the date of first sale. We are also proposing that manufacturers be required to submit these dates to us once with the first or second, if applicable, data submission for new NDCs. In addition, we are