

Times and Dates: 11 a.m.–5:30 p.m., September 14, 2006.

Place: Hubert H. Humphrey Building, Room 705A, 200 Independence Avenue, SW., Washington, DC 20201.

8:30 a.m.–2 p.m., September 15, 2006.

Place: NCHS Headquarters, 3311 Toledo Road, Hyattsville, Maryland 20782.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: This committee is charged with providing advice and making recommendations to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NCHS, regarding the scientific and technical program goals and objectives, strategies, and priorities of NCHS.

Matters To Be Discussed: The agenda will include welcome remarks by the Director, NCHS; introductions of members and key NCHS staff; scientific presentations and discussions on the National Survey of Family Growth, implications of confidentiality requirements in natality and mortality vital statistics, and re-engineering the vital statistics system and role of health information technology; and an open session for comments from the public.

Requests to make oral presentations should be submitted in writing to the contact person listed below by September 8, 2006. All requests must contain the name, address, telephone number, and organizational affiliation of the presenter.

Written comments should not exceed five single-spaced typed pages in length and must be received by September 8, 2006.

The agenda items are subject to change as priorities dictate.

Due to programmatic matters, this **Federal Register** notice is being published on less than 15 calendar days notice to the public (41 CFR 102–3.150(b)).

Contact Person for More Information: Virginia S. Cain, Ph.D., Director of Extramural Research, NCHS/CDC, 3311 Toledo Road, Room 7211, Hyattsville, Maryland 20782, telephone (301) 458–4500, fax (301) 458–4020.

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 the Agency for Toxic Substances and Disease Registry.

Dated: August 28, 2006.

Alvin Hall,

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

[FR Doc. E6–14629 Filed 8–31–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–13 and CMS–10088]

Agency Information Collection Activities: Proposed Collection; 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) 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: Conditions of Coverage for Organ Procurement Organizations (OPOs) and Supporting Regulations in 42 CFR 486.301–348.

Use: Organ Procurement Organizations are required to submit accurate data to CMS through the Organ Procurement and Transplantation Network (OPTN). The data concerns the organ procurement activities, as well as various OPO business activities, including information on its designated service area; structure; various policies, procedures, and protocols; and its quality assessment and performance improvement (QAPI) program. This information is necessary to assure maximum effectiveness in the procurement and distribution of organs.

Form Number: CMS–R–13 (OMB#: 0938–0688).

Frequency: Reporting—Every 4 years and as needed.

Affected Public: Not-for-profit institutions.

Number of Respondents: 58.

Total Annual Responses: 58.

Total Annual Hours: 21,427.

2. Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Notification of Fiscal Intermediaries (FIs) and CMS of Co-located Medicare Providers and Supporting Regulations in 42 CFR 412.22 and 412.533.

Use: Many long term care hospitals (LCHs) are co-located with other Medicare providers (acute care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, and psychiatric facilities), which leads to potential gaming of the Medicare system based on patient shifting. CMS is requiring LTCHs to notify fiscal intermediaries (FIs) and CMS of co-located providers. In addition, CMS has established policies to limit payment abuse that will be based on FIs tracking patient movement among these co-located providers.

Form Number: CMS–10088 (OMB#: 0938–0897).

Frequency: Reporting—as needed.

Affected Public: Business or other for profit and Not-for-profit institutions.

Number of Respondents: 200.

Total Annual Responses: 200.

Total Annual Hours: 50.

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 October 31, 2006. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—A, Attention: Melissa Musotto, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: August 25, 2006.

Michelle Shortt,

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

[FR Doc. 06-7290 Filed 8-31-06; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-143, CMS-R-
247, CMS-10199, and CMS-10184]

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 of a currently approved collection.

Title of Information Collection: Medicare Physician Fee Schedule Geographic Practice Expense Index (GPCI).

Use: This information collection is a survey of State insurance commissioners and malpractice insurers to acquire premium data for use in computing the malpractice component of the geographic practice cost index, a component of the geographic cost index as set forth in the Omnibus Reconciliation Act of 1989. The data collected in this information collection request will be used by CMS staff and outside contractors to update the Medicare physician fee schedule geographic practice expense index (MGPCI), the malpractice relative value

units (MRVUs), and to supplement the updating of the malpractice component of the Medicare Economic Index (MEI). The MGPCI is one of the components of the GPCI, the others being physician work (net income), employee wages, office rents, medical equipment and supplies, and miscellaneous expenses. The MRVUs are one of the three components of the fee schedule, the others being physician work RVUs and practice expense RVUs. The GPICs and fee schedule RVUs also used by other Federal agencies such as the Veteran's Administration and the Department of Labor. Form Number: CMS-R-143 (OMB#: 0938-0575).

Frequency: Reporting—Every three years.

Affected Public: State, Local or Tribal governments, Business or other for-profit and Not-for-profit institutions.

Number of Respondents: 150.

Total Annual Responses: 50.

Total Annual Hours: 150.

2. Type of Information Collection
Request: Extension of a currently approved collection.

Title of Information Collection: Expanded Coverage for Diabetes Outpatient Self-Management Training Services and Supporting Regulations Contained in 42 CFR 410.141, 410.142, 410.143, 410.144, 410.145, 410.146, 414.63.

Use: According to the National Health and Nutrition Examination Survey (NHANES), as many as 18.7 percent of Americans over age 65 are at risk for developing diabetes. The goals in the management of diabetes are to achieve normal metabolic control and reduce the risk of micro- and macro-vascular complications. Numerous epidemiologic and interventional studies point to the necessity of maintaining good glycemic control to reduce the risk of the complications of diabetes. In expanding the Medicare program to include diabetes outpatient self-management training services, the Congress intended to empower Medicare beneficiaries with diabetes to better manage and control their conditions. The Conference Report indicates that "this provision will provide significant Medicare savings over time due to reduced hospitalizations and complications arising from diabetes." (H.R. Conf. Rep. No. 105-217, at 701 (1997)).

Form Number: CMS-R-247 (OMB#: 0938-818).

Frequency: Recordkeeping and Reporting—On occasion.

Affected Public: Business or other for-profit institutions.

Number of Respondents: 2008.

Total Annual Responses: 8,032; Total Annual Hours: 88,519.

3. Type of Information Collection
Request: New collection.

Title of Information Collection: Data Collection for Medicare Facilities Performing Carotid Artery Stenting with Embolic Protection in Patients at High Risk for Carotid Endarterectomy.

Use: CMS provides coverage for carotid artery stenting (CAS) with embolic protection for patients at high risk for carotid endarterectomy and who also have symptomatic carotid artery stenosis between 50% and 70% or have asymptomatic carotid artery stenosis $\geq$ 80% in accordance with the Category B IDE clinical trials regulation (42 CFR 405.201), a trial under the CMS Clinical Trial Policy (NCD Manual § 310.1, or in accordance with the National Coverage Determination on CAS post approval studies (Medicare NCD Manual 20.7). Accordingly, CMS considers coverage for CAS reasonable and necessary {section 1862 (A)(1)(a) of the Social Security Act}. However, evidence for use of CAS with embolic protection for patients at high risk for carotid endarterectomy and who also have symptomatic carotid artery stenosis $\geq$ 70% who are not enrolled in a study or trial is less compelling. To encourage responsible and appropriate use of CAS with embolic protection, CMS issued a *Decision Memo for Carotid Artery Stenting* on March 17, 2005, indicating that CAS with embolic protection for patients at high risk for carotid endarterectomy and who also have symptomatic carotid artery stenosis $\geq$ 70% will be covered only if performed in facilities that have been determined to be competent. In accordance with this criteria CMS considers coverage for CAS reasonable and necessary (section 1862(A)(1)(a) of the Social Security Act).

Form Number: CMS-10199 (OMB#: 0938-NEW).

Frequency: Reporting—On.

Affected Public: Business or other for-profit, Not-for-profit institutions.

Number of Respondents: 1,000.

Total Annual Responses: 1,000.

Total Annual Hours: 500.

4. Type of Information Collection
Request: New collection.

Title of Information Collection: Payment Error Rate Measurement (PERM) of Eligibility in Medicaid and the State Children's Health Insurance Program (SCHIP).

Use: The Improper Payments Information Act (IPIA) of 2002 requires CMS to produce national error rates for Medicaid and the State Children's Health Insurance Program (SCHIP). To comply with the IPIA, CMS will use a national contracting strategy in part to