

services; and adherence to drug regimens. Collection of data from patient medical records will provide information on: Demographics and insurance status; the prevalence and incidence of AIDS-defining opportunistic illnesses and comorbidities related to HIV disease; the receipt of prophylactic and antiretroviral medications; and whether patients are receiving screening and treatment according to Public Health Service guidelines. No other Federal agency collects national population-based behavioral and clinical

information from HIV-infected adults in care. The data will have significant implications for policy, program development, and resource allocation at the State/local and national levels.

CDC is requesting approval for a 3-year clearance for data collection. Data will be collected by 26 Reporting Areas (19 States, Puerto Rico and 6 separately funded cities). CDC estimates an average of 400 respondents per site with an 80% response rate, resulting in 8,320 respondents for the interview portion. A Short interview will be used for patients who are too ill to complete the Standard

interview or when the interview must be translated, and a Proxy interview will be available if the patient consents to having a family member or other person answer the questions in the case of severe illness or in the event the selected participant died prior to being interviewed. The proxy and the short interview, each which will be used on approximately 2% of patients, will take approximately 20 minutes. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Standard interview	7,988	1	45/60	5,991
Short interview	166	1	20/60	55
Proxy interview	166	1	20/60	55
Total				6,101

Dated: October 23, 2006.

Joan F. Karr,

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

[FR Doc. E6-18014 Filed 10-26-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Portfolio Review on Birth Defects and Developmental Disabilities

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Portfolio Review on Birth Defects and Developmental Disabilities.

Times and Dates:

8:30 a.m.–4:30 p.m., January 8, 2007

(Closed).

8 a.m.–5 p.m., January 9, 2007 (Closed).

Place: CDC Harkin Global Communications Center, 1600 Clifton Road, Atlanta, GA 30333.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552(b)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review of the Division of Birth Defects and Developmental Disabilities' programs, strategies, and activities.

Contact Person for More Information: Esther Sumartojo, Associate Director for Science, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., Mailstop E-87, Atlanta, GA 30333, Telephone Number 404.498.3072.

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: October 20, 2006.

Alvin Hall,

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

[FR Doc. E6-18005 Filed 10-26-06; 8:45 am]

BILLING CODE 4163-18-P

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 Program Peer Review 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 (NCEH/ATSDR): Teleconference.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), CDC, NCEH/ATSDR announces the following subcommittee meeting:

Name: Program Peer Review Subcommittee (PPRS).

Time and Date: 8:30 a.m.–10:30 a.m. Eastern Standard Time, November 22, 2006.

Place: The teleconference will originate at NCEH/ATSDR in Atlanta, Georgia. To participate, dial 877/315-6535 and enter conference code 383520.

Purpose: Under the charge of the BSC, NCEH/ATSDR, the PPRS will provide the BSC, NCEH/ATSDR with advice and recommendations on NCEH/ATSDR program peer review. They will serve the function of organizing, facilitating, and providing a long-term perspective to the conduct of NCEH/ATSDR program peer review.

Matters To Be Discussed: A review of the previous meeting; an update on the planning of the Site Specific Activities Peer Review; a discussion of the revised Peer Review Conflict-of-Interest form; a discussion of Terrorism Preparedness and Emergency Response Peer Review in February 2007: Divisions included in the review, areas of expertise required for the review, and nominations for a PPRS panel member, chairperson and peer reviewers.

Agenda items are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: This meeting is scheduled to begin at 8:30 a.m. Eastern Standard Time. To participate, please dial 877/315-6535 and enter conference code 383520.

Public comment period is scheduled for 9:40–9:50 a.m.

Contact Person for More Information: Sandra Malcom, Committee Management Specialist, Office of Science, NCEH/ATSDR, M/S E-28, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone 404/498-0622.

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: October 20, 2006.

Alvin Hall,

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

[FR Doc. E6-18006 Filed 10-26-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10198 and CMS-10203]

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:* New Collection; *Title of Information Collection:* Creditable Coverage Disclosure To CMS Instructions contained in 42 CFR 423.56; *Use:* Section 1860D-13 of the Medicare Modernization Act requires

certain entities that provide prescription drug coverage to Medicare Part D eligible individuals to disclose to CMS whether such coverage meets the actuarial requirements specified in the guidelines provided by CMS. The actuarial determination measures whether the expected amount of paid claims under the entity's prescription drug coverage is at least as much as the expected amount of paid claims under the standard Medicare prescription drug benefit. This information will be used for research, program evaluation and to verify whether or not beneficiaries are subject to a late enrollment penalty; *Form Number:* CMS-10198 (OMB#: 0938—New); *Frequency:* Recordkeeping, third party disclosure and reporting—On occasion and Annually; *Affected Public:* Business or other for-profit, not-for-profit institutions and Federal, State, local or tribal government; *Number of Respondents:* 446,160; *Total Annual Responses:* 450,660; *Total Annual Hours:* 37,555.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicare Health Outcome Survey (HOS) and supporting regulations at 42 CFR 422.152; *Use:* The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 mandates the collection, analysis and reporting of health outcomes information. The collection of Medicare health outcomes information is necessary to hold Medicare managed care contractors accountable for the quality of care they are delivering. This reporting requirement allows CMS to obtain the information necessary for the proper oversight of the program. *Form Number:* CMS-10203 (OMB#: 0938—New); *Frequency:* Recordkeeping, reporting: Annually; *Affected Public:* Individuals or households, business or other for-profit and not-for-profit institutions; *Number of Respondents:* 320,040; *Total Annual Responses:* 320,040; *Total Annual Hours:* 105,613.

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.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch,

Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503. Fax Number: (202) 395-6974.

Dated: October 19, 2006.

Michelle Shortt,

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

[FR Doc. E6-17909 Filed 10-26-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-204, CMS-10208, and CMS-301]

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:* Extension of a currently approved collection; *Title of Information Collection:* Data Collection for the Second Generation Social Health Maintenance Organization Demonstration; *Use:* The purpose of the Second Generation Social Health Maintenance Organization Demonstration (S/HMO-II) is to refine the targeting and financing methodologies, and benefit design of the Social Health Maintenance Organization Demonstration model. Four primary components of the S/HMO-II demonstration are: (1) A geriatric care approach that will be applied across the entire spectrum of S/HMO-II enrollees; (2) expanded community care