

Commissioner from service on the Medicaid Commission and the appointment of one new individual to serve on the Medicaid Commission.

Medicaid Commission Member

Released from Service: Donald Young.

New Medicaid Commission Voting Members: Jerry Regier.

Topics of the Meeting

The Commission will discuss options for making longer-term recommendations on the future of the Medicaid program that ensure long-term sustainability. Issues to be addressed may include, but are not limited to: Eligibility, benefit design, and delivery; expanding the number of people covered with quality care while recognizing budget constraints; long term care; quality of care, choice, and beneficiary satisfaction; and program administration.

Procedure and Agenda

This meeting is open to the public. There will be a public comment period at the meeting. The Commission may limit the number and duration of oral presentations to the time available. We will request that you declare at the meeting whether or not you have any financial involvement related to any services being discussed.

After the presentations and public comment period, the Commission will deliberate openly. Interested persons may observe the deliberations, but the Commission will not hear further comments during this time except at the request of the Chairperson.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

Dated: August 3, 2006.

Jerry Regier,

Principal Deputy/Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

[FR Doc. E6-13028 Filed 8-9-06; 8:45 am]

BILLING CODE 5150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Forms To Implement the Privacy Rule (45 CFR Parts 160 & 164)

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: The Indian Health Service (IHS), as part of its continuing effort to reduce paperwork and respondent

burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review and approval.

The IHS received no comments in response to the 60-day **Federal Register** (71 FR 31195) published on June 1, 2006. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to OMB.

Proposed Collection

Title: 0917-0030, "Indian Health Service Forms To Implement the Privacy Rule (45 CFR parts 160 & 164)".

Type of Information Collection

Request: Extension, without revision, of currently approved information collection, 0917-0030. "Indian Health Service Forms To Implement the Privacy Rule (45 CFR parts 160 & 164)".

Form Number: IHS-810, IHS-912-1, IHS-912-2, IHS-913, and IHS-917.

Need and Use of Information

Collection: This collection of information is made necessary by the Department of Health and Human Services Rule entitled "Standards for Privacy of Individual Identifiable Health Information" ("Privacy Rule") (45 CFR parts 160 and 164). The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Information Portability and Accountability Act of 1996 and creates national standards to protect individual's person health information and gives patients increased access to their medical records. 45 CFR 164.508, 522, 526 and 528 of the Rule require the collection of information to implement these protection standards and access requirements. The IHS will use the following data collection instruments to implement the information collection requirements contained in the Rule.

45 CFR 164.508: This provision requires covered entities to obtain or receive a valid authorization for its use or disclosure of protected health

information for other than for treatment, payment and healthcare operations. Under the provision individuals may initiate a written authorization permitting covered entities to release their protected health information to entities of their choosing. The IHS-810 will be used to document an individual's authorization to use or disclose their protected health information.

45 CFR 164.522: Section 164.522(a)(1) requires a covered entity to permit individuals to request that the covered entity restrict the use and disclosure of their protected health information. The covered entity may or may not agree to the restriction. The form IHS-912-1 "Request for Restriction(s)" will be used to document an individual's request for restriction of their protected health information and whether IHS agreed or disagreed with the restriction. Section 164.522(a)(2)(1) permits a covered entity to terminate its agreement to a restriction if the individual agrees to or requests the termination in writing. The form IHS-912-2 "Request for Revocation of Restriction(s)" will be used to document the agency or individual request to terminate a formerly agreed to restriction regarding the use and disclosure of protected health information.

45 CFR 164.526: This provision requires covered entities to permit an individual to request that the covered entity amend protected health information. If the covered entity accepts the requested amendment, in whole or in part, the covered entity must inform the individual that the amendment is accepted and obtain the individual's identification of an agreement to have the covered entity notify the relevant persons with which the amendment needs to be shared. If the covered entity denies the requested amendment, in whole or in part, the covered entity must provide the individual with a written denial. The form IHS-917 "Request for Correction/Amendment of Protected Health Information" will be used to document an individual's request to amend their protected health information and the agency's decision to accept or deny the request.

45 CFR 164.528: This provision requires covered entities to permit an individual to request that the covered entity provide an accounting of disclosures of protected health information made by the covered entity. The form IHS-913 "Request for an Accounting of Disclosures" will be used to document an individual's request for an accounting of disclosures of their

protected health information and the agency's handling of the request. Completed forms used in this collection of information are filed in the medical record.

Affected Public: Individuals and households.
Type of Respondents: Individuals.

Burden Hours: The table below provides the estimated burden hours for this information collection.

45 CFR section/IHS form	No. of respondents	Responses per respondent	Burden per responses (mins)*	Total annual burden
164.506, IHS-810	500,000	1	20	166,667
164.522(a)(1), IHS-912-1	15,000	1	10	2,500
164.522(a)(2), IHS-912-2	5,000	1	10	833
164.526, IHS-917	7,500	1	15	1,875
164.528, IHS-913	15,000	1	10	2,500
Total Annual Burden		5		174,375

* For ease of understanding, burden hours are provided in actual minutes.

The total estimated burden for this collection of information is 174,375 hours. There are no capital costs, operating costs and/or maintenance costs to respondents.

Request For Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (c) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, directly to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room

10235, Washington, DC, 20503, Attention: Allison Eydt, Desk Officer for IHS.

FOR FURTHER INFORMATION CONTACT:

Send requests for more information on the proposed collection or to obtain a copy of the data collection instrument(s) and instructions to: Mrs. Christina Rouleau, IHS Reports Clearance Officer, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852-1601, call non-toll free (301) 443-5938, send via facsimile to (301) 443-2316, or send your e-mail requests, comments, and return address to: crouleau@hqe.ihs.gov.

Comment Due Date: Your comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: August 3, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 06-6813 Filed 3-9-06; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: July 2006

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of July 2006, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, *e.g.*, a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

SUBJECT NAME	ADDRESS	EFFECTIVE DATE
PROGRAM-RELATED CONVICTIONS		
BABEL, KATHLEEN	ALDERSON, WV	8/20/2006.
BECK, KIMBERLY	ALDERSON, WV	8/20/2006.
BROOKLYN MEDICAL ARTS HIV CARE, PC	BROOKLYN, NY	8/20/2006.
BROOKS, RANDOLPH	HOUSTON, TX	8/20/2006.
BRYCE-AKERS, PATRICIA	CONVERSE, TX	8/20/2006.
CLEAR, ROBERT	FORT THOMAS, KY	8/20/2006.
DAMRON, JASON	QUINCY, KS	8/20/2006.
DAUS, ARTHUR	LOUISVILLE, KY	8/20/2006.
DELELLIS PROMOTIONS, INC	TARAPON SPRINGS, FL	8/20/2006.