the Antidiscrimination Laws and Whistleblower Protection Laws or, if applicable, the administrative or negotiated grievance procedures in order to pursue any legal remedy.

Disciplinary Actions

Under the existing laws, each agency retains the right, where appropriate, to discipline a Federal employee for conduct that is inconsistent with Federal Antidiscrimination and Whistleblower Protection Laws, up to and including removal. If OSC has initiated an investigation under 5 U.S.C. 1214, however, according to 5 U.S.C. 1214(f), agencies must seek approval from the Special Counsel to discipline employees for, among other activities, engaging in prohibited retaliation. Nothing in the No FEAR Act alters existing laws or permits an agency to take unfounded disciplinary action against a Federal employee or to violate the procedural rights of a Federal employee who has been accused of discrimination.

Additional Information

For further information regarding the No FEAR Act regulations, refer to 5 CFR part 724, as well as the appropriate offices within your agency (*e.g.*, EEO/civil rights office, human resources office or legal office). At the Office of Government Ethics, the Equal Employment Opportunity Officer is Grace A. Clark and she may be contacted by telephone at 202–482–9225, TDD at 202–482–9293, E-mail at *gaclark@oge.gov* or by FAX at 202–482–9238.

Additional information regarding Federal antidiscrimination, whistleblower protection and retaliation laws can be found at the EEOC Web site—*http://www.eeoc.gov* and the OSC Web site—*http://www.osc.gov*.

Existing Rights Unchanged

Pursuant to section 205 of the No FEAR Act, neither the Act nor this notice creates, expands or reduces any rights otherwise available to any employee, former employee or applicant under the laws of the United States, including the provisions of law specified in 5 U.S.C. 2302(d).

Approved: October 17, 2006.

Robert I. Cusick,

Director, Office of Government Ethics.

[FR Doc. E6–17847 Filed 10–24–06; 8:45 am]

BILLING CODE 6345–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Biosurveillance Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the eleventh meeting of the American Health Information Community Biosurveillance Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App.)

DATES: November 9, 2006, from 1 p.m. to 5 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (please bring photo ID for entry to a Federal building).

FOR FURTHER INFORMATION CONTACT: *http://www.hhs.gov/healthit/ahic/bio_main.html.*

SUPPLEMENTARY INFORMATION: The Workgroup will continue reviewing and discussing the ''Biosurveillance Priority Area Matrix,'' and further review information on a Minimum Data Set from the Data Steering Group.

The meeting will be available via Web cast at *http://www.hhs.gov/healthit/ahic/bio_instruct.html.*

Dated: October 12, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 06–8858 Filed 10–24–06; 8:45 am]

BILLING CODE 4150–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Confidentiality, Privacy and Security Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the fifth meeting of the American Health Information Community Confidentiality, Privacy and Security Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C., App.)

DATES: November 13, 2006, from 1 p.m. to 4 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (please bring photo ID for entry to a Federal building).

FOR FURTHER INFORMATION CONTACT: *http://www.hhs.gov/healthit/ahic/cps_main.html.*

SUPPLEMENTARY INFORMATION: Workgroup members will continue to discuss the issues surrounding identity proofing and user authentication in preparation for the December 12th American Health Information Community meeting.

The meeting will be available via Web cast at *http://www.hhs.gov/healthit/ahic/cps_instruct.html.*

Dated: October 17, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 06–8859 Filed 10–24–06; 8:45 am]

BILLING CODE 4150–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–0638]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Follow-up Study of Chronic Fatigue Syndrome in Georgia—Reinstatement–0920–0638—Coordinating Center for Infectious Diseases (CCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is planning a follow-up study of Chronic Fatigue Syndrome (CFS) in metropolitan, urban and rural communities in Georgia. This is in response to Congressional recommendations that the Centers for Disease Control and Prevention (CDC) sustain efforts to identify biomarkers for CFS, educate health care providers about the diagnosis and treatment of CFS, and better inform the public about it to aid early detection and improve patient care.

In 2004, OMB approved the information collection, Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia, under OMB Number 0920–0638. This study provided baseline information on CFS and other unexplained fatiguing illness in metropolitan, urban, and rural regions in Georgia. Data from the proposed Follow-up Study of Chronic Fatigue Syndrome in Georgia will be used to describe the clinical course of CFS and evaluate behavioral and biochemical factors associated with outcome. This follow-up study will also determine access to and utilization of health care by persons with CFS and measure direct and indirect economic burden due to the illness. As part of a control strategy, the information from this follow-up study will be used in national and pilot regional provider education programs designed to teach health care providers how to evaluate, diagnose and manage patients with CFS.

The proposed study builds on information from the Georgia survey with the objective of collecting clinical information that will help in the treatment of CFS and will help to interpret results obtained from testing biologic specimens (*i.e.*, identify biomarkers of CFS). This follow-up study begins with a detailed telephone interview of persons who participated in the earlier survey and volunteered to be contacted again. The interview is similar (with minor modifications) to the original interview and is intended to obtain additional data on participant health status during the last twelve-month period. Eligible subjects with CFS, other fatiguing illnesses, and well controls will be asked to participate in clinical evaluations.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Telephone interview	2,870	1	30/60	1,435
Clinical Evaluation	338	1	450/60	2,535
Total				3,970

Dated: October 19, 2006.

Joan F. Karr,

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

[FR Doc. E6–17853 Filed 10–24–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 71 FR 50065, dated August 14, 2006), is amended to reflect the establishment of the Healthy Aging Program within the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follow:

After the *Office of the Director (CUCE1), Division of Adult and Community Health (CUCE) National Center for Chronic Disease Prevention and Health Promotion (CUC)*, insert the following:

Healthy Aging Program (CUCE2). (1) Serves as an active link between public health and aging services networks to provide leadership in health promotion and disease prevention for older adults; (2) provides scientific expertise and rigor to health promoting strategies and interventions through the use of data and research; (3) disseminates prevention messages, programs, and policies; (4) contributes to the capacity of systems and organizations to improve the health of older adults; (5) administers grants, cooperative agreements, contracts, and other procurement requests to implement evidence-based health promotion interventions and disseminates health aging messages; (6) promotes expanding prevention research for older adults by supporting the Prevention Research Centers Healthy Aging Research Network (PRC–HAN); (7) administers data into action through the development of *The State of Aging and Health in America* report series; (8) collaborates with aging organizations to expand the reach to professionals, the public, and the media through the development and evaluation of web-based health promotion modules and media backgrounders on various older adult health topics; and (9) directs and disseminates the national public health and action plan for brain health as part of the Alzheimer's disease segment of the Healthy Aging Program.

Delete in its entirety the title and functional statement for the *Healthcare and Aging Studies Branch (CUCEC),* and insert the following: *Arthritis, Epilepsy and Quality of Life Branch (CUCEC).* (1) Directs and supports activities that increase the overall quality of life for people affected by arthritis; (2) directs and supports activities that improve medical care, improve communication and combat stigma, enhance self-management, support surveillance and prevention research, and increase public awareness and knowledge about