

Control and Prevention (CDC) announces the following meeting.

Name: Healthcare Infection Control Practices Advisory Committee (HICPAC).

Times and Dates: 8:30 a.m.–5 p.m., February 9, 2006. 8:30 a.m.–4 p.m., February 10, 2006.

Place: CDC Roybal Campus, Bldg 19, Auditorium B3, 1600 Clifton Road, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The Committee is charged with providing advice and guidance to the Secretary, Department of Health and Human Services; the Assistant Secretary for Health; the Director, CDC; and the Director, National Center for Infectious Diseases (NCID) regarding (1) the practice of hospital infection control; (2) strategies for surveillance, prevention, and control of infections (e.g., nosocomial infections), antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

Matters To Be Discussed: Agenda items will include informatics and healthcare-associated infections, updates on public reporting, updates on pandemic flu, updates on antimicrobial resistance, and updates on CDC activities of interest to the committee.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Harriette Lynch, Committee Management Specialist, HICPAC, Division of Healthcare Quality Promotion, NCID, CDC, 1600 Clifton Road, NE, M/S A-07, Atlanta, Georgia 30333, telephone (404)639-4035.

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: January 12, 2006.

Alvin Hall,

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

[FR Doc. E6-615 Filed 1-19-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS 10171, CMS-250-254, and CMS-R-305]

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:* Coordination of Benefits between Part D Plans and Other Prescription Coverage Providers; *Form Number:* CMS 10171 (OMB#: 0938-0978); *Use:* Section 1860D-23 and 1860D-24 of the Social Security Act requires the Secretary to establish requirements for prescription drug plans to ensure the effective coordination between Part D plans, State pharmaceutical assistance programs and other payers. The requirements must relate to the following elements: (1) enrollment file sharing; (2) claims processing and payment; (3) claims reconciliation reports; (4) application of the protections against high out-of-pocket expenditures by tracking True out-of-pocket (TrOOP) expenditures; and (5) other processes that the Secretary determines. This information will be used by Part D plans, other health insurers or payers, pharmacies and CMS to coordinate prescription drug benefits provided to the Medicare beneficiary.; *Frequency:* Reporting—Monthly; *Affected Public:* Business or other for-profit, Federal, State, Local and or Tribal Government; *Number of Respondents:* 56,320; *Total Annual Responses:* 2,153,767,270; *Total Annual Hours:* 1,017,914.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Secondary Payer Information Collection and Supporting Regulations in 42 CFR 411.25, 489.2, and 489.20; *Form Number:* CMS 250-254 (OMB#: 0938-0214); *Use:* Medicare Secondary Payer Information (MSP) is essentially the same concept known in the private

insurance industry as coordination of benefits, and refers to those situations where Medicare does not have primary responsibility for paying the medical expenses of a Medicare beneficiary. Medicare Fiscal Intermediaries, Carriers, and now Part D plans, need information about primary payers in order to perform various tasks to detect and process MSP cases and make recoveries. MSP information is collected at various times and from numerous parties during a beneficiary's membership in the Medicare Program. Collecting MSP information in a timely manner means that claims are processed correctly the first time, decreasing the costs associated with adjusting claims and recovering mistaken payments.; *Frequency:* Reporting—On Occasion; *Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 134,553,682; *Total Annual Responses:* 134,553,682; *Total Annual Hours:* 1,611,303.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* External Quality Review for Medicaid Managed Care Organizations (MCOs); *Form Number:* CMS-R-305 (OMB#: 0938-0786); *Use:* The results of Medicare reviews, Medicare accreditation surveys, and Medicaid external quality reviews will be used by States in assessing the quality of care provided to Medicaid beneficiaries provided by MCOs and to provide information on the quality of the care provided to the general public upon request; *Frequency:* Annually; *Affected Public:* Business or other for-profit, State, Local and or Tribal Government; *Number of Respondents:* 542; *Total Annual Responses:* 14,266; *Total Annual Hours:* 648,877.

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/regulations/pr/>, 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 March 21, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: January 12, 2006.

Michelle Shortt,

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

[FR Doc. E6-628 Filed 1-19-06; 8:45 am]

BILLING CODE 4120-01-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

National Institutes of Health

**Proposed Data Collection; Comment
Request; National Survey of Primary
Care Physicians' Recommendations
and Practice for Breast, Cervical,
Colorectal, and Lung Cancer
Screening**

SUMMARY: In compliance with the
provisions of Section 3506(c)(2)(A) of

the Paperwork Reduction Act of 1995,
for opportunity for public comments on
proposed data collection projects, the
National Institutes of Health (NIH),
National Cancer Institute (NCI) will
publish periodic summaries of proposed
projects to be submitted to the Office of
Management and Budget (OMB) for
review and approval.

Proposed Collection: Title: National
Survey of Primary Care Physicians'
Recommendations and Practice for
Breast, Cervical, Colorectal, and Lung
Cancer Screening. *Type of Information
Collection Request:* New. *Need and Use
of Information Collection:* This study
will obtain current, national data on
primary care physicians' knowledge,
attitudes, recommendations, and
practices related to screening for breast,
cervical, colorectal, and lung cancer.
There have been substantial changes in

guidelines and/or technologies for these
types of cancer screening in recent
years. The data collected in this study
will support and further NCI work in
monitoring and evaluating providers'
cancer control knowledge, attitudes, and
practices and their impact on
population health, as well as enable
monitoring of progress toward major
cancer control goals. Two
questionnaires, one covering breast and
cervical cancer screening and the other
colorectal and lung cancer screening,
will be administered by mail or
telephone to a randomly-selected
national sample of primary care
physicians. *Frequency of Response:* One
Time. *Affected Public:* Medical
practices, clinics, or other health care
organizations. *Type of Respondents:*
Primary Care Physicians. *Burden
estimates* are as follows:

Questionnaire	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours
Breast and cervical cancer screening	1250	1	0.333	416.25
Colorectal and lung cancer screening	1250	1	0.333	416.25
Total				832.5

There are no Capital Costs to report.
There are no Operating or Maintenance
Costs to report.

Request for Comments: Written
comments and/or suggestions from the
public and affected agencies are invited
on one or more of the following points:
(a) Whether the proposed collection of
information is necessary for the
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.

FOR FURTHER INFORMATION CONTACT:

Send comments to Carrie N. Klabunde,
Ph.D., Epidemiologist, Division of
Cancer Control and Population
Sciences, National Cancer Institute,
Executive Plaza North 4005, 6130
Executive Boulevard, Bethesda,
Maryland 20892-7344 or call non-toll-
free (301) 402-3362 or E-mail:
klabundc@mail.nih.gov.

Comments Due Date: Comments
regarding this information collection are
best assured of having their full effect if

received within 60 days of the date of
this publication.

Dated: January 11, 2006.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National
Institutes of Health.

[FR Doc. 06-512 Filed 1-19-06; 8:45 am]

BILLING CODE 4101-01-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**National Institutes of Health/National
Institute of Environmental Health
Sciences**

**Laboratory of Pulmonary
Pathobiology; Submission for OMB
Review; Comment Request; Use of In-
Home Test Kits in Dust Mite Allergen
Reduction**

SUMMARY: Under the provisions of
Section 3507(a)(1)(D) of the Paperwork
Reduction Act of 1995, the National
Institute of Environmental Health
Sciences (NIEHS), the National
Institutes of Health (NIH) has submitted
to the Office of Management and Budget
(OMB) a request to review and approve
the information collection listed below.
This proposed information collection
was previously published in the **Federal
Register** on October 21, 2004, pages

61853-61854, and allowed 60 days for
public comment. No public comments
were received although one person sent
an e-mail expressing interest in the
study and asking if she could
participate. She was told this was a pilot
study to be carried out in a specific
location in North Carolina. The purpose
of this notice is to allow an additional
30 days for public comment. The
National Institutes of Health may not
conduct or sponsor, and the respondent
is not required to respond to, an
information collection that has been
extended, revised, or implemented on or
after October 1, 1995, unless it displays
a currently valid OMB control number.

Proposed Collection: Title: Use of In-
home Test Kits in Dust Mite Allergen
Reduction. *Type of Information
Collection Request:* New. *Need and Use
of Information Collection:* This request
for OMB review and approval of the
information collection is required by
regulation 42 CFR part 65(a)(6).
Asthmatics and others with dust mite
allergies often implement strategies to
avoid dust mite exposure, but have little
objective evidence that their
interventions are successful in reducing
dust mite populations. Recently
developed in-home test kits have
introduced the capability to monitor the
effectiveness of allergen reduction
strategies by providing an affordable,