DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05AM]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–4794 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Program of Cancer Registries Annual Program Evaluation Instrument (NPCR–APEI)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is responsible for administering and monitoring the National Program of Cancer Registries (NPCR). As of 1999, CDC supported 45 states, 3 territories, and the District of Columbia for population-based cancer registries. (The 5 remaining states receive federal funding for the operations of cancer registries through the National Cancer Institute.) The central cancer registries (CCR), the foundation of cancer prevention and control, provide information from the reporting jurisdictions and insure that quality and timely cancer surveillance data are available to CDC.

The NPCR Annual Program Evaluation Instrument (NPCR–APEI) is needed in order to receive, process, evaluate, aggregate and disseminate NPCR program information collected by NPCR registries and reported to CDC. Data collected with this instrument will be used by the NPCR to evaluate various attributes of the registries funded by NPCR, monitor NPCR registries' progress towards program standards and objectives, and compare an individual NPCR registry's progress towards standards with national program standards as well as those of SEER and NAACCR. There are no costs to respondents except their time to participate in the survey. The total estimated annualized burden hours are 74.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
CCR Program Directors and CCR staff	49	1	1.5

Dated: November 9, 2005.

Betsey Dunaway,

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

[FR Doc. 05–22713 Filed 11–15–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–0621]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project

National Youth Tobacco Survey (OMB No.: 0920–0621)—Reinstatement with Change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this request is to reinstate OMB clearance of the National Youth Tobacco Survey, a national school-based study to be conducted in 2006. NCCDPHP wants to continue a biennial survey among middle and senior high school students attending regular public, private, and Catholic schools in grades 6–12. This survey was previously funded by the American Legacy Foundation in 1999, 2000, and 2002. The survey was funded by CDC in 2004. The survey covers the following tobacco-related topics: The prevalence of use of cigarettes, smokeless tobacco, cigars, pipe, bidis, and kreteks; knowledge and attitudes; media and advertising; minors' access and enforcement; school curriculum; environmental tobacco smoke exposure; and cessation. Tobacco use, a major preventable cause of morbidity and mortality in the U.S., is one of the 28 focus areas in Healthy People 2010. Within the Healthy People 2010 focus area of tobacco use, the National Youth Tobacco Survey provides data relevant to 6 health objectives. The survey also provides data to monitor one of the 10 leading health indicators for Healthy People 2010 that addresses tobacco use. In addition, the National Youth Tobacco Survey can identify racial and ethnic disparities in tobacco-related topics listed above.

The National Youth Tobacco Survey is the most comprehensive source of nationally representative data regarding high school students and tobacco. Moreover, the National Youth Tobacco Survey is the only source of such national data for middle school students (grades 6–8). The data have significant implications for policy and program development for school and community health programs nationwide. There is no other cost to respondents other than their time. The total annual burden hours is 18,643.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Students	24,500	1	45/60
State and School Education Officials	537	1	30/60

Dated: November 8, 2005.

Betsey Dunaway,

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

[FR Doc. 05–22714 Filed 11–15–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a New System of Records

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of a new system of records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we propose to create a new system of records titled, ''Medicare True Out-of-Pocket (TrOOP) Expenditures System,'' HHS/CMS/OIS, System No. 09–70–0557. The TrOOP facilitation process is mandated by the Medicare Prescription Drug Benefit Program enacted into law December 8, 2003 under provisions of Section 101 of Title 1 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173). MMA amends Title XVIII, Section 1860D of the Social Security Act (the Act). Section 1860D–2 of the Act requires the tracking of beneficiaries' TrOOP expenditures. TrOOP costs are treated as ''incurred'' only if they were paid by the individual (or by another person, such as a family member, on behalf of the individual), paid on behalf of a low-income subsidy-eligible individual under the § 1860D–14 provisions, or paid under a State Pharmaceutical Assistance Program (SPAP) as defined in § 1860D–23. Section 1860D–2(b)(4)(D)(i) of the MMA authorizes CMS to establish procedures for determining whether costs for Part D enrollees are being reimbursed by excluded payers and alerting Part D plans about the existence of such payers.

The purpose of this system is to collect and maintain a master file to establish a ''TrOOP'' facilitation process, maintain information on individuals and entities that make payments on covered drugs under the Medicare Part D Program, and coordinate TrOOP relevant data from State Pharmaceutical Programs (SPAPs) and other health insurers. Information retrieved from this system may be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor, grantee, consultant or other legal agent; (2) support Medicare Prescription Drug Plans (PDP) and Medicare Advantage Prescription Drug Plans (MAPD) directly or through a CMS contractor for the administration of Title XVIII of the Act; (3) assist another Federal or state agency with information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (4) assist Quality Improvement Organization (QIO) in connection with review of claims; (5) assist insurance companies and other groups providing protection against medical expenses of their enrollees; (6) assist an individual or organization engaged in the performance activities of the demonstration or in a research project or in support of an evaluation project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects; (7) support constituent requests made to a congressional representative; (8) support litigation involving the agency; and (9) combat fraud and abuse in certain health benefits programs. We have provided background information about the new system in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed routine uses, CMS invites comments on all portions of this notice. See **EFFECTIVE DATE** section for comment period.

EFFECTIVE DATE: CMS filed a new SOR report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on 11/07/2005. In any event, we will not disclose any information under a routine use until 40 days after publication. We may defer implementation of this system or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.

ADDRESSES: The public should address comment to the CMS Privacy Officer, Room N2–04–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location by appointment during regular business hours, Monday through Friday from 9 a.m.–3 p.m., eastern time.

FOR FURTHER INFORMATION CONTACT: Henry Chao, Manager, Immediate Office of the Director, Office of Information Services, CMS, Room N3–19–23, 7500 Security Boulevard, Baltimore, Maryland 21244–1849, telephone number (410) 786–7811, e-mail *Henry.Chao@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION: In order to calculate TrOOP, Medicare Part D plans will have to determine if other entities have made payments on covered drugs, and whether such payments fall under the legal definition of incurred costs. If the payments by alternate payers, such as retiree prescription drug coverage, do not count toward the TrOOP threshold, then Part D plans must reduce the out-of-pocket amounts accumulated in their claims processing systems. Alternatively, if the payments by alternate payers, such as SPAPs, do count toward the TrOOP threshold, then the Part D plan will maintain the level of beneficiary out-of-pocket spending in their systems.

All Part D Plans will have to correctly calculate the TrOOP amount in order to properly adjudicate beneficiary claims, as well as to communicate to beneficiaries where they are in their benefits. Beneficiaries will expect that pharmacies will have all the information they need to determine their eligibility and to bill the appropriate payers and that plans will