

compensation levels of management and/or support staff among companies of different sizes. Although financial, marketing, legal, and clerical personnel may be involved in the information collection process, FTC staff has assumed that mid-management personnel and outside legal counsel will handle most of the tasks involved in gathering and producing responsive information, and has applied an average rate of \$250/hour for their labor. FTC staff anticipates that the labor costs per company will range between \$55,000 (220 hours x \$250/hour) and \$100,000 (400 hours x \$250/hour). Nonetheless, as a conservative measure, staff estimates that the total labor costs per company will be \$100,000.

FTC staff believes that the capital or other non-labor costs associated with the information requests are minimal. Although the information requests may require industry members to maintain the requested information the Commission seeks, they should already have in place the means to compile and maintain it.

John D. Graubert,

Acting General Counsel.

[FR Doc. E6-17790 Filed 10-23-06; 8:45 am]

BILLING CODE 6750-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Secretary's Advisory Committee on Human Research Protections

AGENCY: Office of Public Health and Science, Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act, U.S.C. Appendix 2, notice is hereby given that the Secretary's Advisory Committee on Human Research Protections (SACHRP), will hold its eleventh meeting. The meeting will be open to the public. Due to unanticipated issues during preparation for the November meeting of SACHRP, this notice will not meet the 15-day requirement for publication in the **Federal Register**.

DATES: The meeting will be held on Thursday, November 2, 2006 from 8:30 a.m. until 3 p.m. and Friday, November 3, 2006 from 8:30 a.m. until 12:30 p.m.

ADDRESSES: The Sheraton National Hotel, 900 South Orme Street, Arlington, VA, 22204. Phone: (703) 521-1900.

FOR FURTHER INFORMATION CONTACT: Bernard Schwetz, D.V.M., Ph.D., Director, Office for Human Research

Protections (OHRP), or Catherine Slatinshek, Executive Director, Secretary's Advisory Committee on Human Research Protections; Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, MD 20852; (240) 453-8139; fax: (240) 453-6909; e-mail address: sachrp@osophs.dhhs.gov.

SUPPLEMENTARY INFORMATION: Under the authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, SACHRP was established to provide expert advice and recommendations to the Secretary of Health and Human Services and the Assistant Secretary for Health on issues and topics pertaining to or associated with the protection of human research subjects.

On November 2, 2006, SACHRP will receive and discuss updated information and a report from the Subpart A Subcommittee and issues involving the application of subpart A of 45 CFR part 46 in the current research environment. This subcommittee was established by SACHRP at its October 4-5, 2004 meeting.

On November 3, 2006, the Committee will discuss future topics and issues that will be considered by the Subcommittee on Research Involving Individuals with Impaired Decision-Making Capacity. This subcommittee was established by SACHRP at its July 31-August 1, 2006 meeting. In addition, the Committee will hear presentations and invite discussions from several representatives on a panel on issues related to research involving subjects with impaired decision-making capacity.

Public attendance at the meeting is limited to space available. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact persons. Members of the public will have the opportunity to provide comments on both days of the meeting. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed materials distributed to SACHRP members for this scheduled meeting should submit materials to the Executive Director, SACHRP, prior to the close of business Friday, October 27, 2006. Information about SACHRP and the draft meeting agenda will be posted on the SACHRP Web site at: <http://www.hhs.gov/ohrp/sachrp/index.html>.

Dated: October 18, 2006.

Catherine Slatinshek,

Executive Director, Secretary's Advisory Committee on Human Research Protections.

[FR Doc. E6-17743 Filed 10-23-06; 8:45 am]

BILLING CODE 4150-36-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: "Evaluation of the Implementation and Impact of Pay-for-Quality Programs." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by December 26, 2006.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from AHRQ's Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ, Reports Clearance Officer, (301) 427-1477.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Evaluation of the Implementation and Impact of Pay-for-Quality (P4Q) Programs."

The P4Q Evaluation is a multi-method research project designed to evaluate the implementation and impact of P4Q programs on physicians across three programs operating in *health care* safety net settings. The P4Q programs participating in the evaluation are offering their health care providers financial incentives to achieve predefined quality targets. Data collected as part of this evaluation will have direct operational relevance to

payers and providers regarding the value and challenges of P4Q programs in safety net settings. The P4Q evaluation is designed to assess whether P4Q programs in such settings appear to improve quality on the measures that are the focus of the programs and also whether the programs lead to unintended consequences. The P4Q evaluation will also seek to identify design and implementation practices that are likely to increase as well as decrease the risks of negative outcomes resulting from the implementation of P4Q programs in safety net settings.

Data collection in the P4Q evaluation will be approved by the Boston University's Medical Campus Institutional Review Board. It will be conducted in accordance with the

Health Insurance Protection and Portability Act (HIPAA) Privacy Rule and with the Protection of Human Subjects regulations, 45 CFR part 46. In addition, the identifiable data collected in this study about provider organizations and individuals will only be used for the above-stated purposes and will be protected in accordance with the AHRQ confidentiality statute, section 934(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)).

Methods of Collection

The evaluation will use several methods to examine P4Q programs in safety net settings, including a survey and key informant interviews. Survey data will be obtained from physicians participating in P4Q programs using a

confidential mailed questionnaire. The key informant interviews will consist of 35-minute semi-structured interviews with physician organization executives, practice leaders, physicians, and other senior managers in each study setting regarding program design, implementation, and impact. The research project investigators will interview up to six informants at each site.

Estimated Annual Respondent Burden

The table below indicates that total time burden required to obtain all of the data required to meet the study's objectives. It does not include time required to analyze the data and prepare it for reporting and publication.

Type of respondent	Number of respondents	Number of responses per respondent	Estimated time per respondent (hours)	Estimated total burden (hours)	Estimated annual cost to the government
Physicians	216	1	0.25 hours (15 minutes)	54	\$5,322.12 to cover costs of responding to survey.
Practice executives and other senior managers.	24	1	0.58 hours (35 minutes)	14	\$841.35 to cover costs of participating in in-person interviews.
Total				68	\$6,163.47

Estimated Costs to the Federal Government

The total cost to the government for this activity is estimated to be \$193,941. This funding will be used to support survey administration costs, salary and fringe benefits for the research team relating to the design and administration of the survey and informant interviews, and costs for two members of the research team to travel to each site for the informant interviews. The project will attempt to minimize burden to physician survey respondents by distributing surveys at medical staff meetings.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 10, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06-8831 Filed 10-23-06; 8:45am]

BILLING CODE 4160-90-M

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 67772-72, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended

most recently at 71 FR 50065, dated August 24, 2006) is amended to reflect the establishment of the Statistical Support Most Efficient Organization within the Division of Surveillance, Hazard Evaluation, and Field Studies, National Institute for Occupational Safety and Health.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the functional statement for the *Division of Surveillance, Hazard Evaluation, and Field Studies (CCK)* and insert the following: (1) Develops and maintains a surveillance system of the Nation's work force and its environs to make an early detection and continuous assessment of the magnitude and extent of job-related illness, exposures, and hazardous agents; (2) conducts the legislatively mandated health hazard evaluation and industry-wide epidemiological research programs through longitudinal record studies and clinical/environmental field studies and surveys to identify the occupational causes of disease in the working population and their offspring, and to determine the incidence and prevalence of acute and chronic effects from work-related exposures to toxic and hazardous substances; (3) conducts epidemiological research for input to criteria for standards for the control of occupational health hazards; (4)