

2006 POVERTY GUIDELINES FOR
HAWAII—Continued

Persons in family unit	Poverty guideline
8	38,640

For family units with more than 8 persons, add \$3,910 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii). The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines have sometimes been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities can choose to use a percentage multiple of the guidelines such as 125 percent or 185 percent.

The poverty guidelines do not make a distinction between farm and non-farm families or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units).

Note that this notice does not provide definitions of such terms as “income” or “family.” This is because there is considerable variation in how different programs that use the guidelines define

these terms, traceable to the different laws and regulations that govern the various programs. Therefore, questions about how a particular program applies the poverty guidelines (e.g., Is income before or after taxes? Should a particular type of income be counted? Should a particular person be counted in the family or household unit?) should be directed to the organization that administers the program.

Dated: January 18, 2006.

Michael O. Leavitt,

Secretary of Health and Human Services.

[FR Doc. 06–624 Filed 1–20–06; 8:45 am]

BILLING CODE 4151–05–P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****Agency for Healthcare Research and
Quality****Solicitation for Nominations for New
Primary and Secondary Health Topics
To Be Considered for Review by the
United States Preventive Services Task
Force**

AGENCY: Agency for Healthcare Research and Quality (AHRQ), DHHS.

ACTION: Solicit for new topic nominations.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) invites individuals and organizations to nominate primary and secondary prevention topics pertaining to clinical preventive services that they would like the United States Preventive Services Task Force (USPSTF) to consider for review. A list of topics that have been recently reviewed or are currently under review by the USPSTF is listed below in the supplementary information section.

The USPSTF is an independent panel of experts that makes evidence-based recommendations regarding the provision of clinical preventive services. Clinical preventive services include screening, counseling and preventive medications. The USPSTF makes recommendations about preventive services for asymptomatic people—people without recognized signs or symptoms of the specific conditions targeted by the preventive service.

Topics can be nominated by individuals, organizations, evidence-based practice centers (EPC) and USPSTF members. The USPSTF will consider nominations and prioritize topics for review based on the following set of criteria: Public health importance (burden of suffering, potential of preventive service to reduce the burden); new evidence that has the

potential to change prior recommendations including inactive ones; and, potential for greatest Task Force impact (e.g., clinical controversy, practice does not reflect evidence, inappropriate timing in delivery of services). The USPSTF will prioritize topics for which there is a performance gap and the potential to significantly improve clinical practice. Individuals and organizations may nominate new topics or topics previously reviewed by the USPSTF.

Basic Topic Nomination

Requirements: Nominations must be no more than 500 words in length and must include the following information. Nominations may include an appendix that contains references and supporting documents (not included in word count).

1. Name of topic.
2. Rationale for consideration by the USPSTF, to include:
 - a. Primary or secondary prevention topic (screening, counseling or preventive medication).
 - b. Primary care relevance (applicable clinical preventive service must be initiated in the primary care setting which can be defined as family practice, internal medicine, pediatrics or obstetrics/gynecology and provided by a primary care provider).
 - c. Description of public health importance (burden of disease/suffering, potential of preventive service to reduce burden, including effective interventions). Citations and supporting documents are recommended.
 - d. Summary of new evidence, if any, that has potential to affect the Task Force's recommendation on a previously reviewed topic. Please refer to <http://preventiveservices.ahrq.gov> for USPSTF recommendations. Citations and supporting documents are recommended.
 - e. Description of potential impact of USPSTF's review of the topic, i.e., change in clinical practice, research focus, etc.

DATES: Topic nominations should be submitted by February 23, 2006, in order to be considered for 2006–2008. AHRQ will not reply to submissions in response to the request for nominations, but will consider all topic nominations during the selection process. If a topic is selected for review by the USPSTF, the nominator will be notified by AHRQ.

ADDRESSES: Please submit nominations to: Therese Miller, DrPH, ATTN: USPSTF Topic Nominations, Center for Primary Care, Prevention & Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road,

Rockville, MD 20850, Fax:
301.427.1597, E-mail: tmiller@ahrq.gov.

FOR FURTHER INFORMATION CONTACT:

Therese Miller at tmiller@ahrq.gov or
Gloria Washington at
gwashing@ahrq.gov.

Arrangement For Public Inspection:
All nominations will be available for
public inspections by appointment at
the Center for Primary Care, Prevention
& Clinical Partnerships, 301.427.1500,
weekdays between 10 a.m. and 5 p.m.
(eastern time).

SUPPLEMENTARY INFORMATION:

Background

Under Title IX of the Public Health
Service Act, AHRQ is charged with
enhancing the quality, appropriateness
and effectiveness of health care services
and access to such services. AHRQ
accomplishes these goals through
scientific research and promotion of
improvements in clinical practice,
including prevention of diseases and
other health conditions and
improvements in the organization,
financing and delivery of health care
services (42 U.S.C. 299–299c–7 as
amended by Pub. L. 106–129 (1999)).

The United States Preventive Services
Task Force (USPSTF) is an independent
expert panel, first established in 1984
under the auspices of the U.S. Public
Health Service. Currently, under
AHRQ's authorizing legislation noted
above, the Director of AHRQ is
responsible for convening the USPSTF
to be composed of individuals with
appropriate expertise. The mission of
the Task Force is to rigorously evaluate
the effectiveness of critical preventive
services and to formulate
recommendations for primary care
clinicians regarding the appropriate
provision of preventive services. The
USPSTF transitioned to a standing Task
Force in 2001. Current Task Force
recommendations and associated
evidence reviews are available at
<http://www.preventiveservices.ahrq.gov>.

Topic Nomination Solicitation

The purpose of this solicitation for
new topics by AHRQ and the USPSTF
is to create a balanced portfolio of
relevant topics for the current Task
Force library. The library is based on
populations, types of services
(screening, counseling, preventive
medications), and disease types (cancer;
heart and vascular disease; injury and
violence-related disorders; infectious
diseases; mental disorders and
substance abuse; metabolic, nutritional
and endocrine diseases; musculoskeletal
conditions; obstetric and gynecological
conditions; pediatric disorders; and,

vision and hearing disorders). Selection
of suggested topics will be made on the
basis of qualifications of nominations as
outlined above (see basic topic
nomination requirements) and the
current expertise of the USPSTF.

U.S. Preventive Services Task Force

	Type of preventive service
<i>Topics Currently Under Review:</i>	
Additional Risk Factors for Intermediate CHD Risk.	S
Aspirin Primary Prevention of CHD.	PM
Aspirin Prophylaxis in Pregnancy.	PM
Aspirin/NSAIDs to prevent Colorectal Cancer.	PM
Bacterial Vaginosis in Pregnancy.	S
Breast Cancer	S/PM
Carotid Artery Stenosis	S
Chlamydial Infection	S
Colorectal Cancer	S
Depression in Adults	S
Drug Misuse	S
Dyslipidemia in Adults and Children.	S
Gestational Diabetes Mellitus	S
Hearing Impairment in Elderly	S
Hearing Impairment Newborn	S
Hemochromatosis	S
Hip Dysplasia	S
HIV & Other Sexually Transmitted Diseases.	C
Iron Deficiency Anemia, including iron prophylaxis.	S
Lead Levels in Childhood & Pregnancy.	S
Motor Vehicle Occupant Injuries.	C
Obesity in Adults	S/C
Osteoporosis to prevent Fractures.	S
Skin Cancer	S/C
Speech & Language Delay	S
Thyroid Cancer	S
<i>Topics Recently Reviewed:</i>	
Abdominal Aortic Aneurysm ...	S
Adolescent Idiopathic Scoliosis	C
Alcohol Misuse	C
Bladder Cancer	S
BRCA 1 & 2	S
Breastfeeding	C
Cervical Cancer	S
Coronary Heart Disease screening by EKG, ETT, EBCT.	S
Dementia	S
Dental Caries in Preschool Children.	S
Diabetes Mellitus Type 2	S
Family Violence	S
Genital Herpes Simplex	S
Glaucoma	S
Gonorrhea	S
Hepatitis B Virus Infection	S
Hepatitis C Virus Infection in Adults.	S
Healthy Diet	C
HIV Infection	S
Hypertension	S

	Type of preventive service
Low Back Pain	C
Lung Cancer	S
Obesity in Children	S
Oral Cancer	S
Ovarian Cancer	S
Pancreatic Cancer	S
Peripheral Arterial/Vascular Disease.	S
Physical Activity	C
Postmenopausal Hormone Prophylaxis (HRT).	PM
Prostate Cancer	S
Rh Incompatibility	S
Suicide Risk	S
Syphilis	S
Testicular Cancer	S
Thyroid Disease	S
Visual Impairment in Children	S

Type of Preventive Service: S = Screening;
C = Counseling; PM = Preventive Medications.

Dated: January 17, 2006.

Carolyn M. Clancy,

Director.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Agency for Healthcare Research and
Quality**

Notice of Meetings

In accordance with section 10(d) of
the Federal Advisory Committee Act as
amended (5 U.S.C., Appendix 2), the
Agency for Healthcare Research and
Quality (AHRQ) announces meetings of
scientific peer review groups. The
subcommittees listed below are part of
the Agency's Health Services Research
Initial Review Group Committee.

The subcommittee meetings will be
closed to the public in accordance with
the Federal Advisory Committee Act,
section 10(d) of 5 U.S.C., Appendix 2
and 5 U.S.C. 552b(c)(6). Grant
applications are to be reviewed and
discussed at these meetings. These
discussions are likely to involve
information concerning individuals
associated with the applications,
including assessments of their personal
qualifications to conduct their proposed
projects. This information is exempt
from mandatory disclosure under the
above-cited statutes.

1. Name of Subcommittee: Health Care
Technology and Decision Sciences.

Date: February 2, 2006 (Open from 8
a.m. to 8:15 a.m. on February 2 and
closed for remainder of the
meeting).