Joan Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

(30 Day–05–04KJ)

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) 371–5983 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, via fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of the Poison HELP Campaign—to Enhance Public Awareness of the National Poison Toll-Free Number, Poison Center Access and Poison Prevention—New—The National Center for Injury Prevention and Control (NCIPC).

Background and Brief Description

Every day more than 6,000 calls about poison emergencies are placed to poison control centers (PCCs) throughout the United States. Although PCCs clearly save lives and reduce healthcare costs, the system that delivers care and prevents poisoning is comprised of more than 131 telephone numbers and thousands of disjointed local prevention efforts.

As a result a national media campaign was launched to establish a national toll-free helpline entitled Poison Help (1–800–222–1222) that the general public, health professionals, and others can use to access poison emergency services and prevention information 24 hours a day, seven days a week. The Poison Help campaign is the only national and regional media effort to promote awareness and use of the national toll-free number. The prospective audience for the Poison Help campaign is very broad—any person at any time is a potential user.

To evaluate the campaign's current performance a General Population Survey will be conducted with 2,500 households in the United States. The General Population Survey supplies unique and essential information that provides CDC and HRSA with data on variations in awareness and use of the national toll-free number. These data will also suggest which campaign messages about poison prevention or available PCC services have resonated most strongly with various audiences. Results will be used to make comparisons with future evaluation activities and to make improvements to future campaign efforts. There is no cost to respondents other than their time. The total annualized estimated burden hours are 382.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Screened Households	2,940	1	1/60
Survey Respondents	2,500	1	8/60

Dated: September 15, 2005.

Betsey S. Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Centers for Disease Control and Prevention.

[FR Doc. 05–18790 Filed 9–20–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Government-Owned Inventions: Availability for Licensing and Cooperative Research and Development Agreements (CRADAs)

AGENCY: Centers for Disease Control and Prevention, Technology Transfer Office, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The invention named in this notice is owned by agencies of the United States Government and is available for licensing in the United States (U.S.) in accordance with 35 U.S.C. 207, and is available for cooperative research and development agreements (CRADAs) in accordance with 15 U.S.C. 3710a, to achieve expeditious commercialization of results of federally funded research and development. A U.S. non-provisional patent application and a PCT application have been filed. National stage foreign patent applications claiming priority to the PCT application are expected to be filed within the appropriate deadlines to extend market coverage for U.S. companies and may also be available for licensing.

ADDRESSES: Licensing and CRADA information, and information related to the technology listed below, may be obtained by writing to Suzanne Seavello Shope, J.D., Technology Licensing and Marketing Scientist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop K–79, 4770 Buford Highway, Atlanta, GA 30341, telephone (770) 488–8613; facsimile (770) 488–8615; or e-mail *sshope@cdc.gov.* A signed Confidential Disclosure Agreement (available under Forms at *http://www.cdc.gov/tto*) will be required to receive copies of unpublished patent applications and other information.

Diagnostics

Development of Real-Time PCR Assay for Detection of Pneumococcal DNA and Diagnosis of Pneumococcal Disease

The ability to diagnose pneumococcal pneumonia is limited by the lack of a sensitive, specific, and accurate laboratory assay. Using the PsaA (pneumococcal protein A) protein gene, CDC researchers have designed unique primers and probes and developed a real-time PCR assay for detection of pneumococcal DNA in serum and other sterile site body fluids for the diagnosis of pneumococcal disease. The PCR assay provides a tool for accurate diagnosis by clinicians, and for determination of the effectiveness (efficacy) of newly licensed pneumococcal polysaccharide-conjugate

vaccines or future common protein pneumococcal vaccines.

Inventors: Maria da Gloria Carvalho, Jacquelyn S. Sampson, Edwin W. Ades, George Carlone and Karen McCaustland, CDC Ref. #: I–001–05.

Dated: September 9, 2005.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention.

[FR Doc. 05–18791 Filed 9–20–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Advisory Board on Radiation and Worker Health

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Working Group of the Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH).

Time and Date: 10 a.m.–5 p.m., October 6, 2005.

Place: Westin Cincinnati Hotel, 21 E. 5th Street, Cincinnati, Ohio 45202. Telephone: (513) 621–7700; Fax: (513) 852–5670.

Status: Open to the public, but without a public comment period.

Background: The ABRWH was established under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 to advise the President, delegated to the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC.

Purpose: This board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this Program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Discussed: The agenda for this working group meeting will focus on the discussions of Site Profile Reviews, particularly Bethlehem Steel, Y–12, and the Savannah River Site; discussions of Task 3 of the contract with S. Cohen & Associates (SC&A) Review; and other SC&A Review activities.

The agenda is subject to change as priorities dictate.

In the event a member of the working group cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Contact Person for More Information: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226. Telephone: (513) 533–6825, fax: (513) 533–6826.

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: September 16, 2005.

Alvin Hall,

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

[FR Doc. 05–18905 Filed 9–20–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Oklahoma State Plan Amendment 04–06

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to be held on October 27, 2005, at 9 a.m. in Conference Room 820, 1301 Young Street, Dallas, Texas, to reconsider our decision to disapprove Oklahoma State Plan Amendment 04–06.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by October 6, 2005.

FOR FURTHER INFORMATION CONTACT: Kathleen Scully-Hayes, Presiding Officer, CMS, Lord Baltimore Drive, Mail Stop LB–23–20, Baltimore, Maryland 21244, Telephone: (410) 786–2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove Oklahoma State Plan Amendment (SPA) 04–06, which was submitted on September 23, 2004. Under SPA 04–06, Oklahoma sought to increase the per diem rate for residential behavioral management services provided to children residing in therapeutic foster care homes. By letter dated June 20, 2005, CMS disapproved the SPA because it does not comport with the requirements set forth in title XIX of the Social Security Act (the Act) as discussed below:

At issue in this reconsideration is whether the State's payment methodology complies with section 1902(a)(4) of the Act, which requires that the State plan must provide for such methods of administration as are found by the Secretary to be necessary for the proper and efficient administration of the plan. The regulations at 42 CFR 430.10 and 430.12 require that the State plan and amendments contain all information necessary for the CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation in the State program. The State's payment methodology is not explained in sufficient detail for CMS to determine whether the proposed increase is consistent with proper and efficient administration of the plan, as required by section 1902(a)(4).

Also at issue is whether an increase in the State's per diem rate is consistent with section 1902(a)(30)(A) of the Act, which requires that States have methods and procedures to ensure that payments are consistent with efficiency, economy, and quality of care. The State's per diem rate represents a bundled payment methodology wherein the State pays a single rate for one or more of a group of different services furnished to an eligible individual during a fixed period of time. The payment is the same regardless of the number of services furnished, the specific costs, or otherwise available rates. The State has not provided sufficient information to determine whether the bundled rate for behavioral management services, and the proposed increase, accurately reflect true costs or reasonable fees for the services included in the bundle, and whether the proposed increase in Medicaid payment is due to permissible