(4) Discovering potential testing problems so that laboratories/testing sites can adjust procedures to eliminate them;

(5) Comparing individual laboratory/testing site results to others at a national and international level, and

(6) Consulting with CDC staff to discuss testing issues.

Participants in the MPEP HIV Rapid Testing program are required to complete a laboratory practices questionnaire survey annually. This questionnaire has a number of changes from the last OMB submission. In addition, participants are required to submit results twice/year after testing mailed performance evaluation samples. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Frequency of responses	Average burden per response	Total burden hours
HIV Rapid Testing Questionnaire	750	1	20/60	250
HIV Rapid Testing Results Booklet	750	2	10/60	250
Total				500

Dated: March 29, 2006.

Betsey Dunaway,

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

[FR Doc. E6–4919 Filed 4–4–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Development and Testing of New Medications for the Treatment of Emerging Infectious Diseases, Request for Applications (RFA) Number CI06–006

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 meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Development and Testing of New Medications for the Treatment of Emerging Infectious Diseases, RFA Number CI06–006.

Time and Date: 12 p.m.–4 p.m., April 25, 2006 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to: Development and Testing of New Medications for the Treatment of Emerging Infectious Diseases, RFA Number CI06–006.

For Further Information Contact: Christine Morrison, PhD, Scientific Review Administrator, Office of Public Health Research, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop D–72, Atlanta, GA 30333, Telephone 404–639–3098.

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: March 30, 2006.

Alvin Hall,

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

[FR Doc. E6–4932 Filed 4–4–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10066]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

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.

The notices is being published based on the settlement agreement in *Weichardt* v. *Thompson (Weichardt).* Publication of this notice in the **Federal Register** will occur simultaneously with publication of the proposed regulation CMS–4105–P, that is also based on the *Weichardt* v. *Thompson (Weichardt)* agreement.

1. *Type of Information Collection Request:* New Collection.

Title of Information Collection: Medicare and Medicare Advantage Programs; Notification Procedures for Hospital Discharges—Generic Notice of Hospital Non-Coverage—Detailed Explanation of Hospital Non-Coverage.

Use: Under 42 CFR 405.1205, 405.1206, 422.620, and 422.622, hospitals and Medicare Advantage plans must deliver to beneficiaries and enrollees who are receiving inpatient hospital services, advance notice of discharge on the day before discharge. If the beneficiary chooses to dispute the discharge, the beneficiary is entitled to an expedited determination by a Quality Improvement Organization (QIO) about whether the provider's coverage decision is correct. Upon request for an expedited review of the discharge decision, hospitals and Medicare Advantage plans must deliver detailed notices to the QIO and beneficiaries/enrollees.

Form Number: CMS–10066 (OMB#: 0938–New).

Frequency: Other: Distribution.

Affected Public: Individuals or Households, Business or other for-profit, Not-for-profit institutions and Federal, State, Local or Tribal Government.

Number of Respondents: 6057.

Total Annual Responses: 12,750,000.

Total Annual Hours: 1,461,498.

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/PaperworkReductionActof1995*, 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 June 5, 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: March 21, 2006.

Michelle Shortt,

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

[FR Doc. 06–3280 Filed 3–31–06; 4:03 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Healthy Start Participant Survey (NEW)

The Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) initiated the Healthy Start program in 1991 in response to concerns about high infant mortality rates. This project is a part of an evaluation that includes a survey of Healthy Start Program participants and is designed to collect information that will be useful in assessing the implementation of Healthy Start and the program impact from a client perspective. Specifically, the goals of the survey are to: Describe the participant population, assess the services they received during the prenatal and early postpartum periods, describe their experiences and satisfaction with the health system and services, and examine their health behaviors.

The survey will be administered to participants at eight grantee sites. The survey will utilize computer assisted telephone interviewing (CATI) with in-person field follow up if the telephone attempts are unsuccessful. Data gathered from the survey will be used to provide HRSA with information necessary to assess the grantees' achievement of MCHB's goal to improve perinatal outcomes among racial and ethnic minorities.

The estimated burden on respondents is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Participant survey	633	1	633	.5	316.5

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 30, 2006.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–4901 Filed 4–4–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Organ Transplantation; Notice of Meeting

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of meeting of the Advisory Committee on Organ Transplantation.

SUMMARY: Pursuant to Public Law 92–463, the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the tenth meeting of the Advisory Committee on Organ Transplantation (ACOT), Department of Health and Human Services (HHS). The meeting will be held from approximately 9 a.m. to 5:30 p.m. on May 4, 2006, and from 9 a.m. to 3 p.m. on May 5, 2006, at the Rockville DoubleTree Hotel, 1750 Rockville Pike, Rockville, Maryland 20852. The meeting will be open to the public; however, seating is limited and pre-registration is encouraged (see below).

SUPPLEMENTARY INFORMATION: Under the authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, and 42 CFR 121.12 (2000), ACOT was established to assist the Secretary in enhancing organ donation, ensuring that the system of organ transplantation is grounded in the best available medical science, and assuring the public that the system is as effective and equitable as possible, and, thereby, increasing public confidence in the integrity and effectiveness of the transplantation system. ACOT is composed of up to 25 members, including the Chair. Members are serving as Special Government Employees and have diverse backgrounds in fields such as organ donation, health care public policy, transplantation medicine and surgery, critical care medicine and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, organ donors, and family members.

ACOT will hear presentations on insurance coverage for living donors, donor.com issues, donation after cardiac death (DCD) costs, tissue regulation, Medicare/Medicaid Part D plans not covering immunosuppressive