

table gives the figure for Alaska, which is the only state affected by section 6053(a) of the Deficit Reduction Act.

Section 6053(a) of the Deficit Reduction Act of 2005 provides for a modification of Alaska's Medicaid FMAP for Fiscal Years 2006 and 2007. The provision permits a maintenance of the Fiscal Year 2005 FMAP for Fiscal Year 2006 and Fiscal Year 2007 if the 2006 or 2007 FMAPs as calculated pursuant to section 1905(b) of the Act are less than the 2005 FMAP. Since the calculated Fiscal Year 2006 and 2007 FMAPs for Alaska are less than the 2005 FMAP, Alaska's 2005 FMAP will apply for Fiscal Years 2006 and 2007.

Section 6053(a) applies to expenditures under Title XIX and Title XXI. Therefore, the Enhanced Federal Medical Assistance Percentages for Alaska for 2006 and 2007 will be calculated from Alaska's revised Federal Medical Assistance Percentages for 2006 and 2007.

Federal Medical Assistance Percentages are used to determine the amount of Federal matching for State expenditures for assistance payments for certain social services such as Temporary Assistance for Needy Families (TANF) Contingency Funds, Child Care Mandatory and Matching Funds for the Child Care and Development Fund, Title IV-E Foster Care Maintenance payments, Adoption Assistance payments, and State medical and medical insurance expenditures for Medicaid and the State Children's Health Insurance Program (SCHIP). However, the modification of the Federal Medical Assistance Percentages and the Enhanced Federal Medical Assistance Percentages under the Deficit Reduction Act of 2005 affect only medical expenditure payments under Title XIX and all expenditure payments for the State Children's Health Insurance Program under Title XXI. The Department believes that the percentages in this notice do not apply to payments under Title IV of the Act. In addition, the Title XIX statute provides separately for Federal matching of administrative costs, which is not affected by the Deficit Reduction Act of 2005.

The Deficit Reduction Act of 2005, section 6053(b) also instructs the Secretary of HHS to disregard Katrina evacuees and income attributable to them in calculating the FMAPs for states with a significant number of evacuees. This provision would affect the calculation of the Federal Medical Assistance Percentages for Fiscal Year 2008, which HHS will publish in Fall 2006.

DATES: Effective Dates: The percentages listed will be effective for Fiscal Year 2006 and Fiscal Year 2007.

FOR FURTHER INFORMATION CONTACT: Kate Bloniarz or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.778: Medical Assistance Program; 93.767: State Children's Health Insurance Program)

Dated: May 9, 2006.

Michael O. Leavitt,

Secretary of Health and Human Services.

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES FOR ALASKA, EFFECTIVE OCTOBER 1, 2005–SEPTEMBER 30, 2006 (FISCAL YEAR 2006) AND OCTOBER 1, 2006–SEPTEMBER 30, 2007 (FISCAL YEAR 2007)

State	Federal medical assistance percentage	Enhanced federal medical assistance percentage
Alaska	57.58	70.31

[FR Doc. E6-7315 Filed 5-12-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the Citizens' Health Care Working Group

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

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Citizens' Health Care Working Group (the Working Group) mandated by section 1014 of the Medicare Modernization Act.

DATES: A business meeting of the Working Group will be held on Tuesday, May 23, 2006; Wednesday, May 24, 2006; and, Thursday, May 25, 2006. Sessions on May 23 and May 24 will be from 8:30 a.m. to 4 p.m. The session on May 25 will begin at 8:30 a.m. and end at 2 p.m.

ADDRESSES: The meeting will take place at the conference room of the United

Food and Commercial Workers International Union, in Washington, DC. The office is located at 1775 K Street, NW., Washington, DC 20006. The main receptionist area is located on the 7th floor; the conference room is located on the 11th floor. The meeting is open to the public.

FOR FURTHER INFORMATION CONTACT: Caroline Taplin, Citizens' Health Care Working Group, at (301) 443-1514 or caroline.taplin@ahrq.hhs.gov. If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, at (301) 443-1144.

The agenda for this Working Group meeting will be available on the Citizens' Working Group Web site, <http://www.citizenhealthcare.gov>. Also available at that site is a roster of Working Group members. When a summary of this meeting is completed, it will also be available on the Web Site.

SUPPLEMENTARY INFORMATION: Section 1014 of Public Law 108-173, (known as the Medicare Modernization Act) directs the Secretary of the Department of Health and Human Services (DHHS), acting through the Agency for Healthcare Research and Quality, to establish a Citizens' Health Care Working Group (Citizen Group). This statutory provision, codified at 42 U.S.C. 299 n., directs the Working Group to: (1) Identify options for changing our health care system so that every American has the ability to obtain quality, affordable health care coverage; (2) provide for a nationwide public debate about improving the health care systems; and, (3) submit its recommendations to the President and the Congress.

The Citizens' Health Care Working Group is composed of 15 members: the Secretary of DHHS is designated as a member by statute and the Comptroller General of the U.S. Government Accountability Office (GAO) was directed to name the remaining 14 members whose appointments were announced on February 28, 2005.

Working Group Meeting Agenda

The Working Group business meeting on May 23rd through May 25th will be devoted to ongoing Working Group business. The principal topic to be addressed will be the development of the Working Group's interim recommendations.

Submission of Written Information

To fulfill its change describe above, the Working Group has been conducting a public dialogue on health care in America through public meetings held across the country and through comments received on its Web site, <http://www.citizenshealthcare.gov>. The Working Group invites members of the public to the Web site to be part of that dialogue.

Further, the Working Group will accept written submissions for consideration at the Working Group business meeting listed above. In general, individuals or organizations wishing to provide written information for consideration by the Citizens' Health Care Working Group at this meeting should submit information electronically to citizenshealth@ahrq.gov.

This notice is published less than 15 days in advance of the meeting due to logistical difficulties.

Dated: May 10, 2006.

Carolyn M. Clancy,
Director.

[FR Doc. 06-4573 Filed 5-11-06; 1:38 pm]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: National Institute for Occupational Safety and Health (NIOSH) Prevention of Airborne Infections in Occupational Settings, RFA-OH-06-002**

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): Prevention of Airborne Infections in Occupational Settings, RFA-OH-06-002.

Times And Dates:

7 p.m.-9 p.m., June 5, 2006 (Closed).

8 a.m.-5 p.m., June 6, 2006 (Closed).

8 a.m.-5 p.m., June 7, 2006 (Closed).

Place: Renaissance Mayflower Hotel, 1127 Connecticut Avenue, NW, Washington, DC 20036, telephone (202) 776-9279.

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 research grants in response to NIOSH RFA OH-06-002, Prevention of Airborne Infections in Occupational Settings.

For More Information Contact: Bernadine B. Kuchinski, Scientific Review Administrator, Robert A. Taft Laboratory, 4676 Columbia Parkway, MS C-7, Cincinnati, OH 45226, phone (513) 533-8511, e-mail bbk1@cdc.gov.

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: May 8, 2006.

Alvin Hall,

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

[FR Doc. E6-7319 Filed 5-12-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Indian Health Service****Health Promotion and Disease Prevention Grant Program: Correction**

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on April 5, 2006. The document contained one error.

FOR FURTHER INFORMATION CONTACT: Alberta Becenti, Health Promotion and Disease Prevention Consultant, Indian Health Service, Reyes Building, 801 Thompson Avenue, Suite 307, Rockville, MD 20852, Telephone (301) 443-4305. (This is not a toll-free number.)

Correction

In the **Federal Register** of April 5, 2006, in FR Doc. 06-3257, on page 17111, in the second column, correct by deleting Section VIII. Other Information in its entirety.

Dated: May 9, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 06-4506 Filed 5-12-06; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration****Notice of Availability of Draft Guideline; Comment Request**

AGENCY: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

ACTION: Availability of Guideline—Opportunity for Comment.

SUMMARY: The Center for Substance Abuse Treatment is seeking public comments on the revised draft Guidelines for the Accreditation of Opioid Treatment Programs. These guidelines elaborate upon the Federal opioid treatment standards set forth under 42 CFR part 8.

DATES: Comments should be submitted by July 14, 2006.

ADDRESSES: The draft guideline may be obtained directly from <http://www.dpt.samhsa.gov>, or by contacting the Division of Pharmacologic Therapy with the information provided below. Comments should be submitted to the Division of Pharmacologic Therapy, Center for Substance Abuse Treatment, 1 Choke Cherry Road, Room 2-1080, Rockville, MD, 20857; Attention: DPT Federal Register Representative. Comments may also be faxed to 240-276-2710 or e-mailed to OTP-Guidelines@samhsa.hhs.gov. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

FOR FURTHER INFORMATION CONTACT: Sarah Crowley, Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapy, 1 Choke Cherry Road, Room 2-1080, Rockville, MD 20857, (240-276-2704, e-mail: Sarah.Crowley@samhsa.hhs.gov).

SUPPLEMENTARY INFORMATION:**Background**

Federal Regulations codified under 42 CFR part 8 set forth requirements for opioid treatment programs ("OTPs"), also known as methadone treatment programs. The regulations, which were the subject of a Final Rule published in the **Federal Register** on January 17, 2001, ("Final Rule" 66 FR 4075-4102, January 17, 2001) include standards for opioid treatment. OTPs are required to provide treatment in accordance with these standards as a basis for CSAT certification. These standards address patient admission requirements,