

Introduction of birds infected with highly pathogenic avian influenza H5N1 into the United States could lead to outbreaks of disease among birds and among the human population, a significant public health threat. Banning the importation of all avian species from affected countries is an effective means of limiting this threat. HHS/CDC is therefore taking this action to reduce the chance of introduction or spread of influenza A H5N1 into the United States.

Immediate Action

Therefore, pursuant to 42 CFR 71.32(b), the February 4, 2004, HHS/CDC is amending the order to add Egypt to the list of countries subject to the order's embargo of birds and products derived from birds. All other portions of the February 4, 2004, order, as further amended on March 10, 2004, September 28, 2004, December 29, 2005, February 8, 2006, and February 24, 2006 shall remain in effect until further notice.

Dated: March 6, 2006.

Julie Louise Gerberding,

Director, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

[FR Doc. E6-3430 Filed 3-9-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Amendment of February 4, 2004, Order To Embargo Birds and Bird Products Imported From Nigeria

SUMMARY: On February 4, 2004, the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services issued an order to ban immediately the import of all birds (Class: *Aves*) from specified Southeast Asian countries, subject to limited exemptions for returning pet birds of U.S. origin and certain processed bird-derived products. HHS/CDC took this step because birds from these countries potentially can infect humans with avian influenza (influenza A/[H5N1]). The February 4, 2004, order complemented a similar action taken at the same time by the Animal and Plant Health Inspection Service (APHIS) within the U.S. Department of Agriculture (USDA).

On March 10, 2004, HHS/CDC lifted the embargo of birds and bird products from the Hong Kong Special Administrative Region (HKSAR)

because of the documented public-health and animal health measures taken by Hong Kong officials to prevent spread of the outbreak within the HKSAR, and the absence of highly pathogenic avian influenza cases in Hong Kong's domestic and wild bird populations. USDA/APHIS took a similar action.

On September 28, 2004, HHS/CDC extended the embargo on birds and bird products to include Malaysia because of the documented cases of highly pathogenic avian influenza A/H5N1 in poultry in Malaysia. On July 20, 2005, USDA/APHIS adopted as a final rule the interim rule that became effective on February 4, 2004, which amended its regulations to prohibit or restrict the importation of birds, poultry, and unprocessed birds and poultry products from regions that have reported the presence of highly pathogenic avian influenza H5N1 in poultry. (See 70 **Federal Register** 41608 [July 20, 2005].) As the United Nations Food and Agriculture Organization and the World Organization for Animal Health (OIE) have confirmed additional cases of highly pathogenic avian influenza (H5N1), USDA/APHIS has added additional countries to its ban. On December 29, 2005, HHS/CDC added the Republic of Kazakhstan, Romania, the Russian Federation, the Republic of Turkey, and Ukraine to its current embargo because of documented cases of highly pathogenic avian influenza A/H5N1 in poultry in those countries.

Currently, HHS/CDC and USDA/APHIS bans cover birds and bird products from Cambodia, Indonesia, Japan, Kazakhstan, Laos, Malaysia, the People's Republic of China, Romania, Russia, South Korea, Thailand, Turkey, Ukraine, and Vietnam.

On February 7, 2006, the OIE confirmed the presence of highly pathogenic avian influenza H5N1 in poultry in Nigeria. At this time, HHS/CDC is adding Nigeria to its current embargo. This action is effective on February 8, 2006, and will remain in effect until further notice.

SUPPLEMENTARY INFORMATION:

Background

On February 7, 2006, an OIE reference laboratory in Padua, Italy, confirmed an outbreak of highly pathogenic avian influenza H5N1 in Nigeria. The outbreak occurred in a commercial poultry farm in Jaji in Kaduna State, and suspect cases in poultry were reported as early as January 10, 2006.

Introduction of birds infected with highly pathogenic avian influenza H5N1 into the United States could lead to outbreaks of disease among birds and

among the human population, a significant public health threat. Banning the importation of all avian species from affected countries is an effective means of limiting this threat. HHS/CDC is therefore taking this action to reduce the chance of introduction or spread of influenza A/(H5N1) into the United States.

Immediate Action

Therefore, pursuant to 42 CFR 71.32(b), the February 4, 2004, HHS/CDC is amending the order to add Nigeria to the list of countries subject to the order's embargo of birds and products derived from birds. All other portions of the February 4, 2004, order, as further amended on March 10, 2004, September 28, 2004, and December 29, 2005, shall remain in effect until further notice.

Dated: March 6, 2006.

Julie Louise Gerberding,

Director, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

[FR Doc. E6-3431 Filed 3-9-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-205, CMS-718BP, 719BP, 720BP, 721BP, SUM, STAFFING, SC1 and SC2, CMS 10187]

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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements Referenced in HIPAA, Title 1 for the Individual Market, supporting regulations at 45 CFR 148.120, 148.122, 148.124, 148.126, and 148.128, and Forms/instructions; *Use:* The provisions of Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) amend the Public Health Service Act (PHS Act) and are designed to make it easier for people to get access to health care coverage, reduce the limitations that can be put on the coverage, and limit the issuers' ability to terminate coverage. This information collection requirement will ensure that issuers in the individual market comply with Title 1 of HIPAA, provide individuals with certificates of creditable coverage necessary to demonstrate prior creditable coverage, file the necessary documentation with CMS for review in States that have Federal direct enforcement, and ensure States' flexibility to implement State alternative mechanisms. Individuals and their dependents need certificates of creditable coverage to take advantage of the rights they have under HIPAA. States and CMS need the information supplied by issuers to properly perform their regulatory functions under HIPAA and or existing State law.; *Form Number:* CMS-R-205 (OMB#: 0938-0703); *Frequency:* Recordkeeping, Third party disclosure, and Reporting—On Occasion; *Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions and Federal, State, Local or Tribal Government; *Number of Respondents:* 1,042; *Total Annual Responses:* 2,987,501; *Total Annual Hours:* 868,147.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Business Proposal Forms for Quality Improvement Organizations (QIOs); *Use:* The submission of proposal information by current QIOs and other bidders, on the appropriate forms, will satisfy CMS's need for meaningful, consistent, and verifiable data with which to evaluate contract proposals. The Government will be able to compare the costs reported by the QIOs on the cost reports to the proposed costs noted on the business proposal forms. Subsequent contract and modification negotiations will be based on historic cost data. The business proposal forms will be one element of the historical cost data from which we can analyze future

proposed costs. In addition, the business proposal format will standardize the cost proposing and pricing process among all QIOs. With well-defined cost centers and line items, proposals can be compared among QIOs for reasonableness and appropriateness; *Form Number:* CMS-718BP, 719BP, 720BP, 721BP, SUM, STAFFING, SC1 and SC2 (OMB#: 0938-0579); *Frequency:* Reporting—Triennially; *Affected Public:* Not-for-profit institutions, Business or other for-profit; *Number of Respondents:* 20; *Total Annual Responses:* 20; *Total Annual Hours:* 455.

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Evaluation of the Demonstration of Coverage of Chiropractic Services Under Medicare; *Use:* Section 651 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, authorizes a two-year demonstration "to evaluate the feasibility and advisability of covering chiropractic services under Medicare". The Demonstration aims to evaluate both the costs and the benefits of expanded coverage for chiropractic services. The evaluation will examine the achievements as well as the difficulties inherent in demonstration implementation. The study includes a descriptive evaluation of the program, a survey of a total of 2,000 beneficiaries using expanded services, analyses of medical claims to determine service utilization and expenditures, as well as the cost impact on the Medicare program. These data will allow the researchers to examine use, effectiveness, and satisfaction of Medicare beneficiaries with the chiropractic services they receive in relation to their demographic and clinical characteristics. The results will help CMS to understand the user's experience with chiropractic services and with this Medicare demonstration; *Form Number:* CMS-10187 (OMB#: 0938-New); *Frequency:* Reporting—Monthly; *Affected Public:* Individuals or Households; *Number of Respondents:* 2000; *Total Annual Responses:* 2000; *Total Annual Hours:* 667.

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 May 9, 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: February 8, 2006.

Michelle Shortt,

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

[FR Doc. 06-2165 Filed 3-9-06; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Head Start Family and Child Experiences Survey (FACES).

OMB No.: 0970-0151.

Description: The Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) is requesting comments on plans to collect data on a new cohort for the Head Start Family and Child Experiences Survey (FACES). ACF is conducting this study to collect information on Head Start performance measures and has contracted with Mathematica Policy Research, Inc. (with Juarez and Associates and Educational Testing Service as their subcontractors) (contract #HHSP23320052905YC) for this purpose.

FACES will involve five waves of data collection. The first wave will occur in fall 2006. Data will be collected on a sample of approximately 3,650 3- and 4-year-old children and their families from about 350 classrooms across 60 Head Start programs. Data collection will include assessments of Head Start children, interviews with their parents, and ratings by their Head Start teachers. Furthermore, site visitors will interview Head Start teachers and management staff.

The second wave in spring 2007 will be very similar to the fall 2006 data collection, except that we will not repeat interviews with the Head Start staff interviewed in the fall. The children in the second wave will be at the end of their first year of Head Start. Trained staff will also do observations of children's Head Start classrooms.