

c. Collect and analyze data in order to draw conclusions and describe key findings that can be presented to the mine action community, which consists of United Nations (UN), governmental and non-governmental organizations (NGOs) focused on reducing the negative impact of mines and unexploded ordinance.

d. Develop materials and strategies for the wide dissemination of findings from the study. Organizations making up the mine action community will benefit

from the ability to incorporate results (such as what practices alleviate negative social impacts on a community) of the research into their current practices.

e. Identify and understand all critical aspects of the demining or abatement process, which includes the proper procedures and techniques for demining, the distinction between humanitarian and military demining, a thorough understanding of international standards for demining, and the ability

to critically evaluate the quality of demining programs and their work.

f. The work will be conducted in one country per year for a total of five years, depending upon available funding. The likely countries are: Angola, Bosnia, Colombia, Lebanon, and Nepal.

There are no costs to respondents except their time to participate in the survey.

Annualized Burden Hours:

Respondents	Number of respondents per year	Number of responses/respondent	Avg. burden per response (in hrs.)	Total annual burden (in hrs.)
Persons Identified Annually in each Country	1580	1	1	1580

Dated: December 7, 2006.

Joan F. Karr,

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

[FR Doc. E6-21192 Filed 12-12-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention: Teleconference

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 aforementioned Advisory Committee meeting.

Time and Date: 4 p.m.-5 p.m. Eastern Standard Time, December 14, 2006.

Place: The conference call will originate at the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333. Please see "Supplementary Information" for details on accessing the conference call.

Status: Open to the public, limited only by the availability of telephone ports.

Purpose: The committee will provide advice to the CDC Director on policy issues and broad strategies that will enable CDC, the Nation's prevention agency, to fulfill its mission of promoting health and quality of life by preventing and controlling disease, injury, and disability.

Matters To Be Discussed: The committee will review and discuss recommendations submitted by the Health Disparities Subcommittee, ACD and the Ethics Subcommittee, ACD. Agenda items are subject to change as priorities dictate.

Supplementary Information: This conference call is scheduled to begin at 4:00 p.m., Eastern Standard Time. To participate in the conference call, please dial 1-888-

577-8993 and reference passcode "Public Health".

As provided under 41 CFR 102-3.150(b), the public health urgency of this agency business requires that the meeting be held prior to the first available date for publication of this notice in the **Federal Register**.

Contact Person For More Information:

Lynn Austin, PhD, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE, M/S D-14, Atlanta, Georgia 30333. Telephone 404-639-7000.

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: December 7, 2006.

Alvin Hall,

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

[FR Doc. E6-21270 Filed 12-12-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers For Medicare & Medicaid Services

Privacy Act of 1974; Report of New System of Records

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of a new system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, CMS is proposing to establish a new system of records (SOR) titled "Medicare Integrated Data Repository (IDR)," System No. 09-70-0571. In December 2003, Congress passed the Medicare Prescription Drug,

Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173), that amends Title XVIII of the Social Security Act (the Act) by adding Part D, the voluntary prescription drug benefit program.

The IDR will provide an organized structure for reaching the data through a consistent application of access policies, processes and procedures, common services, governance, and framework. The IDR will integrate and load data from various CMS systems consisting of Medicare Parts A, B, C, and D entitlement, enrollment and utilization data. It is proposed that the IDR will also contain demographic information on Medicaid beneficiaries, Medicare providers and physicians, and employer plans that are receiving a subsidy from CMS for providing creditable drug coverage to their retirees. It is through the integration of this data with other data (e.g., historic data, Part A and Part B data) that the IDR will have value for quality improvement, research on outcomes and effectiveness of drugs, post-market surveillance, and other analytic efforts.

The primary purpose of this system is to establish an enterprise resource that will provide one integrated view of all CMS data to administer the Medicare and Medicaid programs. Information retrieved from this system of records will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor, consultant or CMS grantee; (2) assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent; (3) support providers and suppliers of services for administration of Title XVIII; (4) assist third parties where the contact is expected to have information relating to the individual's capacity to manage his