next set of priority conditions will be expanded to include conditions relevant to the Medicaid and SCHIP programs

to the Medicaid and SCHIP programs. The current priority conditions are:

• Arthritis and non-traumatic joint disorders.

• Cancer.

• Chronic obstructive pulmonary disease and asthma.

• Dementia including Alzheimer's disease.

• Depression and other mood disorders.

- Diabetes mellitus.
- Ischemic heart disease.
- Peptic ulcer disease and dyspepsia.
- Pneumonia.
- Stroke and hypertension.

DATES: Research recommendations for the next priority conditions list must be received by March 1, 2006.

ADDRESSES: Recommendations for consideration and possible inclusion in the next priority list may be submitted electronically to the Effective Health Care Program Web site, http:// www.EffectiveHealthCare.ahrq.gov, or emailed to

EffectiveHealthCare@ahrq.gov.

Recommendations may also be mailed to: AHRQ Effective Health Care Program c/o Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850.

All comments will be posted in an electronic reading room at: *http://www.EffectiveHealthCare.ahrq.gov.*

FOR FURTHER INFORMATION CONTACT:

Effective Health Care Program at (301) 427–1502 or *Effective HealthCare@ahrq.gov*.

More information about the Effective Health Care Program is available at http://

www.EffectiveHealthCare.ahrq.gov.

SUPPLEMENTARY INFORMATION:

Recommendations for research that are made by the Centers for Medicare & Medicaid Services (CMS), the States, and other stakeholders will be reviewed and prioritized by a steering committee composed of representatives from the following components of the U.S. Department of Health and Human Services:

• Office of the Secretary.

• Assistant Secretary for Planning and Evaluation (ASPE).

• Assistant Secretary for Budget, Technology, and Finance (ASBTF).

• Centers for Medicare & Medicaid Services (CMS).

• Food and Drug Administration (FDA).

• Agency for Healthcare Research and Quality (AHRQ, the agency designated by the statute to carry out the research).

If issues arise for which the expertise of other components of the U.S. Department of Health and Human Services or other Federal departments would be helpful in prioritizing suggested research topics, representatives from those entities will be added to, or consulted by the Steering Committee as warranted.

Steering Committee staff will prepare a preliminary ranking of suggested topics for study taking into consideration factors suggested by the terms of Section 1013(a)(2)(C): Health care items or services that impose high costs on Medicare, Medicaid, or SCHIP programs; those which may be underutilized or overutilized; and those which may significantly improve the prevention, treatment, or cure of diseases and conditions which impose high direct or indirect costs on patients or society.

Stakeholder Consultation

The statute requires a broad, ongoing process of consultation with relevant stakeholders. Because two of the programs addressed by the statute are administered by the States, the Department will work with the States to develop an effective process for identifying their priority recommendations for research.

To meet the requirement for ongoing consultation with other stakeholders, the Department will issue a specific solicitation for research recommendations every year and will permit stakeholders to submit research recommendations throughout the year.

Dated: December 28, 2005.

Carolyn M. Clancy,

Director

[FR Doc. 06–69 Filed 1–4–06; 8:45 am] BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 70 FR 72842–72843, dated December 7, 2005) is amended to reflect the reorganization of the Office of Health and Safety, within the Office of the Director, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the titles and functional statements for the *Office of Health and Safety (CA1).*

After the mission statement for the Management Information Systems Office (CAJN), Office of the Chief Operating Officer (CAJ), insert the following:

Office of Health and Safety (CAJP). The key responsibility of the Office of Health and Safety (OHS) of the Centers for Disease Control and Prevention (CDC) is to protect the welfare of workers as they carry out their public health mission. By creating a safe, healthful workplace environment, by preventing work-related injury and illness, and by promoting safe work practices, the office improves worker morale, increases efficiency and contributes to the creation of sound public health science. OHS also serves as a significant resource of subject matter expertise for the national and international community in the field of biosafety, and works with key partners, such as the World Health Organization and others, on critical health and safety issues around the globe.

More specifically, the OHS: (1) Provides leadership and service for the CDC Health and Safety Program (HSP) to proactively ensure safe and healthy workplaces at CDC worksites for CDC employees, contractors, and visitors (including deployed personnel), and to protect the environment and communities adjacent to CDC-owned and leased facilities; (2) promotes healthy and safe work practices to prevent injury and illness, and provides occupational medical, employee assistance, and worksite health promotion/lifestyle services; (3) provides advice and counsel to the CDC Director and other senior OD and national centers' staff on health, safety, and environment-related matters, and to individuals and organizations nationally and internationally, as requested; (4) provides advice, counsel, and direct support services to supervisors and employees on health, safety, and environment-related matters; (5) assures compliance with applicable federal, state, and local health, safety, and environmental (HSE) laws and regulations; (6) provides liaison with both CDC safety officers and staff, and other partners such as Health and Human Services (HHS) health and safety officials, Occupational Safety and Health Administration (OSHA), **Environmental Protection Agency**

(EPA), Nuclear Regulatory Commission (NRC), and other governmental and nongovernmental organizations on HSE issues; (7) ensures updating and critical review of the *CDC/NIH Biosafety in Microbiological and Biomedical Laboratories;* and (8) serves as a World Health Organization Collaborating Center for Applied Biosafety Programs and Training.

Office of the Director (CAJP1). (1) Serves as the principal advisor to the Director, CDC, with responsibility for the CDC HSP; (2) plans, identifies, and requests required resources; directs, manages, and evaluates the operations and programs of OHS; (3) assures coordination and cooperation among OHS staff; (4) provides advice and counsel to the CDC Director, the Chief Operating Officer, and other senior OD and NC officials on workplace HSE matters; (5) assures compliance with applicable federal, state, and local HSE laws, regulations, and policies; (6) develops and implements new HSE injury/illness prevention programs indicated by surveys, incident investigations, reports of unsafe/ unhealthful working conditions and other means; (7) assures cross-cutting, collaborative team functionality in building and maintaining a successful safety program; (8) assures OHS coordination with the Office of Security and Emergency Preparedness, the Building and Facilities Office, and other staff and staff service offices on HSE matters; (9) serves as Executive Secretary for the CDC Health and Safety Advisory Board; (10) serves as Executive Secretary for the CDC Health and Safety Committee; (11) provides liaison with both CDC safety officers and staff, and other partners such as HHS, OSHA, EPA, NRC, and other governmental and non-governmental organizations on HSE issues; (12) when asked, consults with individuals and organizations nationally and internationally on issues such as laboratory safety, biosafety, occupational health issues in the biomedical laboratory and animal care setting, and deployment health and safety; (13) maintains oversight and support for the CDC safety committees in operational components with representation, attendance, interaction and collaboration, and collaboration with non-Atlanta health and safety officers and staff; and (14) provides an annual report on the CDC HSE and other reports required or requested by CDC management officials, HHS, and regulatory agencies.

Dated: December 22, 2005. William H. Gimson, Chief Operating Officer, Centers for Disease Control and Prevention (CDC). [FR Doc. 06–58 Filed 1–4–06; 8:45 am] BILLING CODE 4160–18–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5016-N-02]

Public Housing Operating Fund Variable Coefficients for Public Housing Operating Fund Project Expense Levels; Correction

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD. **ACTION:** Notice; correction.

SUMMARY: On December 28, 2005, HUD published a notice to provide supplemental information to public housing agencies (PHAs) and members of the public regarding HUD's method of calculating public housing operating subsidy in accordance with the Public Housing Operating Fund Program regulation at 24 CFR part 990. HUD inadvertently left out appendices A–C from that publication. This notice republishes the December 28, 2005, notice in its entirety and includes the appendices.

DATES: Effective Date: January 27, 2006. FOR FURTHER INFORMATION CONTACT: The Office of Public and Indian Housing, Real Estate Assessment Center (PIH-REAC), Attention: Wanda Funk, Department of Housing and Urban Development, Real Estate Assessment Center, 550 Twelfth Street, SW., Suite 100, Washington, DC 20410; telephone the PIH-REAC Technical Assistance Center at (888) 245–4860 (this is a toll free number). Persons with hearing or speech impairments may access this number through TTY by calling the tollfree Federal Information Relay Service at (800) 877-8339. Additional information is available from the PIH-REAC Web site at http://www.hud.gov/ reac/.

SUPPLEMENTARY INFORMATION: On December 28, 2005, HUD published (70 FR 76964) a notice to provide supplemental information to public housing agencies (PHAs) and members of the public regarding HUD's method of calculating public housing operating subsidy in accordance with the Public Housing Operating Fund Program regulation at 24 CFR part 990. HUD inadvertently left out appendices A–C from that publication. This correction notice republishes the December 28, 2005, notice in its entirety and includes appendices A, B, and C.

Dated: December 29, 2005.

Aaron Santa Anna, Assistant General Counsel for Regulations.

Department of Housing and Urban Development

[Docket No. FR-5016-N-01]

Public Housing Operating Fund; Variable Coefficients for Public Housing Operating Fund Project Expense Levels

Agency: Office of the Assistant Secretary for Public and Indian Housing, HUD.

Action: Notice.

Summary: This notice provides supplemental information to public housing agencies (PHAs) and members of the public regarding HUD's method of calculating public housing operating subsidy in accordance with the Public Housing Operating Fund Program regulation at 24 CFR part 990. Subpart C of the final rule describes how formula expenses will be calculated under the new Operating Fund Formula. This notice explains the computation of the project expense level (PEL), which is one factor in the formula expenses component of the Operating Fund Formula.

Date: Effective Date: January 27, 2006. For Further Information Contact: The Office of Public and Indian Housing, Real Estate Assessment Center (PIH-REAC), Attention: Wanda Funk, Department of Housing and Urban Development, Real Estate Assessment Center, 550 Twelfth Street, SW., Suite 100, Washington, DC 20410; telephone the PIH-REAC Technical Assistance Center at (888) 245-4860 (this is a toll free number). Persons with hearing or speech impairments may access this number through TTY by calling the tollfree Federal Information Relay Service at (800) 877-8339. Additional information is available from the PIH-REAC Web site at *http://www.hud.gov/* reac/.

Supplementary Information:

Purpose of the Notice

The purpose of this notice is to provide additional information about the computation of the operating subsidy under the revised Operating Fund Program rule. HUD published a final rule, Revisions to the Public Housing Operating Fund Program (79 FR 54983), in the **Federal Register** on September 19, 2005, revising the Department's Public Housing Operating Fund Program regulation at 24 CFR part 990 and adopting a final Operating Fund Formula for determining the