

Space in Public Buildings and Grounds, to request the use of public space in Federal buildings and on Federal grounds for cultural, educational, or recreational activities. A copy, sample, or description of any material or item proposed for distribution or display must also accompany this request.

**B. Annual Reporting Burden**

Respondents: 8,000.  
 Responses Per Respondent: 1.  
 Hours Per Response: 0.05.  
 Total Burden Hours: 400.  
*Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VIR), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208-7312. Please cite OMB Control No. 3090-0044, GSA Form 3453, Application/Permit for Use of Space in Public Buildings and Grounds, in all correspondence.

Dated: January 13, 2006.

**Michael W. Carleton,**  
*Chief Information Officer.*

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**BILLING CODE 6820-23-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Annual Update of the HHS Poverty Guidelines**

**AGENCY:** Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This notice provides an update of the HHS poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

**DATES:** *Effective Date:* Date of publication, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

**ADDRESSES:** Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services (HHS), Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. Contact information for two frequently requested programs is given below:

For information about the Hill-Burton Uncompensated Services Program (free

or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Office of the Director, Division of Facilities Compliance and Recovery, Health Resources and Services Administration, HHS, Room 10-105, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. To speak to a person, call (301) 443-5656. To receive a Hill-Burton information package, call 1-800-638-0742 (for callers outside Maryland) or 1-800-492-0359 (for callers in Maryland). You may also visit <http://www.hrsa.gov/osp/dfcr/>. The Division of Facilities Compliance and Recovery notes that as set by 42 CFR 124.505(b), the effective date of this update of the poverty guidelines for facilities obligated under the Hill-Burton Uncompensated Services Program is sixty days from the date of this publication.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283 or visit <http://uscis.gov/graphics/howdoi/affsupp.htm>.

For information about the number of people in poverty or about the Census Bureau poverty thresholds, visit the Poverty section of the Census Bureau's Web site at <http://www.census.gov/hhes/www/poverty/poverty.html> or contact the Housing and Household Economic Statistics Information Staff at (301) 763-3242.

For general questions about the poverty guidelines themselves, contact Gordon Fisher, Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 690-7507—or visit <http://aspe.hhs.gov/poverty/>.

**SUPPLEMENTARY INFORMATION:**

**Background**

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update, at least annually, the poverty guidelines, which shall be used as an eligibility criterion for the Community Services Block Grant program. The poverty guidelines also are used as an eligibility criterion by a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses

to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2006 notice reflect the 3.4 percent price increase between calendar years 2004 and 2005. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. The same calculation procedure was used this year as in previous years. (Note that these 2006 guidelines are roughly equal to the poverty thresholds for calendar year 2005 which the Census Bureau expects to publish in final form in August 2006.)

**2006 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Persons in family unit	Poverty guideline
1 .....	\$9,800
2 .....	13,200
3 .....	16,600
4 .....	20,000
5 .....	23,400
6 .....	26,800
7 .....	30,200
8 .....	33,600

For family units with more than 8 persons, add \$3,400 for each additional person.

**2006 POVERTY GUIDELINES FOR ALASKA**

Persons in family unit	Poverty guideline
1 .....	\$12,250
2 .....	16,500
3 .....	20,750
4 .....	25,000
5 .....	29,250
6 .....	33,500
7 .....	37,750
8 .....	42,000

For family units with more than 8 persons, add \$4,250 for each additional person.

**2006 POVERTY GUIDELINES FOR HAWAII**

Persons in family unit	Poverty guideline
1 .....	\$11,270
2 .....	15,180
3 .....	19,090
4 .....	23,000
5 .....	26,910
6 .....	30,820
7 .....	34,730

## 2006 POVERTY GUIDELINES FOR HAWAII—Continued

Persons in family unit	Poverty guideline
8 .....	38,640

For family units with more than 8 persons, add \$3,910 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii). The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines have sometimes been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities can choose to use a percentage multiple of the guidelines such as 125 percent or 185 percent.

The poverty guidelines do not make a distinction between farm and non-farm families or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units).

Note that this notice does not provide definitions of such terms as “income” or “family.” This is because there is considerable variation in how different programs that use the guidelines define

these terms, traceable to the different laws and regulations that govern the various programs. Therefore, questions about how a particular program applies the poverty guidelines (e.g., Is income before or after taxes? Should a particular type of income be counted? Should a particular person be counted in the family or household unit?) should be directed to the organization that administers the program.

Dated: January 18, 2006.

**Michael O. Leavitt,**

*Secretary of Health and Human Services.*

[FR Doc. 06–624 Filed 1–20–06; 8:45 am]

**BILLING CODE 4151–05–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Solicitation for Nominations for New Primary and Secondary Health Topics To Be Considered for Review by the United States Preventive Services Task Force

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

**ACTION:** Solicit for new topic nominations.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) invites individuals and organizations to nominate primary and secondary prevention topics pertaining to clinical preventive services that they would like the United States Preventive Services Task Force (USPSTF) to consider for review. A list of topics that have been recently reviewed or are currently under review by the USPSTF is listed below in the supplementary information section.

The USPSTF is an independent panel of experts that makes evidence-based recommendations regarding the provision of clinical preventive services. Clinical preventive services include screening, counseling and preventive medications. The USPSTF makes recommendations about preventive services for asymptomatic people—people without recognized signs or symptoms of the specific conditions targeted by the preventive service.

Topics can be nominated by individuals, organizations, evidence-based practice centers (EPC) and USPSTF members. The USPSTF will consider nominations and prioritize topics for review based on the following set of criteria: Public health importance (burden of suffering, potential of preventive service to reduce the burden); new evidence that has the

potential to change prior recommendations including inactive ones; and, potential for greatest Task Force impact (e.g., clinical controversy, practice does not reflect evidence, inappropriate timing in delivery of services). The USPSTF will prioritize topics for which there is a performance gap and the potential to significantly improve clinical practice. Individuals and organizations may nominate new topics or topics previously reviewed by the USPSTF.

#### Basic Topic Nomination

**Requirements:** Nominations must be no more than 500 words in length and must include the following information. Nominations may include an appendix that contains references and supporting documents (not included in word count).

1. Name of topic.
2. Rationale for consideration by the USPSTF, to include:
  - a. Primary or secondary prevention topic (screening, counseling or preventive medication).
  - b. Primary care relevance (applicable clinical preventive service must be initiated in the primary care setting which can be defined as family practice, internal medicine, pediatrics or obstetrics/gynecology and provided by a primary care provider).
  - c. Description of public health importance (burden of disease/suffering, potential of preventive service to reduce burden, including effective interventions). Citations and supporting documents are recommended.
  - d. Summary of new evidence, if any, that has potential to affect the Task Force's recommendation on a previously reviewed topic. Please refer to <http://preventiveservices.ahrq.gov> for USPSTF recommendations. Citations and supporting documents are recommended.
  - e. Description of potential impact of USPSTF's review of the topic, i.e., change in clinical practice, research focus, etc.

**DATES:** Topic nominations should be submitted by February 23, 2006, in order to be considered for 2006–2008. AHRQ will not reply to submissions in response to the request for nominations, but will consider all topic nominations during the selection process. If a topic is selected for review by the USPSTF, the nominator will be notified by AHRQ.

**ADDRESSES:** Please submit nominations to: Therese Miller, DrPH, ATTN: USPSTF Topic Nominations, Center for Primary Care, Prevention & Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road,