

Dated: September 2, 2005

**Michael W. Carleton,**

*Chief Information Officer.*

[FR Doc. 05-19165 Filed 9-23-05; 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 meetings 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 Wednesday, October 5, 2005 from 10:30 a.m. to 5 p.m.

**ADDRESSES:** The meeting will take place in the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201 in Room 425-A. The meeting is open to the public.

**FOR FURTHER INFORMATION CONTACT:** Caroline Taplin, Citizens' Health Care Working Group, at (301) 443-1514 or [ctaplin@ahrq.gov](mailto:ctaplin@ahrq.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, on (301) 443-1144.

The agenda for this Working Group meeting will be available on the Citizens' Working Group Web site, <http://www.citizenshealthcare.gov>. Also available at that site is a roster of Working Group members. When a transcript of the Group's October 5th 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. 299n., 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 system; 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 October 5 will be devoted to ongoing Working Group business. Topics to be addressed are expected to include: introductions to Working Group contractors, reports from Working Group Committees, and plans for community meetings and other activities to engage the public.

#### Submission of Written Information

The Working Group invites written submissions on those topics to be addressed 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 should submit information electronically to [citizenshealth@ahrq.gov](mailto:citizenshealth@ahrq.gov). Since all electronic submissions will be posted on the Working Group Web site, separate submissions by topic will facilitate review of ideas submitted on each topic by the Working Group and the public.

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

Dated: September 20, 2005.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 05-19171 Filed 9-21-05; 2:46 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-05-0213]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-371-5983 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

#### Proposed Project

The National Vital Statistics Report Forms—(OMB No. 0920-0213)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention.

**Background and Brief Description:** The National Vital Statistics Report Forms project (0920-0213) is an approved collection and compilation of national vital statistics. This collection dates back to the beginning of the 20th century and has been conducted since 1960 by the Division of Vital Statistics of the National Center for Health Statistics, CDC. The collection of the data is authorized by 42 U.S.C. 242k. The National Vital Statistics Report forms provide counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces. Similar data have been published since 1937 and are the sole source of these data at the national level. The data are used by the Department of Health and Human Services and by other government, academic, and private research and commercial organizations in tracking changes in trends of vital events.

Respondents for the National Vital Statistics Report form (CDC 64.146) are registration officials in each State and Territory, the District of Columbia, and New York City. In addition, 33 local (county) officials in New Mexico who

record marriages occurring in each county of New Mexico will use this form. The data are routinely available in each reporting office as a by-product of

ongoing activities. This form is designed to collect counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces immediately

following the month of occurrence. There are no costs to respondents other than their time.

**ESTIMATED AVERAGE ANNUAL BURDEN**

Respondents to the form: National Vital Statistics Report (CDC 64.146)	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden hours
State and Territory registration officials .....	58	12	12/60	139
New Mexico County marriage registrars .....	33	12	6/60	40
<b>Total</b> .....				<b>179</b>

The Annual Marriage and Divorce Occurrence Report form (CDC 64.147) collects final annual counts of marriages and divorces by month for the United States and for each State. The statistical counts requested on this form differ from provisional estimates obtained on the National Vital Statistics Report form in that they represent complete and final counts of marriages, divorces, and

annulments occurring during the months of the prior year. These final counts are usually available from State or county officials about eight months after the end of the data year. The data are widely used by government, academic, private research, and commercial organizations in tracking changes in trends of family formation and dissolution.

Respondents for the Annual Marriage and Divorce Occurrence Report form are registration officials in each State, the District of Columbia, New York City, Guam, Puerto Rico, Virgin Islands, Northern Marianas, and American Samoa. The data are routinely available in each reporting office as a by-product of ongoing activities.

**ESTIMATED AVERAGE ANNUAL BURDEN**

Respondents to the form: annual marriage and divorce occurrence report (CDC 64.147)	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden (in hrs)
State/Territory/City registration officials .....	58	1	30/60	29
<b>Total</b> .....				<b>29</b>

Dated: September 20, 2005.

**Joan F. Karr,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-05-0026]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371-5983 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of

Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Report of Verified Case of Tuberculosis (RVCT) (OMB Control No. 0920-0026)—Extension—Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP).

*Background and Brief Description:* CDC is requesting OMB approval for another 3-year extension of the Report of Verified Case of Tuberculosis (RVCT) data collection.

CDC maintains the national TB surveillance system to support CDC's goal of eliminating tuberculosis (TB) in the United States. Previous modifications to the data collection have improved the ability of CDC to monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, including HIV coinfection, and treatment. The system also enables CDC to monitor the recovery of the nation from the resurgence and identify that

current TB epidemiology supports the renewed national goal of elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC is requesting approval to extend the use of the RVCT.

Data are collected by 60 Reporting Areas (50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. There are no changes to the forms previously approved in 2002. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information.

A comprehensive software package, the Tuberculosis Information Management System (TIMS) is currently used for RVCT data entry and electronic transmission of reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. However, electronic transmission of TB case reports to CDC is in a transition phase with the development of the web-based National