Dated: May 2, 2005.

William J. McCabe,

Acting Director, Emergency and Remedial Response Division, Region 2.

[FR Doc. 05–10147 Filed 5–19–05; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

[Report No. 2703]

Petitions for Reconsideration and Clarification of Action in Rulemaking Proceedings

April 25, 2005.

Petitions for Reconsideration and Clarification have been filed in the Commission's Rulemaking proceedings listed in this Public Notice and published pursuant to 47 CFR 1.429(e). The full text of this document is available for viewing and copying in Room CY–B402, 445 12th Street, SW., Washington, DC or may be purchased from the Commission's copy contractor, Best Copy and Printing, Inc. (BCPI) (1–800–378–3160). Oppositions to these petitions must be filed by June 6, 2005. *See* section 1.4(b)(1) of the Commission's rules (47 CFR 1.4(b)(1)). Replies to an opposition must be filed within 10 days after the time for filing oppositions have expired.

Subject: Federal-State Joint Board on Universal Service (CC Docket No. 96–45).

Number of Petitions Filed: 1.

Subject: In the Matter of Presubscribed Interexchange Carrier Charges (CC Docket No. 02–53).

In the Matter of Unbundled Access to Network Elements (WC Docket No. 04–313).

Number of Petitions Filed: 3.

Subject: Review of the Section 251 Unbundling Obligations of Incumbent Local Exchange Carriers (CC Docket No. 01–338).

Number of Petitions Filed: 7.

Marlene H. Dortch,

Secretary.

[FR Doc. 05–9108 Filed 5–19–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10151, CMS–10152, and CMS–R–220]

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*: New Collection; *Title of Information Collection*: Data Collection for Medicare Beneficiaries Receiving Implantable Cardioverter-defibrillators for Primary Prevention of Sudden Cardiac Death; *Form Nos.*: CMS–10151 (OMB # 0938–NEW); *Use*: CMS provides coverage for implantable cardioverter-defibrillators (ICDs) for secondary prevention of sudden cardiac death based on extensive evidence showing that use of ICDs among patients with a certain set of physiologic conditions are effective. Accordingly, CMS considers coverage for ICDs reasonable and necessary under Section 1862(a)(1)(A) of the Social Security Act. However, evidence for use of ICDs for primary prevention of sudden cardiac death is less compelling for certain patients. To encourage responsible and appropriate use of ICDs, CMS issued a Decision Memo for Implantable Defibrillators on January 27, 2005, indicating that ICDs will be covered for primary prevention of sudden cardiac death if the beneficiary is enrolled in either an FDA-approved category B Investigational Device Exemption (IDE) clinical trial (see 42 CFR § 405.201), a trial under the CMS Clinical Trial Policy (see NCD Manual § 310.1) or a qualifying prospective data collection system (either a practical clinical trial or prospective systematic data collection, which is sometimes referred to as a registry); *Frequency*: Other—as needed; *Affected Public*: Business or other for-profit, Individuals or Households, and Not-for-profit institutions; *Number of Respondents*: 1217; *Total Annual Responses*: 50,000; *Total Annual Hours*: 4167.

2. *Type of Information Collection Request*: New Collection; *Title of Information Collection*: Data Collection for Medicare Beneficiaries Receiving FDG Positron Emissions Tomography (PET) for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung and Testicular Cancers; *Form Nos.*: CMS–10152 (OMB # 0938–NEW); *Use*: In the Decision Memo #CAG–00181N issued on January 27, 2005, CMS determined that the evidence is sufficient to conclude that for Medicare beneficiaries receiving FDG positron emission tomography (PET) for brain, cervical, ovarian, pancreatic, small cell lung, and testicular cancers is reasonable and necessary only when the provider is participating in and patients are enrolled in a systematic data collection project. CMS will consider prospective data collection systems to be qualified if they provide assurance that specific hypotheses are addressed and they collect appropriate data elements. The data collection should include baseline patient characteristics; indications for the PET scan; PET scan type and characteristics; FDG PET results; results of all other imaging studies; facility and provider characteristics; cancer type, grade, and stage; long-term patient outcomes; disease management changes; and anti-cancer treatment received; *Frequency*: Other—as needed; *Affected Public*: Business or other for-profit, Individuals or Households, and Not-for-profit institutions; *Number of Respondents*: 2,000; *Total Annual Responses*: 50,000; *Total Annual Hours*: 4167.

3. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: HIPAA Standard Unique Employer Identifier and Supporting Regulations in 45 CFR Parts 160 and 162; *Form Nos.*: CMS–R–220 (OMB # 0938–0874); *Use*: Section 1173b of Subtitle F of Title II of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104–191) requires the Secretary of the Department of Health and Human Services to adopt standards for unique health identifiers for individuals, employers, health plans, and health care

providers. The use of this standard improves the Medicare and Medicaid programs, other Federal health programs and private health programs, by simplifying the administration of the system and enabling the efficient electronic transmission of certain health information; *Frequency*: Other—one-time; *Affected Public*: Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents*: 2,550,000; *Total Annual Responses*: 2,550,000; *Total Annual Hours*: 1.

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/regulations/pra/*, 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.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: William N. Parham, III, PRA Analyst, Room C5–13–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: May 2, 2005.

Michelle Shortt,

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

[FR Doc. 05–9642 Filed 5–19–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–37]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

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*: Revision of a currently approved collection; *Title of Information Collection*: Medicaid Program Budget Report; *Form Nos.*: CMS–37 (OMB # 0938–0101); *Use*: The Medicaid Program Budget Report is prepared by the State Medicaid Agencies and is used by the Centers for Medicare & Medicaid Services (CMS) for (1) developing National Medicaid Budget estimates, (2) qualification of Budget Estimate Changes, and (3) the issuance of quarterly Medicaid Grant Awards. The structure of the currently approved CMS–37 was revised based on CMS experience with budget information provided by the States. (Note: Details are outlined in the Addendum which can be found on the CMS Web site address below.) *Frequency*: Quarterly; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 56; *Total Annual Responses*: 224; *Total Annual Hours*: 7,616.

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/regulations/pra/*, 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.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Melissa Musotto, PRA Analyst, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: May 12, 2005.

Michelle Shortt,

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

[FR Doc. 05–10054 Filed 5–19–05; 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: LIHEAP Quarterly Allocation Estimates Form ACF–535.

OMB No.: 0970–0037

Description: The Low Income Home Energy Assistance Program (LIHEAP) Quarterly Allocation Estimates Form–535 is a one-page form that is sent to 50 State grantees and to the District of Columbia. It is also sent to Tribal Government grantees that receive over $1 million annually for LIHEAP. Grantees are asked to complete and submit the form in the 4th quarter of each fiscal year. The data collected on the form are grantees' estimates of obligations they expect to make each quarter of the upcoming fiscal year for the LIHEAP program. This is the only method used to request anticipated distributions of the grantee's LIHEAP funds. The information is used to develop apportionment requests to OMB and to make grant awards based on grantee anticipated needs. Information collected on this form is not available through any other Federal source. Submission of the form is voluntary.

Respondents: 50 States, the District of Columbia and those Tribal governments that receive over $1 million annually.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–535	55	1	.25	13.75