Commission by January 13, 2006 (see **FOR FURTHER INFORMATION CONTACT**).

ADDRESSES: *The Meeting:* The meeting will be held at the following address: Holiday Inn Washington-Chevy Chase, 5520 Wisconsin Ave, Chevy Chase, MD 20815, United States, telephone: 1 (301) 656–1500, fax: 1 (301) 656–5045.

Web site: You may access up-to-date information on this meeting at *http://www.cms.hhs.gov/FACA/10_mc.asp#TopOfPage*.

FOR FURTHER INFORMATION CONTACT: Margaret Reiser, (202) 205–8255.

SUPPLEMENTARY INFORMATION: On May 24, 2005, we published a notice (70 FR 29765) announcing the Medicaid Commission and requesting nominations for individuals to serve on the Medicaid Commission. This notice announces a public meeting of the Medicaid Commission.

Topics of the Meeting

The Commission will discuss options for making longer-term recommendations on the future of the Medicaid program that ensure long-term sustainability. Issues to be addressed may include, but are not limited to: eligibility, benefit design, and delivery; expanding the number of people covered with quality care while recognizing budget constraints; long term care; quality of care, choice, and beneficiary satisfaction; and program administration.

Procedure and Agenda

This meeting is open to the public. There will be a public comment period at the meeting. The Commission may limit the number and duration of oral presentations to the time available. We will request that you declare at the meeting whether or not you have any financial involvement related to any services being discussed.

After the presentations and public comment period, the Commission will deliberate openly. Interested persons may observe the deliberations, but the Commission will not hear further comments during this time except at the request of the Chairperson. The Commission will also allow an open public session for any attendee to address issues specific to the topic.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

Dated: December 20, 2005.

Donald A.Young,

Acting Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

[FR Doc. E5–8097 Filed 12–29–05; 8:45 am]

BILLING CODE 5150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05AD]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–4766 or send an email to *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

Helping to End Lead Poisoning (HELP): A Questionnaire Study of Medicaid Providers' Self-Reported Attitudes, Practices, Beliefs, and Barriers to Childhood Blood Lead Testing—New—National Center for Environmental Health, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

According to the United States Department of Health and Human Services (DHHS), lead poisoning is one of the most serious environmental threats to children in the United States. Very high blood lead levels in children can cause encephalopathy, coma, and even death. At lower levels, lead poisoning is a silent attacker because most children who are lead poisoned do not show symptoms. Low levels of lead poisoning are often associated with reductions in IQ and attention span, and with learning disabilities, hyperactivity, and behavioral problems. Because of these subtle effects, the best way to determine if a child has lead poisoning is by giving the child a blood lead test.

Children eligible for Medicaid are typically at highest risk for lead exposure. DHHS policies require blood lead testing for all children participating in Federal health care programs. However, most children in or targeted by Federal health care programs have not been tested.

Although blood lead testing is important, it is ineffective unless it is performed when the child is young enough to receive the full benefits of effective environmental interventions. Thus, it was determined by the CDC Lead Poisoning Prevention Branch (LPPB) that more information is needed to understand the barriers Medicaid providers face when it comes to blood lead testing.

Helping To End Lead Poisoning (HELP) is a comparison study between two communities in Wisconsin. To determine why some areas in Wisconsin have high blood lead testing rates and others do not, Medicaid providers in two areas will be studied. Community 1 has high and Community 2 has low blood lead testing rates. Questionnaires will be mailed to all Medicaid providers in these two Wisconsin communities. The questionnaires will be sent from and returned to the CDC LPPB in Atlanta, Georgia. CDC will analyze the data from the questionnaires. CDC and the Wisconsin Childhood Lead Poisoning Prevention Program staff will use this information to understand the barriers Medicaid providers face concerning blood lead testing and to develop effective strategies that promote blood lead testing among Medicaid providers. There is no cost to respondents, other than their time.

National Center for Environment Health (NCEH), is requesting a year to complete the study. The total estimated burden hours are 14.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Targeted Medicaid Providers in Wisconsin (mailed questionnaire)	13	1	10/60
Targeted Medicaid Providers in Wisconsin (telephone follow-up): "Yes"	60	1	10/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Targeted Medicaid Providers in Wisconsin (telephone follow-up): "No" or mailed.	49	1	2/60

Dated: December 23, 2005.

Betsey Dunaway,

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

[FR Doc. E5–8098 Filed 12–29–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05AZ]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–4766 or send an email to *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

NCEH/ATSDR Exposure Investigations (EIs)—New—National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a brief summary of a joint clearance between the NCEH and ATSDR, (hereafter ATSDR will represent both ATSDR and NCEH). ATSDR is mandated pursuant to the 1980 Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Reauthorization Act (SARA) to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances in the environment. Exposure Investigations (EIs) is an approach developed by ATSDR that employs targeted biologic (*e.g.*, urine, blood, hair samples) and environmental (*e.g.*, air, water, soil, or food) sampling to determine whether people are or have been exposed to unusual levels of pollutants at specific locations (*e.g.*, where people live, spend leisure time, or anywhere they might come into contact with contaminants under investigation). After a chemical release or suspected release into the environment, ATSDR's EIs are used by public health professionals, environmental risk managers, and other decision makers to determine if current conditions warrant intervention strategies to minimize or eliminate human exposure. EIs are usually requested by officials of a state health agency, county health departments, the Environmental Protection Agency, the general public, and ATSDR staff.

All of ATSDR's biomedical assessments and some of the environmental investigations involve participants. Participation is completely voluntary. To assist in interpreting the sampling results, a survey questionnaire appropriate to the specific contaminant will be administered to participants. ATSDR collects contact information (*e.g.*, name, address, phone number) to provide the participant with their individual results. Name and address information are broken into nine separate questions (data fields) for computer entry. General information, which includes height, weight, age, race, gender, etc., is needed primarily on biomedical investigations to assist with results interpretation. General information can account for approximately 28 questions per investigation. Some of this information is investigation-specific; not all of this data is collected for every investigation. ATSDR is seeking approval for a set of 57 potential general information questions.

ATSDR also collects information on other possible confounding sources of chemical(s) exposure such as medicines taken, foods eaten, etc. In addition, ATSDR asks questions on recreational or occupational activities that could increase exposure potential. This information represents an individual's exposure history. To cover these broad categories, ATSDR is also seeking approval for the use of sets of topical questions. Of these, ATSDR will use approximately 12–15 questions about the pertinent environmental exposures per investigation. This number can vary depending on the number of chemicals being investigated, the route of exposure (breathing, eating, touching), and number of other sources (*e.g.*, products, jobs) for the chemical(s).

Typically, the number of participants in an individual EI ranges from 10 to less than 50. Questionnaires are generally needed in less than half of the EIs (approximately 10–15 per year).

Areas for the complete set of topical questions include the following:

(1) Media specific which includes: air (indoor/outdoor); water (water source and plumbing); soil, and food (gardening, fish, game, domestic animals).

(2) Other sources such as: occupation; hobbies; household uses or house construction; lifestyle (*e.g.*, smoking); medicines and/or health conditions, and foods.

There are no costs to the respondents other than their time. The estimated total burden hours are 375.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents per response	No. of respondents	Responses per respondent	Average burden
Exposure Investigation Participants	750	1	30/60