

being of older Americans. Deliverables required by the AoA of all Title IV grantees are the semi-annual and final reports, as provided for in Department of Health and Human Services regulations, 45 CFR Part 74, Section 74.51. The proposed guidelines may be found on the Administration on Aging Web site at <http://www.aoa.gov/doingbus/grantrep/grantrep.asp>.

AoA estimates the burden of this collection of information as follows: Semi-annual submission with the final report taking the place of the semi-annual report at the end of the final year of the grant. *Respondents:* States, public agencies, private nonprofit agencies, institutions of higher education, and organizations including tribal organizations. *Estimated Number of Responses:* 600. *Total Estimated Burden Hours:* 12,000.

Dated: March 28, 2006.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

[FR Doc. E6-4696 Filed 3-30-06; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### **Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Member Conflict: Safety and Occupational Health, Program Announcements PA-04-038, PA-04-021, PA-04-030, and PAR-04-105**

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

*Name:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Member Conflict: Safety and Occupational Health, Program Announcements PA-04-038, PA-04-021, PA-04-030, and PAR-04-105.

*Time and Date:* 2 p.m.-5 p.m., April 20, 2006 (Closed).

*Place:* National Institute for Occupational Safety and Health, CDC, 24 Executive Park Drive NE, MS E-74, Room 1429, Atlanta, GA 30329; Telephone Number 404.498.2582.

*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

*Matters To Be Discussed:* The meeting will include the review, discussion, and evaluation of applications received in response to: Member Conflict: Safety and Occupational Health, Program

Announcements PA-04-038, PA-04-021, PA-04-030, and PAR-04-105.

*For Further Information Contact:* Charles N. Rafferty, PhD, Designated Federal Official, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road, NE., Mailstop E-74, Atlanta, GA 30333; Telephone Number 404.498.2582. The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: March 27, 2006.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. E6-4708 Filed 3-30-06; 8:45 am]

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## 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 71 FR 6777, dated February 9, 2006) is amended to reflect the reorganization of the Division of Birth Defects and Developmental Disabilities, within the National Center on Birth Defects and Developmental Disabilities.

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

After the mission statement for the *Division of Birth Defects and Developmental Disabilities (CUBB)*, insert the following:

*Office of the Director (CUBB1).* (1) Manages, directs, and coordinates the research agenda and activities of the division; (2) provides leadership and guidance on strategic planning, policy, program and project priority planning and setting, program management, and operations; (3) establishes division goals, objectives, and priorities; (4) monitors progress in implementation of projects and achievement of objectives; (5) plans, allocates, and monitors

resources; (6) provides management, administrative, and support services, and coordinates with appropriate NCBDDD offices on program and administrative matters; (7) provides liaison with other CDC organizations, other governmental agencies, international organizations, and other outside groups; (8) provides support for internal scientific advisory groups; (9) provides scientific leadership and guidance to the division to assure highest scientific quality and professional standards; and (10) provides coordinative support for CDC's efforts to reduce adverse consequences from birth defects, developmental disabilities, and pediatric genetic conditions.

*Birth Defects Branch (CUBBB).* (1) Designs and conducts epidemiologic and genetic research to identify causes and risk factors of birth defects; (2) conducts evaluates interventions to improve infant and child health by preventing or reducing the adverse consequences of birth defects; (3) designs and conducts surveillance of selected birth defects to identify rates, trends, and patterns of occurrence, and to evaluate the effectiveness of prevention programs; (4) disseminates findings of studies to the scientific and public health communities, and to the general public; (5) provides technical assistance to state and local agencies on surveillance of birth defects, epidemiologic research, prevention program design and evaluation, and prevention effectiveness research; (6) funds and coordinates grant and cooperative agreement programs and other extramural activities to improve the knowledge base for the prevention of birth defects through surveillance, epidemiologic research, and applies research of preventive interventions; (7) coordinates activities with other CDC functional units, HHS, other federal agencies, and appropriate private organizations regarding research and prevention programs for birth defects; (8) works with international organizations in developing strategies for the prevention of birth defects; and (9) disseminates findings of research through direct contact with health authorities, publication and distribution of special reports, publication in scientific and technical journals, conference presentations, and other appropriate means.

*Prevention Research Branch (CUBBC).* (1) Modifies the impact of prenatal exposures leading to adverse physical and developmental impairments in infants, children, and adults including integrating successful prevention programs into social and medical

environments, and evaluating innovative, effective, and strategic health promotion programs; (2) develops, implements, evaluates, and disseminates education and communication interventions that lead to the prevention of birth defects and developmental disabilities; (3) designs and conducts surveillance of preventable birth defects and developmental disabilities to identify rates, trends, and patterns of occurrence, and to evaluate the effectiveness of prevention programs; (4) disseminates findings of epidemiologic studies to the scientific and public health communities, and to the general public; (5) conducts prevention effectiveness research to evaluate interventions strategies for the prevention of birth defects and developmental disabilities; (6) identifies and monitors major preconception, prenatal and perinatal risks, and protective factors for fetal alcohol spectrum disorders (FASD) and other prenatal alcohol-attributable conditions; (7) provides technical assistance to state and local agencies on surveillance, epidemiologic research, prevention program design and evaluation, and prevention effectiveness research; (8) funds and coordinates grant and cooperative agreement programs and other extramural activities to improve the knowledge base for the prevention of birth defects and developmental disabilities through surveillance, epidemiologic research, and applies research of preventive interventions; (9) coordinates activities with other CDC functional units, HHS, other federal agencies and appropriate private organizations regarding research and prevention programs for birth defects and developmental disabilities; (10) works with international organizations in developing strategies for the prevention of birth defects and developmental disabilities; and (11) disseminates finding of research through direct contact with health authorities, publication and distribution of special reports, publication in scientific and technical journals, conference presentations, and other appropriate means.

*Developmental Disabilities Branch (CUBDD).* (1) Designs and conducts surveillance of developmental disabilities to identify rates, trends, and patterns of occurrence, and to evaluate the effectiveness of prevention programs; (2) conducts epidemiologic studies of developmental disabilities to identify causes and risk factors for these conditions; (3) disseminates findings of epidemiologic studies to the scientific and public health communities and to

the general public; (4) conducts prevention effectiveness research to evaluate interventions strategies for the prevention of developmental disabilities; (5) conducts epidemiologic studies to identify and describe specific conditions and long-term outcomes of developmental disabilities; (6) provides technical assistance to state and local agencies on surveillance of developmental disabilities, epidemiologic research, prevention program design and evaluation, and prevention effectiveness research; (7) funds and coordinates grant and cooperative agreement programs and other extramural activities to improve the knowledge base for the prevention of developmental disabilities through surveillance, epidemiologic research, and applies research of preventive interventions; (8) coordinates activities with other CDC functional units, HHS, other Federal agencies and appropriate private organizations regarding research and prevention programs for developmental disabilities; (9) collaborates with international organizations in developing strategies for the prevention of developmental disabilities; (10) disseminates findings of research through direct contact with health authorities, publication and distribution of special reports, publication in scientific and technical journals, conference presentations, and other appropriate means; and (11) provides training in the epidemiology of developmental disabilities to professionals throughout the United States and abroad.

Dated: March 22, 2006.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Medicare & Medicaid Services**

**[Document Identifier: CMS 250-254 and CMS 10171]**

#### **Agency Information Collection Activities: Submission for OMB Review; 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), Department of Health

and Human Services, 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 function; (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:** Extension of a currently approved collection; **Title of Information Collection:** Medicare Secondary Payer Information Collection and Supporting Regulations in 42 CFR 411.25, 489.2, and 489.20; **Form Number:** CMS 250-254 (OMB#: 0938-0214); **Use:** Medicare Secondary Payer Information (MSP) is essentially the same concept known in the private insurance industry as coordination of benefits, and refers to those situations where Medicare does not have primary responsibility for paying the medical expenses of a Medicare beneficiary. Medicare Fiscal Intermediaries, Carriers, and now Part D plans, need information about primary payers in order to perform various tasks to detect and process MSP cases and make recoveries. MSP information is collected at various times and from numerous parties during a beneficiary's membership in the Medicare Program. Collecting MSP information in a timely manner means that claims are processed correctly the first time, decreasing the costs associated with adjusting claims and recovering mistaken payments.; **Frequency:** Reporting—On Occasion; **Affected Public:** Individuals or Households, Business or other for-profit, Not-for-profit institutions; **Number of Respondents:** 134,553,682; **Total Annual Responses:** 134,553,682; **Total Annual Hours:** 1,611,303.

**2. Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Coordination of Benefits between Part D Plans and Other Prescription Coverage Providers; **Form Number:** CMS 10171 (OMB#: 0938-0978); **Use:** Section 1860D-23 and 1860D-24 of the Social Security Act requires the Secretary to establish requirements for prescription drug plans to ensure effective coordination between Part D plans, State pharmaceutical