

Program), including but not limited to investigations of compliance, actions to obtain compliance, and determinations to penalize noncompliance;

- C. To provide technical assistance and public information in the administration of the Enforcement Program;
- D. To make decisions regarding the interpretation of the privilege and confidentiality protections at section 922 of the Act in the administration of the Enforcement Program; and
- E. To develop, for issuance by the Secretary, regulations regarding such Enforcement Program.

All other authorities under Title IX of the Public Health Service Act, except those retained by the Secretary, have been delegated to the Director, Agency for Healthcare Research and Quality.

This delegation excludes the authority to submit reports to the Congress, and shall be exercised under the Department's existing delegation of authority and policy on regulations.

This delegation is effective upon signature. In addition, I hereby affirmed and ratified any actions taken by the OCR Director or his subordinates which involved the exercise of the authorities delegated herein prior to the effective day of this delegation.

Dated: April 13, 2006.

**Michael O. Leavitt,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 06-4578 Filed 5-16-06; 8:45 am]

**BILLING CODE 4153-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

[ATSDR-220]

#### Public Health Assessments Completed: January 2006-March 2006

**AGENCY:** Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces those sites for which ATSDR has completed public health assessments during the period from January 2006 through March 2006. This list includes sites that are on or proposed for inclusion on the National Priorities List (NPL) and includes sites for which assessments were prepared in response to requests from the public.

#### FOR FURTHER INFORMATION CONTACT:

William Cibulas, Jr., Ph.D., Director, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-32, Atlanta, Georgia 30333, telephone (404) 498-0007.

**SUPPLEMENTARY INFORMATION:** The most recent list of completed public health assessments was published in the **Federal Register** on March 29, 2006 [71 FR 15747]. This announcement is the responsibility of ATSDR under the regulation "Public Health Assessments and Health Effects Studies of Hazardous Substances Releases and Facilities" [42 CFR part 90]. This rule sets forth ATSDR's procedures for the conduct of public health assessments under section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended by the Superfund Amendments and Reauthorization Act (SARA) [42 U.S.C. 9604(i)].

#### Availability

The completed public health assessments are available for public inspection at the ATSDR Records Center, 1825 Century Boulevard, Atlanta, Georgia (not a mailing address), between 8 a.m. and 4:30 p.m., Monday through Friday except legal holidays. Public health assessments are often available for public review at local repositories such as libraries in corresponding areas. Many public health assessments are available through ATSDR's Web site at <http://www.atsdr.cdc.gov/HAC/PHA/>. In addition, the completed public health assessments are available by mail through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, or by telephone at (800) 553-6847. NTIS charges for copies of public health assessments. The NTIS order numbers are listed in parentheses following the site names.

#### Public Health Assessments Completed or Issued

Between January 2006, and March 2006, public health assessments were issued for the sites listed below:

##### NPL and Proposed NPL Sites

###### Florida

Naval Air Station Pensacola—(PB2006-107464)

###### Missouri

Newton County Mine Tailings Site—(PB2006-102431)

###### New York

Ellenville Scrap Iron and Metal—(PB2006-105504)

###### North Carolina

Ram Leather Care Site—(PB2006-105506)

###### Ohio

Peters Cartridge Factory—(PB2006-107529)

###### Oregon

Portland Harbor—(PB2006-107530)

###### Wisconsin

PCB Contaminated Sediment in the Lower Fox River and Green Bay—(PB2006-107466)

#### Non-NPL Petitioned Sites

##### Florida

Former Ponce de Leon Golf Course—(PB2006-105505)

Former St. Joe Products Site (a/k/a St. Joe Paper Mill)—(PB2006-103493)

North Suwannee Community (113th Street Area)—(PB2006-107465)

Raleigh Street Dump—(PB2006-103494)

##### Idaho

Southeast Idaho Phosphate Mining Resource Area—(PB2006-105560)

##### Illinois

St. Louis Smelting and Refining—(PB2006-102415)

##### Massachusetts

Milham Brook Area (a/k/a Glen Street Neighborhood)—(PB2006-105559)

Dated: May 10, 2006.

**Kenneth Rose,**

*Acting Director, Office of Policy, Planning, and Evaluation, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.*

[FR Doc. E6-7480 Filed 5-16-06; 8:45 am]

**BILLING CODE 4163-70-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-06-0021]

#### 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 404-639-5960 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**

National Coal Workers Autopsy Study (42 CFR 37.204)—Extension (0920-0021)—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention.

*Background and Brief Description*

Under the Federal Coal Mine Health and Safety Act of 1977, PL 91-173 (amended the Federal Coal Mine and Safety Act of 1969), the Public Health Service has developed a nationwide autopsy program for underground coal miners, the National Coal Workers Autopsy Study (NCWAS). The consent release and history form is primarily used to obtain written authorization from the next-of-kin to perform an autopsy on the deceased miner. The basic reason for the post-mortem examination is both epidemiological

and clinical research. A minimum of essential information is collected regarding the deceased miners, including occupational history and smoking history. The data collected will be used by the staff at NIOSH for research purposes in defining the diagnostic criteria for coal workers' pneumoconiosis (black lung disease) and pathologic changes and will be correlated with x-ray findings.

It is estimated that only 5 minutes is required for the pathologist to generate a statement on the invoice affirming that no other compensation is received for the autopsy. The consent release and history form takes the next-of-kin approximately 15 minutes to complete. Since an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request of abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only 5 minutes of additional burden is estimated for the autopsy report. There are no costs to the respondents, other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Pathologist Invoice .....	50	1	5/60	4
Pathologist Report .....	50	1	5/60	4
Next-of-Kin .....	50	1	15/60	13
<b>Total .....</b>				<b>21</b>

Dated: May 10, 2006.

**Joan F. Karr,**

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

[FR Doc. E6-7478 Filed 5-16-06; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-06-06BF]

**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 404-639-5960 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**

Assessment and Evaluation of the Role of Care Coordination (Case Management) in Improving Access and Care within the Spina Bifida Clinic System—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Spina bifida is one of the most common birth defects, affecting approximately 2 per 10,000 live births in the United States annually. Providing care for people who are born with spina bifida is complex and challenging. Studies have shown that care coordination is beneficial for individuals with complex health conditions such as cystic fibrosis and sickle cell anemia. However, the extent to which care coordination is effective for assisting individuals with spina bifida is currently unknown. To learn more about what factors may help or act