reasonably necessary to obtain significant efficiencies through the joint arrangement.

A ''qualified clinically-integrated joint arrangement,'' on the other hand, need not involve any sharing of financial risk. Instead, as defined in the proposed order, physician participants must participate in active and ongoing programs to evaluate and modify their clinical practice patterns in order to control costs and ensure the quality of services provided, and the arrangement must create a high degree of interdependence and cooperation among physicians. As with qualified risk-sharing arrangements, any agreement concerning price or other terms of dealing must be reasonably necessary to achieve the efficiency goals of the joint arrangement.

Paragraph III, for three years, requires New Century and Prime Care to notify the Commission before entering into any arrangement to act as an agent on behalf of any physicians, with payors regarding contracts. Paragraph III also sets out the information necessary to make the notification complete.

Paragraph IV, for three years, requires the Proposed Respondents to notify the Commission before participating in contracting with health plans on behalf of a qualified risk-sharing joint arrangement, or a qualified clinically-integrated joint arrangement. The contracting discussions that trigger the notice provision may be either among physicians, or between New Century or Prime Care and health plans. Paragraph IV also sets out the information necessary to satisfy the notification requirement.

Paragraph V provides that, for three years, the New Century and Prime Care officials named in the proposed complaint and order may not: (1) Negotiate or act as an agent on behalf of any physician or medical group practice that participates or has participated in either New Century or Prime Care; or (2) advise any physician or medical group practice that participates in or has participated in either New Century or Prime Care on contracts, offers, contract terms, conditions, or requirements for dealing with any payors. Exempted from Paragraph V's prohibition are the officials' participation in: (1) Certain qualified risk-sharing joint arrangements; (2) certain qualified clinically-integrated joint arrangements; and (3) activities that solely involve physicians in a medical group practice in which the official participates.

For three years, Paragraph VI requires both New Century and Prime Care, respectively, to distribute the complaint and order: (1) To all physicians who have participated in the IPAs, who currently participate in the IPAs, or who express interest in participating in the IPAs; and (2) to payors that have negotiated contracts with the IPAs, or that contract with the IPAs in the future.

Paragraphs VII, VIII, IX, and X of the proposed order impose various obligations on the Proposed Respondents to report or provide access to information to the Commission to facilitate the monitoring of compliance with the order. Paragraph XI provides that the proposed order will expire in 20 years.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E6–14360 Filed 8–29–06; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP)

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), National Center for Environmental Health (NCEH) announces the following committee meeting.

Name: Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP).

Times and Dates: October 17, 2006, 8:30 a.m.–5 p.m., October 18, 2006, 8:30 a.m.–12:30 p.m.

Place: Hilton St. Louis at the Ballpark, One South Broadway, St. Louis, MO 63102, Telephone: 314 421–1776 or Toll free 1–877–845–7354.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people.

Purpose: The Committee provides advice and guidance to the Secretary; the Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The committee also reviews and reports regularly on childhood lead poisoning prevention practices and recommends improvements in national childhood lead poisoning prevention efforts.

Matters To Be Discussed: Update on the Lead and Pregnancy Workgroup activities, update on the clinical implications of blood lead levels (BLL) less than 10 and discussions of laboratory capacity to analyze BLL <2 µg/dL. Agenda items are subject to change as priorities dictate.

Opportunities will be provided during the meeting for oral comments. Depending on the time available and the number of requests, it may be necessary to limit the time of each presenter.

For Further Information Contact: Claudine Johnson, Clerk, (Contractor) Lead Poisoning Prevention Branch, Division of Environmental Emergency Health Services, NCEH, CDC, 4770 Buford Hwy., NE., Mailstop F–40, Atlanta, GA 30341, telephone 770 488–3629,fax 770 488–3635.

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: August 22, 2006.

Alvin Hall,

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

[FR Doc. E6–14441 Filed 8–29–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: State-Based Occupational Safety and Health Surveillance and Occupational Health and Safety Research, Request for Application (RFA) PAR–04–106; and Occupational Health and Safety Research, RFA PAR–04–038

Correction: This notice was published in the **Federal Register** on August 17, 2006, Volume 71, Number 159, page 47498. The meeting has been changed to reflect an additional Request for Applications.

Title: State-Based Occupational Safety and Health Surveillance and Occupational Health and Safety Research, RFA PAR–04–106; and Occupational Health and Safety Research, RFA PAR–04–038.

Contact Person for More Information: M. Chris Langub, Scientific Review Administrator, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS E–74,

Atlanta, GA 30333, Telephone 404.639.2543.

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: August 21, 2006.

Alvin Hall,

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

[FR Doc. E6–14418 Filed 8–29–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Savannah River Site Dose Reconstruction Project

AGENCY: The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR).

ACTION: CDC and ATSDR announce the following meeting.

Name: Public Meeting to Present Final Report of the Savannah River Site Dose Reconstruction Project.

Time and Date: 6 p.m.–8 p.m., (Eastern Time), Tuesday, September 19, 2006.

Place: University of South Carolina/Aiken, Conference Center/Business and Education Building, Room 122, 471 University Parkway, Parking Lot ''C'', Aiken, South Carolina 29801.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Background: Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE, and replaced by MOUs signed in 1996 and 2000, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, a memo was signed in October 1990 and renewed in November 1992, 1996, and in 2000, between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

Purpose: CDC will present the Final Report of the Savannah River Site Dose Reconstruction Project to area stakeholders and provide a forum for community interaction. This meeting will also serve as a vehicle for members of the public to express concerns to CDC.

Matters To Be Discussed: The National Center for Environmental Health (NCEH) will make a presentation of the Final Report of the Savannah River Site Dose Reconstruction Project. There will be time for public questions and comments. Agenda items are subject to change as priorities dictate.

Contact Person For Additional Information: Phillip R. Green, Public Health Advisor, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 1600 Clifton Road, NE., (MS–E39), Atlanta, GA 30333, telephone 404/498–1717, fax 404/498–1811, or e-mail address: *prg1@cdc.gov*

Dated: August 23, 2006.

James D. Seligman,

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

[FR Doc. E6–14424 Filed 8–29–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Prospective Grant of Exclusive License: Prophylactic Use of *Pneumococcal Surface Adhesin A Protein* as a Vaccine

AGENCY: Office of Technology Transfer; Centers for Disease Control and Prevention (CDC); Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This is a notice in accordance with 35 U.S.C. 209(e) and 37 CFR 404.7(a)(1)(i) that the Centers for Disease Control and Prevention (CDC), Technology Transfer Office, Department of Health and Human Services (DHHS), is contemplating the grant of a worldwide, limited field of use, exclusive license to practice the inventions embodied in the patent and patent applications referred to below to Intercell, having a place of business in Vienna, Austria. The patent rights in these inventions have been assigned to the government of the United States of America. The patent and patent applications to the licensed are: U.S. Patent No. 5,422,427 entitled ''Pneumococcal Fimbrial Protein A,'' issued 06.06.95.

U.S. Patent No. 6,312,944 entitled ''Pneumococcal Fimbrial Protein A,'' issued 11.06.01.

U.S. Patent No. 5,854,416 entitled ''*Streptococcus pneumoniae* 37-kDa Surface Adhesin A Protein and Nucleic Acids Coding Therefore,'' issued 12.29.98 (CDC Ref: E–157–91/4).

U.S. Patent No. 6,217,884 entitled ''*Streptococcus pneumoniae* 37-kDa Surface Adhesin A Protein,'' issued 04.17.01.

U.S. Patent No. 6,773,880 entitled ''*Streptococcus pneumoniae* 37-kDa Surface Adhesin A Protein,'' issued 06.05.03.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7.

ADDRESSES: Requests for a copy of these patent applications, inquiries, comments, and other materials relating to the contemplated license should be directed to Thomas E. O'Toole, MPH, Chief Licensing Officer, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, Mailstop K–79, Atlanta, GA 30341, telephone: (770) 488–8600; facsimile: (770) 488–8615. Applications for a license filed in response to this notice will be treated as objections to the grant of the contemplated license. Only written comments and/or applications for a license which are received by CDC within thirty days of this notice will be considered. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552. A signed Confidential Disclosure