

Budget. Strategic Plan and Annual Performance Budget. Proposed Bank Examination Rating System. Final Rule: Affordable Housing Program Amendments.

*Matter to be Considered at the Closed Portion:* Periodic Update of Examination Program Development and Supervisory Findings.

**CONTACT PERSON FOR MORE INFORMATION:** Shelia Willis, Paralegal Specialist, Office of General Counsel, at 202-408-2876 or [williss@fhfb.gov](mailto:williss@fhfb.gov).

Dated: September 6, 2006.

By the Federal Housing Finance Board.

**John P. Kennedy,**

*General Counsel.*

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**BILLING CODE 6725-01-P**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 5, 2006.

**A. Federal Reserve Bank of Minneapolis** (Jacqueline G. King, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *Minnwest Corporation*, Minnetonka, Minnesota; to acquire 100 percent of the voting shares of Aumanchester, Inc., Rochester, Minnesota, and thereby indirectly acquire Rochester Bank, Rochester, Minnesota.

**B. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Columbine Capital Corp.*, Buena Vista, Colorado; to become a bank holding company by acquiring 100 percent of the voting shares of Collegiate Peaks Bank, Buena Vista, Colorado.

Board of Governors of the Federal Reserve System, September 5, 2006.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E6-14889 Filed 9-7-06; 8:45 am]

**BILLING CODE 6210-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Public Meeting on Patient and Physician Concerns in Access to Intravenous Immunoglobulin (IVIG)

**AGENCY:** Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (HHS/ASPE).

**ACTION:** Notice of Meeting.

**SUMMARY:** This notice announces the date and location of a Town Hall meeting to be held on September 28, 2006 to obtain public comment on patient and physician concerns with access to IVIG. The Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation has contracted with Eastern Research Group, Inc. (ERG) to develop an analysis of supply, distribution, demand, and access issues associated with IVIG. This public meeting provides a forum for interested parties to make oral comments and to submit written comments about IVIG access for use in the analysis. In particular, comments are invited that will aid in the analysis of any physician or patient problems with access to IVIG, including the nature, size, and scope of any problems, as well as estimation of changes in health outcomes that may result from access problems.

**DATES:** The Town Hall meeting will be held on September 28, 2006 from 10 a.m. to 5 p.m.

**ADDRESSES:** Sheraton Crystal City Hotel, 1800 Jefferson Davis Highway, Arlington, VA.

**FOR FURTHER INFORMATION CONTACT:** Amber Jessup, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Ave., SW., Washington, DC 20201. Telephone: 202-690-6621.

*Web site:* Additional details regarding the Town Hall meeting process for public comments, along with information on how to register and guidelines for an effective presentation and/or electronic comment submission, can be found on the project Web site at <https://www2.ergweb.com/projects/conferences/hhs>.

### SUPPLEMENTARY INFORMATION:

#### I. Background

The Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation has contracted with Eastern Research Group, Inc. (ERG) to develop an analysis of supply, distribution, demand, and access issues associated with IVIG. As part of this analysis, a Town Hall meeting is being scheduled to obtain public comment on access issues to be used in the analysis.

Intravenous Immune Globulin (IVIG) is a plasma product that is used to treat patients with immune system disorders. Immune globulins are antibodies. IVIG has a number of on-label uses including treatment of humoral immunodeficiency, acute and chronic idiopathic thrombocytopenia purpura, B cell chronic lymphocytic leukemia (to prevent recurrent bacterial infections), Kawasaki disease, pediatric HIV, and bone marrow transplantation. It is also used for off-label treatments including autoimmune, neurological, and systemic inflammatory conditions. According to the Department of Health and Human Services Advisory Committee on Blood Safety and Availability, more than half of IVIG use may be for off-label indications. Due at least in part to the increase in off-label uses, demand for IVIG has increased in recent years. The number of infusion days in hospitals increased to 70,000 days in 2004 from 40,000 days in 2002 and the number of grams infused in physician offices increased by 1.7 million grams, between 2003 and 2004, from 2.3 to 4.0 million grams.

IVIG is covered under Medicare Part B. In 2005, Medicare shifted from Average Wholesale Price (AWP) as the basis for reimbursement to Average