whistleblower protection sections in order to pursue any legal remedy.

Disciplinary Actions

Under the existing laws, each agency retains the right, where appropriate, to discipline an employee for conduct that is inconsistent with Federal antidiscrimination and whistleblower protection laws up to and including removal. Nothing in the No FEAR Act alters existing laws or permits an agency to take unfounded disciplinary action against a Federal employee or to violate the procedural rights of a Federal employee who has been accused of discrimination.

Additional Information

For further information regarding the No FEAR Act regulations, refer to 5 CFR Part 724, or contact the Office of Opportunity & Inclusiveness (OOI) or the Office of the General Counsel, Legal Services Group. OOI is located at 441 G Street, NW., Room 6123, Washington, DC 20548. The Office of the General Counsel, Legal Services, is located at 441 G Street, NW., Room 7838, Washington, DC 20548. Additional information regarding Federal antidiscrimination, whistleblower protection, and retaliation laws can be found at the Equal Employment Opportunity Commission Web site—*http://www.eeoc.gov*, the Office of Special Counsel Web site—*http://www.osc.gov*, and in GAO Order 2713.2, ''Discrimination Complaint Resolution Process'' (July 10, 2006), and Personnel Appeals Board regulations, 4 CFR Part 28. The PAB/OGC is located at Union Center Plaza II, Suite 580, 820 First Street, NE., Washington, DC 20002.

Existing Rights Unchanged

Pursuant to section 205 of the No FEAR Act, neither the Act nor this notice creates, expands, or reduces any rights otherwise available to any employee, former employee or applicant under the laws of the United States, including the provisions of law specified in 5 U.S.C. 2302(d).

Dated: November 3, 2006.

Gary L. Kepplinger,

General Counsel, Government Accountability Office.

[FR Doc. E6–18862 Filed 11–7–06; 8:45 am]

BILLING CODE 1610–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–07–05BF]

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 e-mail 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

Human Smoking Behavior—New—National Center for Chronic Disease and Public Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), in a joint venture with the National Center for Environmental Health (NCEH), proposes to conduct a 2-year laboratory-based study of human smoking behavior among established current smokers of the major styles and varieties of cigarettes consumed in the United States. This study will compare how different categories of cigarettes deliver toxic chemicals to smokers in order to further investigate the link between tobacco use and disease.

The major objective of this study is to better understand how human and cigarette variables influence the delivered dose of harmful chemicals in smoke to identify risk factors that result in adverse health effects from smoking. The smoking behavior and biomarkers of 360 smokers will be ascertained. Participants will attend two sessions on consecutive days. Solanesol levels in cigarette filter butts; carbon monoxide boost in breath; carcinogens and nicotine and its metabolites in urine; cotinine in saliva; vent-blocking (as measured by filter stain pattern and visualization of lip and finger placement on the rod using fluorescent markers); smoking topography; and breathing patterns (inhalation and exhalation volume, breath velocity and duration prior to smoking, during smoking and after smoking) will be used to measure dose based on the number of cigarettes smoked, amount of each cigarette smoked, filter vent blocking behavior, smoking behavior and puff characteristics.

Another objective of this study is to define average or ''composite'' smoking patterns across several of the most popular cigarette categories (ultralight, light, full-flavored menthol and full-flavored non-menthol) from the quantitative and observational data. All current smoking machine methodologies are ''one size fits all'' approaches to generating cigarette smoke. The composite conditions can be used to establish human behavior-based smoking machine methods for laboratory studies that require cigarette smoke for chemical or toxicological testing. Currently, laboratory scientists rely on automated smoking machines to generate cigarette smoke for chemical and toxicological testing.

Funding for this study will come from both NCCDPHP and NCEH. The Centers will share responsibilities, with administrative and technical assistance coming from NCCDPHP and laboratory support coming from NCEH.

This is a two-year study, and an estimated 500 respondents will be screened by telephone to yield 360 eligible respondents who complete both visits over the two-year study period. The total burden for each respondent who completes screening, visit 1 and visit 2 will be two hours and five minutes. The CATI screening will take five minutes. Visit 1 will take one hour, which includes a short screening item, the informed consent process, biologic sample collection (urine, saliva, and breath carbon monoxide), smoking topography, ventilation hole blocking procedure and breath measurements. Visit 2 will also take approximately one hour, which includes compensation, discussion of quit opportunities if requested, collection of cigarette butts, biologic sample collection (urine, saliva, and breath carbon monoxide), smoking topography, ventilation hole blocking procedure and breath measurements.

The following table summarizes burden on an annualized basis for 500 telephone interviews and 180 eligible respondents (one-half of the total respondents). The 180 eligible respondents estimated to complete visit 2 are the same respondents estimated to complete visit 1.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 402.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Procedure	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Smokers	CATI Screening	500	1	5/60
Eligible Smokers	Visit 1 (Day 1)	180	1	1
Eligible Smokers	Visit 2 (Day 2)	180	1	1

Dated: November 1, 2006.

Catina J. Conner,

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

[FR Doc. E6–18825 Filed 11–7–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a Modified or Altered System of Records

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of a Modified or Altered System of Records (SOR).

SUMMARY: In accordance with the Privacy Act of 1974, we are proposing to modify or alter an existing SOR, ''Medicaid Statistical Information System (MSIS),'' System No. 09–70–6001, last published at 67 FR 48906 (July 26, 2002). CMS is reorganizing its databases because of the impact of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Public Law (Pub. L.) 108–173) provisions and the large volume of information the Agency collects to administer the Medicare program. We propose to assign a new CMS identification number to this system to simplify the obsolete and confusing numbering system originally designed to identify the Bureau, Office, or Center that maintained the system of records. The new assigned identifying number for this system should read: System No. 09–70–0541.

We propose to modify existing routine use number 1 that permits disclosure to agency contractors and consultants to include disclosure to CMS grantees who perform a task for the agency. CMS grantees, charged with completing projects or activities that require CMS data to carry out that activity, are classified separate from CMS contractors and/or consultants. The modified routine use will remain as routine use number 1. We will delete routine use number 4 authorizing disclosure to support constituent requests made to a congressional representative. If an authorization for the disclosure has been obtained from the data subject, then no routine use is needed. The Privacy Act allows for disclosures with the ''prior written consent'' of the data subject.

We will broaden the scope of routine uses number 5 and 6, authorizing disclosures to combat fraud and abuse in the Medicare and Medicaid programs to include combating ''waste'' which refers to specific beneficiary/recipient practices that result in unnecessary cost to all federally-funded health benefit programs.

We are modifying the language in the remaining routine uses to provide a proper explanation as to the need for the routine use and to provide clarity to CMS's intention to disclose individual-specific information contained in this system. The routine uses will then be prioritized and reordered according to their usage. We will also take the opportunity to update any sections of the system that were affected by the recent reorganization or because of the impact of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Public Law 108–173) provisions and to update language in the administrative sections to correspond with language used in other CMS SORs.

The primary purpose of this modified system is to establish an accurate, current, and comprehensive database containing standardized enrollment, eligibility, and paid claims of Medicaid beneficiaries to be used for the administration of Medicaid at the Federal level, produce statistical reports, support Medicaid related research, and assist in the detection of fraud and abuse in the Medicare and Medicaid programs. Information retrieved from this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor or consultant; (2) assist another Federal or state agency with information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (3) support a research or evaluation project; (4) support litigation involving the agency; and (5) combat fraud, waste, and abuse. We have provided background information about the modified system in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the modified or altered routine uses, CMS invites comments on all portions of this notice. See **EFFECTIVE DATES** section for comment period.

DATES: *Effective Dates:* CMS filed a modified or altered system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Homeland Security & Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on November 2, 2006. To ensure that all parties have adequate time in which to comment, the modified system, including routine uses, will become effective 30 days from the publication of the notice, or 40 days from the date it was submitted to OMB and Congress, whichever is later, unless CMS receives comments that require alterations to this notice.

ADDRESSES: The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance, Enterprise Architecture and Strategy Group, Office of Information Services, CMS, Room N2–04–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.–3 p.m., eastern time zone.

FOR FURTHER INFORMATION CONTACT: Ron North, Division of Informational Analysis and Technical Assistance, Finance, Systems & Budget Group, Center for Medicaid and State Operations, CMS, Mail Stop S3–13–15, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. He can also be