License No.	Name/address	Date reissued
017236N	Simpson's Shipping Enterprise, 248 West Lincoln Drive, Mount Vernon, NY 10050	June 20, 2005.
015797N	United Cargo Handling A/S dba United Cargo Lines, Strandagervej 10, DK 2900, Hellerup, Denmark.	August 23, 2002.

Sandra L. Kusumoto,

Director, Bureau of Consumer Complaints and Licensing.

[FR Doc. 05–18823 Filed 9–20–05; 8:45 am]

BILLING CODE 6730–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443–1129.

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 of other forms of information technology.

Proposed Project: Standardized Data Collection for Health Center Grantees Requesting Changes in Sites or Services: New

The scope of project for health centers funded under section 330 of the Public Health Service Act defines the activities that the total approved grant-related project budget supports. Based on regulations outlined in Title 45, Parts 74 and 92 of the Code of Federal Regulations, health center grantees must obtain prior approval for changes in the approved scope of project to ensure that any changes maintain a close connection with the program as approved in the grant application. The following are changes in scope for which HRSA is developing a standard data collection format: an increase or decrease in the number of sites, certain relocations of sites previously approved in the health center's grant application, and adding or dropping a service previously approved in the grant application.

HRSA is planning to automate the current process for submitting and reviewing requests for changes in scope listed above. The automated system will be part of HRSA's Electronic Handbooks Initiative, which is designed to streamline the grants application and administration process, and enable applicants and grantee organizations to communicate with HRSA and conduct activities electronically.

The burden estimate for this project is as follows:

Number of respondents	Average number of responses per respondent	Total responses	Hours per response	Total burden hours
300	1	300	12	3,600

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received with 60 days of this notice.

Dated: September 14, 2005.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 05–18757 Filed 9–20–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Nominations of Topics for Evidence-Based Practice Centers

Agency for Healthcare Research and Quality

AGENCY: Agency for Healthcare Research and Quality (AHRQ), DHHS.

ACTION: Nominations of topics for evidence reports and technology assessments.

SUMMARY: AHRQ invites nominations of topics for evidence reports and technology assessments conducted by its Evidence-based Practice Centers (EPC) Program relating to the prevention, diagnosis, treatment and management of common diseases and clinical conditions, as well as topics relating to the organization and financing of health care. Previous evidence reports can be found at *http://www.ahrq.gov/clinic/epcix.htm.*

DATES: Topic nominations should be submitted by December 1, 2005, in order to be considered for fiscal year 2006. In addition to timely responses to this request for nominations, AHRQ also accepts topic nominations on an ongoing basis for consideration for future years. AHRQ will not reply to individual responses, but will consider all nominations during the selection processes. Those who submit topics that are selected will be notified by AHRQ.

ADDRESSES: Topics nominations should be submitted to Kenneth Fink, MD, MGA, MPH, Director, Evidence-based Practice Centers (EPC) Program, Center for Outcomes and Evidence, AHRQ, 540 Gaither Road, Rockville, MD 20850. Electronic submissions to *epc@ahrq.gov* are preferred.

FOR FURTHER INFORMATION CONTACT: Kenneth Fink, MD, MGA, MPH, Center for Outcomes and Evidence, AHRQ, 540 Gaither Rod, Rockville, MD 20850; Phone: (301) 427–1617; Fax; (301) 427–1640; E-mail: *kfink@ahrq.gov.*

Arrangement for Public Inspection: All nominations will be available for public inspections at the Center for Outcomes and Evidence, telephone (301) 427–1600, weekdays between 8:30 a.m. and 5 p.m. (eastern time).

SUPPLEMENTARY INFORMATION:

1. Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. AHRQ accomplishes these goals through scientific research and through the promotion of improvements in clinical practice and health systems practices, including the prevention of diseases and other health conditions.

2. Purpose and Overview

The purpose of this notice is to solicit topic nominations for evidence reports and technology assessments. Professional societies, health systems, employers, insurers, providers, and consumer groups are encouraged to nominate topics and then collaborate with AHRQ, as it carries out its mission to promote the practice of evidence-based health care. In this endeavor, AHRQ serves as a science partner with private-sector and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of health care delivery in the United States, and to expedite the translation of evidence-based research findings into improved health care services. To undertake scientific analyses and evidence syntheses on topics of high-priority to its public and private healthcare partners and the health care community generally, AHRQ awards task order contracts to its Evidence-based Practice Centers (EPCs).

The EPCs produce science syntheses—evidence reports and technology assessments—that provide to public and private organizations the foundation for developing and implementing their own practice guidelines, performance measures, educational programs, and other strategies to improve the quality of health care and decision-making related to the effectiveness and appropriateness of specific health care technologies and services. The evidence reports and technology assessments also may be used to inform coverage and reimbursement polices. As the body of scientific studies related to organization and financing of health care grows, systematic review and analysis of these studies, in addition to clinical and behavioral research, can provide health system organizations with a scientific foundation for developing or improving system-wide policies and practices.

Currently, AHRQ supports approximately nine evidence reports per year, in collaboration with non-Federal partners, including national associations medical societies, health plans, and others. Nominations of topics from non-federal partners are solicited annually through a notice in the **Federal Register**. However, topic nominations are accepted on an ongoing basis. All nominations received in the previous year as well as topics that were previously submitted but not selected are considered for the upcoming year.

Reports and assessments usually require about 12 months for completion. AHRQ widely disseminates the EPC evidence reports and technology assessments, both electronically and in print. The EPC evidence reports and technology assessments do not make clinical recommendations or recommendations regarding reimbursement and coverage policies.

3. Role/Responsibilities of Partners

Nominators of topics selected for development of an EPC evidence report or technology assessment assume the role of Partners of AHRQ and the EPCs. Partners have defined roles and responsibilities. AHRQ places high value on these cooperative relationships, and takes into consideration a Partner organization's past performance of these responsibilities when considering whether to accept additional topics nominated by that organization in subsequent years. Specifically, Partners are expected to serve as resources to EPCs as they develop the evidence reports and technology assessments related to the nominated topic; serve as external peer reviewers of relevant draft evidence reports and assessments; and commit to timely translation of the EPC reports and assessments into their own quality improvement tools (e.g., clinical practice guidelines, performance measures), educational programs, or reimbursement policies; and dissemination of these derivative products to their membership as appropriate. AHRQ also is interested in members' use of these derivative products and the products' impact on enhanced health care. AHRQ looks to its Partners to provide use and impact data on products that are based on EPC evidence reports and technology assessment.

4. Topics for Reports

The EPCs prepare evidence reports and technology assessments on topics for which there is significant demand for information by health care providers, insurers, purchasers, health-related societies, and patient advocacy organizations. Such topics may include the prevention, diagnosis and/or treatment of particular clinical and behavioral conditions, use of alternative or complementary therapies, and appropriate use of commonly provided services, procedures, or technologies. Topics also may include issues related to the organization and financing of care such as risk adjustment methodologies, market performance measures, provider payment mechanisms, and insurance purchasing tools, as well as measurement or evaluation of provider integration of new scientific findings regarding health care and delivery innovations. Previous evidence reports can be found at *http://www.ahrq.gov/clinic/epcix.htm.*

AHRQ is very interested in receiving topic nominations from professional societies and organizations composed of members of minority populations, as well as topic nominations that have significant impact on AHRQ priority populations including low income groups, minority groups, women, children, the elderly, and individuals with special health care needs, such as those with disabilities, those who need chronic care or end-of-life healthcare, or those who live in inner-city and rural areas.

5. Topic Nomination

Nominations of topics for AHRQ evidence reports and technology assessments should focus on specific aspects of prevention, diagnosis, treatment and/or management of a particular condition; an individual procedure, treatment, or technology; or a specific healthcare organizational or financial strategy. The EPC Coordinating Center can be contacted at *partnerTA@lewin.com* to assist with topic nominations (e.g., methods, processes, other guidance). The processes that AHRQ employs to select clinical and behavioral topics as well as organization and financing topics nominated by the EPCs are described below. For each topic, the nominating organization must provide the following information:

A. Rationale and supporting evidence on the relevance and importance of the topic;

B. Three to five focused questions on the topic to be addressed;

C. Plans for rapid translation of the evidence reports and technology assessments into clinical guidelines, performance measures, educational programs, or other strategies for strengthening the quality of health care services, or plans to inform development of reimbursement or coverage policies;

D. Plans for use and/or dissemination of these derivative products, e.g. to membership if appropriate; and

E. Process by which the nominating organization will measure the use of these products and impact of such use.

6. Topic Selection

Factors that will be considered in the selection of topics for AHRQ evidence report and technology assessment topics include:

A. Burden of disease including severity, incidence and/or prevalence or relevance of the organization/financial topic to the general population and/or AHRQ's priority;

B. Controversy or uncertainty about the topic and availability of scientific data to support the systematic review and analysis of the topic;

C. Total costs associated with a condition, procedure, treatment, technology, or organization/financial topic taking into account the number of people needing such care, the unit cost of care, and related or indirect costs;

D. Potential for reducing clinically significant variations in the prevention, diagnosis, treatment, or management of a disease or condition; or in changing the use of a procedure or technology; informing and improving patient and/or provider decision making; improving health outcomes; and/or reducing costs;

E. Relevance to the needs of the Medicare, Medicaid and other Federal healthcare programs; and

F. Nominating organization's plan to disseminate derivative products, measure use and impact of these products on outcomes, or otherwise incorporate the report into its managerial or policy decision making.

7. Submission of Nominations

Topics nominations should be submitted to Kenneth Fink, MD, MGA, MPH, Director Evidence-based Practice Centers (EPC) Program, Center for Outcomes and Evidence, AHRQ, 540 Gaither Road, Rockville, MD 20850. Electronic submissions to *epc@ahrq.gov* are preferred.

Dated: September 12, 2005.

Carolyn M. Clancy,

Director.

[FR Doc. 05–18870 Filed 9–20–05; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–05–04OP]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 371–5983. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Delayed Symptoms Associated with the Convalescent Period of a Dengue Infection—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Dengue is a vector-borne febrile disease of the tropics transmitted most often by the mosquito Aedes aegypti. Symptoms of the acute disease include fever, headache, rash, retro-orbital pain, myalgias, arthralgias, vomiting, abdominal pain and hemorrhagic manifestations.

A number of symptoms are mentioned in the medical literature as associated with the convalescent period after dengue infection, including depression, dementia, loss of sensation, paralysis of lower and upper extremities and larynx, epilepsy, tremors, manic psychosis, amnesia, loss of visual acuity, hair loss, and peeling of skin. The evidence for these findings has derived mainly from case series and case reports, but no analytic study has been conducted to define the timing, frequency, and severity of these symptoms, and quantity the magnitude of the association between dengue infection and each of these disorders.

The objective of this study is to compare mental health disorders and other delayed complications associated with dengue infection and convalescence among study groups. The study will be conducted in Puerto Rico, where dengue is endemic, in collaboration with Dengue Branch of the Centers for Disease Control and Prevention. Laboratory positive confirmed cases of dengue, laboratory negative suspected dengue cases, and neighborhood controls will be prospectively enrolled in the study. Telephone interviews will be conducted and information will be collected prospectively regarding symptoms experienced during the first five months after the onset of symptoms of a dengue infections. There are no costs to the respondents other than their time. The estimated annualized burden is 426 hours.

ESTIMATED TOTAL ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Screeners	810	2	1/60
Laboratory positive confirmed dengue	200	2	20/60
Dengue negative control	200	2	20/60
Neighborhood control	200	2	20/60