

Persons wishing to submit views to the Council on any of the above topics may do so by sending written statements to Ann Bistay, Secretary of the Consumer Advisory Council, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, DC 20551. Information about this meeting may be obtained from Ms. Bistay, 202-452-6470.

Board of Governors of the Federal Reserve System, September 28, 2005.

Jennifer J. Johnson,

Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS-0990-New]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, Office of Assistant Secretary for Planning & Evaluation.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection

Request: Regular Clearance;

Title of Information Collection:

Survey of Frontline Supervisors of Direct Service Workers Participating in the Better Jobs Better Care Demonstration;

Form/OMB No.: OS-0990-New;

Use: The President's New Freedom Initiative specifies goals for enhancing the direct service workforce availability and capability. There is currently a major shortage of direct care workers—

nursing assistants, home health aides, and personal care attendants—who provide care and support to elderly people with chronic diseases and disabilities. Worker shortages are certain to grow as the demand for long-term care increases with the aging population. Thus, recruitment and retention of direct care workers has become an issue of great interest to policymakers, regulators and industry leaders. The proposed survey will ensure that HHS and other Federal, state, and local agencies have timely data available on the central role of frontline supervisors in direct care workers job quality and turnover.

Frequency: Reporting, on occasion;
Affected Public: Individuals or households, business or other for profit, not for profit institutions;

Annual Number of Respondents: 845;

Total Annual Responses: 845;

Average Burden Per Response: 30 minutes;

Total Annual Hours: 1,005;

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the HHS Web site address at <http://www.hhs.gov/oirm/infocollect/pending/> or e-mail your request, including your address, phone number, OMB number, and OS document identifier, to naomi.cook@hhs.gov, or call the Reports Clearance Office on (202) 690-6162.

Written comments and recommendations for the proposed information collections must be received within 30-days, of this notice directly to the Desk Officer at the address below: OMB Desk Officer: John Kraemer, OMB Human Resources and Housing Branch, Attention: (OMB #OS-0990-NEW), New Executive Office Building, Room 10235, Washington DC 20503.

Dated: September 21, 2005.

Robert E. Polson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Recommendations for Regulatory Reform

AGENCY: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

ACTION: Notice of request for comments.

SUMMARY: The House Appropriations Committee Report 108-636 includes a

provision for the Health and Human Services Assistant Secretary for Planning and Evaluation (HHS/ASPE) and the Office of Management and Budget (OMB) to establish an interagency committee, to be coordinated by HHS. The committee's role is to examine major federal regulations governing the health care industry and to make suggestions regarding how health care regulation could be coordinated and simplified to reduce costs and burdens and improve translation of biomedical research into medical practice, while continuing to protect patients. This committee will examine the economic impact of the major federal regulations governing the health care industry, and will explore both immediate steps and longer-term proposals for reducing regulatory burden, while maintaining the highest quality health care and other patient protections.

In accord with the House Appropriations Committee's intent, ASPE and OMB are undertaking several complementary activities. First, we are establishing an interagency committee to undertake a comprehensive review of federal health care regulations, guidance, and paperwork requirements in order to identify areas for reform. Second, we are planning to hold a series of public meetings in order to hear directly from health care administrators, institutional providers, physicians, practitioners, patients, and others about the impact of regulations, and to identify other potential areas for reform. The public meetings will be held in several cities across the country to provide an opportunity for input. Individuals may also submit written comments, regardless of their ability to attend the public meetings, for consideration by the interagency committee. Information about the schedule of public meetings and registration procedures will be available on the Web site <http://aspe.hhs.gov/arb>.

In order to assist the committee in studying regulatory impact and reform, in this notice ASPE is also requesting public nominations of federal health care regulations that could be coordinated and simplified to reduce costs and burdens and improve the translation of biomedical research into medical practice. In particular, commenters are requested to suggest specific reforms to regulations, guidance documents, or paperwork requirements that would improve the delivery of health care by increasing efficiency, reducing unnecessary costs, removing uncertainty, and increasing flexibility, while maintaining or improving patient

safety and quality of care and other patient protections. The emphasis is on major regulations issued within the last ten (10) years.

ASPE requests that commenters, in the selection of which reform ideas to submit, consider the extent to which (1) Benefits (quantitative and/or qualitative) are likely to exceed costs for the reform, (2) benefits (quantitative and/or qualitative) can be increased without exceeding costs, (3) the suggested change would improve patients' health and quality of care, (4) the agency or multiple agencies have statutory authority to make the suggested change, and (5) the rule or program is a major contributor to the regulatory burden imposed on the health care sector. While both legislative and administrative reforms are welcome, administrative reforms such as those that require discretionary rulemaking are more likely to be initiated in a timely manner. The reforms may include modifying, extending, or rescinding regulatory programs, guidance documents or paperwork requirements.

Once we receive the nominations from the public, HHS, in cooperation with OMB, will assemble and evaluate the reform nominations and discuss each of them with the relevant HHS Operating Divisions, taking into account statutory, economic, public health, and budgetary considerations.

ADDRESSES: ASPE requests that nominations (including explanations of the suggested reforms) be submitted in writing electronically to ASPE at ReducingRegulatoryBurden@hhs.gov within 30 calendar days from the date of publication of this notice in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Marty McGeein, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Avenue, SW., Washington, DC 20201. Telephone: (202) 690-6443.

Dated: September 20, 2005.

Michael J. O'Grady,

Assistant Secretary for Planning and Evaluation (ASPE), HHS.

John D. Graham,

Administrator, Office of Information and Regulatory Affairs (OIRA), OMB.

[FR Doc. 05-19788 Filed 10-3-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-05CZ]

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 404-371-5983 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.

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

Assessing Diabetes Detection Initiative for Policy Decisions—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Type 2 diabetes is a chronic disease that affects more than 18 million Americans, approximately 5 million of whom do not know that they have the disease. As the disease progresses, it often causes severe complications, including heart disease, blindness, lower extremity arterial disease, and kidney failure. Native Americans, African Americans, Latino Americans, and some Asian Americans and Pacific Islanders are disproportionately affected by diabetes. Identifying persons who

have undiagnosed diabetes and treating them could prevent or delay diabetes complications.

In November 2003 the Diabetes Detection Initiative (DDI) was launched in 10 pilot sites around the U.S. to identify a portion of the estimated 5 million people with undiagnosed Type 2 diabetes, targeting specific areas in each of 10 locales in which residents are likely to be at higher risk for Type 2 diabetes. Implementation of the DDI involved distributing a paper-and-pencil risk test. Individuals whose score indicated that they were at an increased risk for diabetes were advised to see their regular doctor (or to schedule an appointment at one of several clinics that had agreed to participate in the DDI) to receive a finger-stick or other tests to confirm whether or not they have diabetes. Whether or not the DDI should be expanded to other communities depends on the health benefits and costs of the program. The CDC is planning to conduct a study to provide this critical information.

The planned study will assess the resources used, the cost per case detected, and the perceived benefit of the DDI to participants. Data for the economic assessment will be obtained by conducting surveys of local DDI implementation teams, leadership at participating health clinics, and patients at participating health clinics. The results of the study will also provide information needed for conducting a more complete cost-effectiveness analysis of screening for undiagnosed diabetes.

The point-of-contact (Implementation team member) in each of the 10 regions will be sent a mail survey to collect information regarding the staff time and other resources used to implement the DDI program (including the staff time and resources used by community-based organizations that participated in the DDI implementation). These planning and implementation activities include participating in meetings and conference calls, recruiting clinics and community-based organizations to participate in the DDI, distributing risk tests, organizing health fairs and other community events, and designing media campaigns to promote the DDI.

The health clinic leadership survey will be mailed to one person at each of the 43 clinics that participated in the DDI implementation. The survey will collect information regarding the costs associated with the clinic's participation in the DDI. These will include the medical costs of providing care to patients who visited the clinic as a result of the DDI, staff time associated with DDI planning and implementation,