manufacturer of beryllium in the U.S. This has allowed us to establish well-characterized worker cohorts within the beryllium industry. (b) It is conducting industrial hygiene research that should significantly improve workplace-based exposure assessment methods. This research will allow characterization of jobs and tasks by physicochemical characteristics, leading to an estimation of dose rather than mass concentration-based exposure. (c) It has pioneered the evaluation of the dermal exposure route in the beryllium sensitization process. (d) It has developed and improved genetic research that will contribute to the understanding of risk variability in sensitization and disease, as well as discerning the underlying mechanisms. (e) NIOSH has the institutional stability to continue longitudinal evaluations of health outcomes in relation to exposure and genetic risk factors. There is no cost to respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses / respondent	Average burden/response (in hours)	Total burden (in hours)
Former Workers	100	1	30/60	50

Dated: November 14, 2005.

Betsey Dunaway,

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

[FR Doc. 05–22874 Filed 11–17–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice and Solicitation for Written Comments on the Draft CDC Health Protection Research Guide, 2006–2015

AGENCY: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry.

SUMMARY: The U.S. Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (hereto referred to as CDC) announces the availability for public comment of the draft *CDC Health Protection Research Guide, 2006–2015.* CDC is requesting input on this *Research Guide* because maximizing the health impact of public health research can only be achieved through the collective efforts of CDC, other Federal agencies, State and local partners, academic partners, business partners, non-profit organizations, professional societies, and the public. Please provide input on any aspect of the *Research Guide,* including but not limited to:

- Scope and use of the *Research Guide* (including whether it has identified the areas of health protection research that most need to be addressed within the next decade);
- Relevance and level of specificity of the proposed research topics;
- Additions, deletions or modifications to the proposed research topics;
- *Research Guide* development process; and
- Other improvements to the *Research Guide.*

DATES: The public comment period is 60 days long. Written comments must be received by close of business on January 15, 2006 at either of the addresses listed below.

ADDRESSES: The draft *CDC Health Protection Research Guide, 2006–2015* is available for review by visiting the Internet site, *http://www.rsvpBOOK.com/custom_pages/50942/index.php,* or by contacting Jamila Rashid, PhD, Senior Health Scientist, Centers for Disease Control and Prevention, Office Of Public Health Research, 1600 Clifton Road, NE., MD D–72, Atlanta, GA 30333, 404–639–4621, *ResearchGuide@cdc.gov,* for a hard copy. Written comments may be submitted electronically at the Internet site or at the email address listed above. Written comments may also be sent to the mailing address above.

FOR FURTHER INFORMATION CONTACT: Additional information about the *CDC Health Protection Research Guide* is available via the Office of Public Health Research Web site, *http://www.cdc.gov/od/ophr/cdcra.htm* or may be obtained by communicating with the contact whose name and telephone number is listed above.

SUPPLEMENTATY INFORMATION: On January 10, 2005, the Centers for Disease Control and Prevention launched an effort to develop its first ever, agency-wide *CDC Public Health Protection Research Guide, 2006–2015.* The new *Research Guide* will address and support CDC's Health Protection Goals (For additional information about the Goals please see *http://www.cdc.gov/about/goals).*

The *Research Guide* will also provide overall guidance for CDC's intramural and extramural research as well as serve as an effective planning and communication tool for CDC's public health research.

The public comment period will give researchers, representatives of CDC's key partner organizations and the public the opportunity to voice their opinions regarding the *CDC Health Protection Research Guide, 2006–2015* and the future direction of CDC's public health research. The public comment period will begin on November 18, 2005 and end on January 15, 2006.

The Chief Science Officer, CDC, has been delegated the authority to sign general **Federal Register** notices for both the CDC and ATSDR.

Dated: November 9, 2005.

Dixie E. Snider, Jr.,

Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–22719 Filed 11–17–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–10174]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with an initiative of the Administration. We cannot reasonably comply with the normal clearance procedures because the regular clearance process will exceed the MMA mandated prescription drug benefit effective date and thereby result in public harm to enrolled Medicare prescription drug beneficiaries.

The Social Security Act as amended by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) mandates that the prescription drug benefit be available to beneficiaries on January 1, 2006. The conditions under which Medicare Advantage prescription drug plans (MA–PD), private prescription drug plans (PDP) and Fallout Plans/Sponsors receive payment for the Part D drug benefit upon collection of Prescription Drug Event (PDE) data are specified in sections 1860D–15(c)(1)(C), 1860D–15(d)(2) and 1860D–15(f) of the MMA and 42 CFR sections 423.322 and 422.310.

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Collection of Prescription Drug Data from MA–PD, PDP and Fallout Plans/Sponsors for Medicare Part D Payments and Supporting Regulations in 42 CFR 423.301, 423.322, 423.875, 423.888 and 422.310; *Use:* The MMA requires Medicare payment to Medicare Advantage (MA) organizations, PDP sponsors, Fallbacks and other plan sponsors offering coverage of outpatient prescription drugs under the new Medicare Part D benefit. The Act provided four summary mechanisms for paying plans: Direct subsidies, subsidized coverage for qualifying low-income individuals, Federal reinsurance subsidies and risk corridor payments. In order to make payment in accordance with these provisions, CMS has determined to collect a limited set of data elements for 100 percent of prescription drug claims or events from plans offering Part D coverage. The transmission of the statutorily required data will be in an electronic format. The information users will be Pharmacy Benefit Managers (PBM), third party administrators and pharmacies and the PDPs, MA–PDs, Fallbacks and other plan sponsors that offer coverage of outpatient prescription drugs under the new Medicare Part D benefit to Medicare beneficiaries. The statutorily required data will be used primarily for payment, claims validation, quality monitoring, program integrity and oversight; *Form Number:* CMS–10174 (OMB#: 0938–NEW); *Frequency:* Monthly, Quarterly and Annually *Affected Public:* Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 455; *Total Annual Responses:* 2,418,000,000; *Total Annual Hours:* 4,836.

CMS is requesting OMB review and approval of these collections by *December 19, 2005,* with a 180-day approval period. Written comments and recommendation will be considered from the public if received by the individuals designated below by *December 18, 2005.*

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at *http://www.cms.hhs.gov/regulations/pra* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by *December 18, 2005:* Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850. Fax Number: (410) 786–5267. Attn: Bonnie L Harkless; and, OMB Human Resources and Housing Branch, Attention: Carolyn Lovett,New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: November 9, 2005.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05–22903 Filed 11–17–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10130, CMS–10164 and CMS 10156]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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 function; (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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Federal Funding of Emergency Health Services (section 1011): Provider Payment Determination and Request for section 1011 On-Call Payments; *Form No.:* CMS–10130 (OMB # 0938–0952); *Use:* Section 1011 of MMA provides that the Secretary will establish a process for eligible providers to request payment. The Secretary must directly pay hospitals, physicians, and ambulance providers (including Indian Health Service, Indian tribe and tribal organizations) for their otherwise un-reimbursed costs of providing services required by Section 1867 of the Social Security Act (EMTALA) and related hospital inpatient, outpatient and ambulance services. Payments may be made only for services furnished to