Dated: March 17, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–4266 Filed 3–23–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF LABOR

Mine Safety and Health Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Workshop on Mine Escape Planning and Emergency Shelters

AGENCY: Mine Safety and Health Administration and the National Institute for Occupational Safety and Health.

ACTION: Notice of workshop.

SUMMARY: The Mine Safety and Health Administration (MSHA) and the National Institute for Occupational Safety and Health (NIOSH) are hosting a workshop to identify the major issues and concerns related to mine escape planning and emergency shelters in the mining industry, and share information with the mining community. The workshop will provide for an exchange of information among all segments of the mining community involved with mine emergency preparedness and will generate an agenda for research to improve technology for mine safety in these areas.

DATES: The workshop will be held on Tuesday, April 18, beginning at 8 a.m. and conclude by 5:30 p.m.

ADDRESSES: The workshop will be held at the National Academy of Sciences Auditorium, 2101 Constitution Avenue, NW., Washington, DC.

FOR FURTHER INFORMATION CONTACT: Dr. Jeffery H. Kravitz, MSHA, at 412–386–6923 or Dr. Gerald L. Finfinger, NIOSH, at 412–386–6550.

SUPPLEMENTARY INFORMATION:

MSHA and NIOSH will moderate a day-long workshop on mine escape planning and emergency shelters.

Location and Transportation

Participants should plan to arrive by Metro or taxi and enter the building at 2100 ''C'' Street, NW. A shuttle leaves the Foggy Bottom Metro station at 7:15 a.m. and runs directly to the National Academy building. The National Academy has a cafeteria in the building.

Attendance and Registration

The workshop is open to all interested parties. In addition to state and federal government representatives, we expect that mine operators, labor representatives, and manufacturers will be interested in this workshop. We encourage manufacturers and distributors of emergency shelters, self-rescue devices, mine rescue apparatus, and other equipment that can aid in mine escape, evacuation, rescue, and recovery operations to attend this workshop.

You can register at the workshop or you can pre-register by contacting one of the following persons:

- Donna Opfer (NIOSH) at 412–386–6564, *Dopfer@cdc.com;*
- John Sporrer (NIOSH) at 412–386–6435, *JSporrer@cdc.com*; or
- Yvonne Quinn (MSHA) at 202–693–9440, *quinn.yvonne@dol.gov.*

We will include all participants on the registration list and make it available at the workshop.

Scheduled Presentations

Representatives from MSHA and NIOSH will be discussing issues involving mine escape planning, with an emphasis on evacuation as a first priority, and emergency shelters. Invited international speakers include representatives from Canada, Germany, South Africa, and Australia. MSHA and NIOSH will provide participants an opportunity to ask questions and submit written comments and information.

Tentative Agenda

You can find workshop information, including a tentative agenda, on the NIOSH and MSHA Internet sites, *http://www.cdc.gov/niosh* and *http://www.msha.gov*. Topics addressing mine escape planning will include the philosophy of escape planning, a recent history of mine escapes, warning systems, and the use of self-rescue devices and lifelines. Tentative topics addressing emergency shelters include the history of the use of emergency shelters, how mine design has changed since the 1980s, shelter placement in the mine, configuration and construction, life support and instrumentation, communication issues, equipment and supplies, and psychological and training issues.

Workshop Proceedings

MSHA and NIOSH will compile the workshop presentations, which are in PowerPoint'' format, audiotape the workshop, and make a transcript of the proceedings. The PowerPoint® presentations and workshop transcript will be made available on the NIOSH and MSHA Internet sites, *http://www.cdc.gov/niosh* and *http://www.msha.gov.* At a later date, MSHA and NIOSH will summarize the information presented by participants and prepare a joint report.

Dated: March 20, 2006.

David G. Dye,

Acting Assistant Secretary for Mine Safety and Health.

Dated: March 21, 2006.

Dr. John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 06–2905 Filed 3–23–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10137, CMS–10080, CMS–R–296, CMS–1763, and CMS–10116]

Agency Information Collection Activities: Proposed Collection; 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) 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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Application for Prescription Drug Plans (PDP); Application for Medicare Advantage Prescription Drug (MA–PD) Plans; Application for Cost Plans to Offer Qualified Prescription Drug Coverage; Application for PACE Organization to Offer Qualified Prescription Drug

Coverage; Application for Employer Group Waiver Plans to Offer Prescription Drug Coverage; Service Area Expansion Application to Offer Prescription Drug Coverage in a New Region; *Use:* Coverage for the prescription drug benefit will be provided through contracted prescription drug plans (PDPs) or through Medicare Advantage (MA) plans that offer integrated prescription drug and health care coverage (MA–PD plans). Cost Plans that are regulated under Section 1876 of the Social Security Act, Employer Group Waiver Plans (EGWP) and PACE plans may also provide a Part D benefit. Organizations wishing to provide services under the Prescription Drug Benefit Program must complete an application, negotiate rates, and receive final approval from CMS. Existing Part D Sponsors may also expand their contracted service area by completing the Service Area Expansion (SAE) application; *Form Number:* CMS–10137 (OMB#: 0938–0936); *Frequency:* Reporting—Other—depending on program areas and data requirements; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal government; *Number of Respondents:* 101; *Total Annual Responses:* 101; *Total Annual Hours:* 3,828.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Publications Use Study; *Use:* The Balanced Budget Act (BBA) of 1997 increased the number and type of health insurance options available to Medicare beneficiaries and implemented new preventative health care benefits. The BBA also gave CMS a greater responsibility to help Medicare beneficiaries better understand these increased health care options and benefits. This research is designed to strengthen the information dissemination efforts by CMS to meet beneficiaries' needs. The current study expands on previous methodology to include surveys of not only print-based publications but of Web-based publications as well. CMS is mandated to provide a range of information about Medicare health care options, benefits, rights and regulations. This research will evaluate how well CMS is currently meeting this mandate; *Form Number:* CMS–10080 (OMB#: 0938–0892); *Frequency:* Recordkeeping and Reporting: Quarterly; *Affected Public:* Individuals or households; *Number of Respondents:* 3880; *Total Annual Responses:* 3880; *Total Annual Hours:* 1,356.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Home Health Advance Beneficiary Notice (HHABN) and Supporting Regulations in 42 CFR 411.404 and 484.10(a) and (e); *Use:* Home Health Agencies (HHAs) are required to provide written notice to Medicare beneficiaries in advance of initiating, terminating or reducing beneficiary service. The notice is designed to ensure that beneficiaries receive complete and useful information to enable them to make informed consumer decisions. HHAs must now issue HHABNs in a broader set of circumstances in conjunction with their responsibilities under the home health Conditions of Participation (COPs) consistent with U.S. Court of Appeals (2nd Circuit) in the *Lutwin* v. *Thompson* court decision. The notice must be issued timely and provide clear and accurate information about the specified services which may no longer be covered by Medicare, including the reason(s) that Medicare denied payment for those services. *Form Number:* CMS–R_296 (OMB#: 0938–0781); *Frequency:* Recordkeeping, Third party disclosure and Reporting: On occasion, Other: As needed; *Affected Public:* Individuals or households, Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 6928; *Total Annual Responses:* 216,000; *Total Annual Hours:* 21,600.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Termination of Premium Hospital and/or Supplementary Medical Insurance and Supporting Regulations in 42 CFR 406.28 & 407.27; *Use:* Under 42 CFR sections 406.28(a) and 407.27(c) a Medicare beneficiary, wishing to voluntarily terminate enrollment in Medicare Supplementary Medical Insurance and/or Premium-Hospital Insurance can file a written request with CMS or the Social Security Administration. The form, Request for Termination of Premium Hospital and/or Supplementary Medical Insurance, was developed to comply with these requirements. *Form Number:* CMS–1763 (OMB#: 0938–0025); *Frequency:* Reporting: Other: One Time Only; *Affected Public:* Individuals or households, Federal, State, Local or Tribal Government; *Number of Respondents:* 14,000; *Total Annual Responses:* 14,000; *Total Annual Hours:* 5,833.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Conditions of Payment of Power Mobility Devices, including Power Wheelchairs and Power-Operated Vehicles (CMS–3017–IFC); *Use:* CMS–3017–IFC (Conditions for Payment of Power Mobility Devices, including Power Wheelchairs and Power-Operated Vehicles) provides further guidance with respect to the prescribing of, and payment for, Power Mobility Devices (PMDs). This rule defines the term ''power mobility devices (PMDs)'' as power wheelchairs and power operated vehicles (POVs or scooters). This rule conforms our regulations to section 302(a)(2)(E)(iv) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The MMA mandated: (1) A face-to-face examination of the individual be conducted by a physician (as defined in section 1861(r)(1) of the Social Security Act (the Act)), a physician assistant, a nurse practitioner or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5) of the Act; and (2) that payment may not be made for a power wheelchair unless the physician or treating practitioner has written a prescription for the item. With this information collection request, CMS is seeking approval for the collection requirements associated with CMS–3017–IFC (70 FR 50940); *Form Number:* CMS–10116 (OMB#: 0938–0971); *Frequency:* Recordkeeping and Reporting—On occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal government, State, Local, or Tribal governments; *Number of Respondents:* 17,000; *Total Annual Responses:* 37,400; *Total Annual Hours:* 37,400.

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/PaperworkReductionActof1995*, 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.

To be assured consideration, comments and recommendations for the proposed information collections must be received at the address below, no later than 5 p.m. on May 23, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—B, Attention: William N. Parham, III, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: March 17, 2006.

Michelle Shortt,

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

[FR Doc. 06–2808 Filed 3–23–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–250]

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:* Skilled Nursing Facility Resident Assessment MDS Data and Supporting Regulations in 42 CFR 413.337, 413.343, 424.32, and 483.20; *Form Number:* CMS–R–250 (OMB#: 0938–0739); *Use:* Skilled Nursing Facilities (SNFs) are required to submit the resident assessment data as described at 42 CFR 483.20 in the manner necessary to administer the payment rate methodology described in 42 CFR 413.337. Pursuant to sections 4204(b) and 4214(d) of Omnibus Budget Reconciliation Act (OBRA) 1987, the current requirements related to the submission and retention of resident assessment data for the 5th, 30th, 60th and 90th days following admission, necessary to administer the payment rate methodology described in 42 CFR 413.337, are subject to the Paperwork Reduction Act. The burden associated with information collection is the sum of the SNF staff time required to complete the Minimum Data Set (MDS), SNF staff time to encode the data, and SNF staff time spent in transmitting the data.; *Frequency:* Reporting—Other, 5th, 14th, 30th, 60th, and 90th days of stay; *Affected Public:* Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 15,352; *Total Annual Responses:* 4,719,118; *Total Annual Hours:* 3,284,247.

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/PaperworkReductionActof1995*, 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.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503. Fax Number: (202) 395–6974.

Dated: March 16, 2006.

Michelle Shortt,

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

[FR Doc. 06–2809 Filed 3–23–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1269–N7]

Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG): Announcement of a New Member

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the selection of a new member of the Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG). The purpose of the EMTALA TAG is to review regulations affecting hospital and physician responsibilities under EMTALA to individuals who come to a hospital seeking examination or treatment for medical conditions.

FOR FURTHER INFORMATION CONTACT: Eric Ruiz, (410) 786–0247. George Morey, (410) 786–4653. Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

Sections 1866(a)(1)(I), 1866(a)(1)(N), and 1867 of the Social Security Act (the Act) impose specific obligations on Medicare-participating hospitals that offer emergency services. These obligations concern individuals who come to a hospital emergency department and request or have a request made on their behalf for examination or treatment for a medical condition. EMTALA applies to all these individuals, regardless of whether or not they are beneficiaries of any program under the Act. Section 1867 of the Act sets forth requirements for medical screening examinations for emergency medical conditions, as well as necessary stabilizing treatment or appropriate transfer.

Regulations implementing the EMTALA legislation are set forth at 42 CFR 489.20(l), (m), (q) and (r)(1), (r)(2), (r)(3), and 489.24. Section 945 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173), requires that the Secretary establish a Technical Advisory Group (TAG) for advice concerning issues related to EMTALA regulations and implementation.

Section 945 of the MMA specifies that the EMTALA TAG—

- Shall review the EMTALA regulations;
- May provide advice and recommendations to the Secretary concerning these regulations and their application to hospitals and physicians;
- Shall solicit comments and recommendations from hospitals, physicians, and the public regarding implementation of such regulations; and
- May disseminate information concerning the application of these regulations to hospitals, physicians, and the public.

The EMTALA TAG, as chartered under the legal authority of section 945 of the MMA, is also governed by the provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2) for the selection of members and the conduct of all meetings.

In the May 28, 2004 **Federal Register** (69 FR 30654), we specified the statutory requirements regarding the