(4) Discovering potential testing problems so that laboratories/testing sites can adjust procedures to eliminate them;

(5) Comparing individual laboratory/testing site results to others at a national and international level, and

(6) Consulting with CDC staff to discuss testing issues.

Participants in the MPEP HIV Rapid Testing program are required to complete a laboratory practices questionnaire survey annually. This questionnaire has a number of changes from the last OMB submission. In addition, participants are required to submit results twice/year after testing mailed performance evaluation samples. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Form | Number of respondents | Frequency of responses | Average burden per response | Total burden hours |
|---|---|---|---|---|
| HIV Rapid Testing Questionnaire | 750 | 1 | 20/60 | 250 |
| HIV Rapid Testing Results Booklet | 750 | 2 | 10/60 | 250 |
| Total | | | | 500 |

Dated: March 29, 2006.

**Betsey Dunaway,**

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

[FR Doc. E6–4919 Filed 4–4–06; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Development and Testing of New Medications for the Treatment of Emerging Infectious Diseases, Request for Applications (RFA) Number CI06–006

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

*Name:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Development and Testing of New Medications for the Treatment of Emerging Infectious Diseases, RFA Number CI06–006.

*Time and Date:* 12 p.m.–4 p.m., April 25, 2006 (Closed).

*Place:* Teleconference.

*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

*Matters to be Discussed:* The meeting will include the review, discussion, and evaluation of applications received in response to: Development and Testing of New Medications for the Treatment of Emerging Infectious Diseases, RFA Number CI06–006.

*For Further Information Contact:* Christine Morrison, PhD, Scientific Review Administrator, Office of Public Health Research, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop D–72, Atlanta, GA 30333, Telephone 404–639–3098.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: March 30, 2006.

**Alvin Hall,**

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

[FR Doc. E6–4932 Filed 4–4–06; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–10066]**

### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

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.

The notices is being published based on the settlement agreement in *Weichardt* v. *Thompson (Weichardt).* Publication of this notice in the **Federal Register** will occur simultaneously with publication of the proposed regulation CMS–4105–P, that is also based on the *Weichardt* v. *Thompson (Weichardt)* agreement.

1. *Type of Information Collection Request:* New Collection.

*Title of Information Collection:* Medicare and Medicare Advantage Programs; Notification Procedures for Hospital Discharges—Generic Notice of Hospital Non-Coverage—Detailed Explanation of Hospital Non-Coverage.

*Use:* Under 42 CFR 405.1205, 405.1206, 422.620, and 422.622, hospitals and Medicare Advantage plans must deliver to beneficiaries and enrollees who are receiving inpatient hospital services, advance notice of discharge on the day before discharge. If the beneficiary chooses to dispute the discharge, the beneficiary is entitled to an expedited determination by a Quality Improvement Organization (QIO) about whether the provider's coverage decision is correct. Upon request for an expedited review of the discharge decision, hospitals and Medicare Advantage plans must deliver detailed notices to the QIO and beneficiaries/enrollees.

*Form Number:* CMS–10066 (OMB#: 0938–New).

*Frequency:* Other: Distribution.

*Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions and Federal, State, Local or Tribal Government.

*Number of Respondents:* 6057.

*Total Annual Responses:* 12,750,000.

*Total Annual Hours:* 1,461,498.