

industry sources), is \$205.00 (\$0.38 × 540).

#### *AFV Manufacturers*

Here, too, staff believes that there are no current start-up costs associated with the Rule, for the same reasons as stated immediately above regarding the non-liquid alternative fuel industry.

However, based on the labeling of an estimated 680,000 new and used AFVs each year at thirty-eight cents for each label (per industry sources), the annual AFV labeling cost is estimated to be \$258,400 (\$0.38 × 680,000).

Thus, estimated total annual non-labor cost burden associated with the Rule is \$259,000 (\$205 + \$258,400), rounded to the nearest thousand.

#### **William Blumenthal,**

*General Counsel.*

[FR Doc. 06-8071 Filed 9-21-06; 8:45 am]

**BILLING CODE 6750-01-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the National Coordinator for Health Information Technology; American Health Information Community Confidentiality, Privacy and Security Workgroup Meeting**

**ACTION:** Announcement of meeting.

**SUMMARY:** This notice announces the third meeting of the American Health Information Community Confidentiality, Privacy and Security Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.)

**DATES:** October 6, 2006, from 11 a.m. to 2 p.m.

**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (please bring photo ID for entry to a Federal building).

**FOR FURTHER INFORMATION CONTACT:** <http://www.hhs.gov/healthit/ahic.html>.

**SUPPLEMENTARY INFORMATION CONTACT:** The workgroup members will discuss outcomes from the testimony hearing held on September 29, 2006, regarding identify proofing and user authentication.

The meeting will be available via Web cast at <http://www.eventcenterlive.com/cfm/ec/login/loginl.cfm?BID=67>.

Dated: September 18, 2006.

#### **Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 06-8069 Filed 9-21-06; 8:45 am]

**BILLING CODE 4150-24-M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the National Coordinator for Health Information Technology; American Health Information Community Biosurveillance Data Steering Group Meeting**

**ACTION:** Announcement of meeting.

**SUMMARY:** This notice announces the seventh meeting of the American Health Information Community Biosurveillance Data Steering Group in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.).

**DATES:** October 3, 2006 from 2 p.m. to 4:30 p.m.

**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (you will need a photo ID to enter a Federal building).

**FOR FURTHER INFORMATION CONTACT:** <http://www.hhs.gov/healthit/ahic.html>.

**SUPPLEMENTARY INFORMATION:** During the meeting, the Workgroup will continue their discussion on the feasibility of filtering a Minimum Data Set.

The meeting will be available via Internet access. Go to <http://www.hhs.gov/healthit/ahic.html> for additional information on the meeting.

Dated: September 18, 2006.

#### **Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 06-8070 Filed 9-21-06; 8:45 am]

**BILLING CODE 4150-24-M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

**[30Day-06-0214]**

#### **Agency Forms Undergoing Paperwork Reduction Act Review**

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) 639-4794 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### **Proposed Project**

National Health Interview Survey (NHIS) 2007-2009, (OMB No. 0920-0214)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

The annual National Health Interview Survey (NHIS) is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. This household-based survey collects demographic and health-related information on a nationally representative sample of persons and households throughout the country. Information is collected using computer assisted personal interviews (CAPI). A core set of data is collected annually and supplements are collected periodically. For 2007, supplementary information will be collected on complementary and alternative medicine and hearing problems. These supplements are sponsored by the National Center on Complementary and Alternative Medicine and the National Institute on Deafness and Other Communication Disorders, both parts of the National Institutes of Health.

In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally-mandated "Health US" and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, "Healthy People 2010." There is no cost to the respondents other than their time. The total estimated annualized burden hours are 38,271.