Dated: November 17, 2005.

Betsey Dunaway,

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

[FR Doc. E5–6505 Filed 11–23–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–06–06AA]

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 404–639–4766 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

The 2nd Injury Control and Risk Survey (ICARIS 2)—Phase 2—New—The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will use data from a telephone survey to measure injury-related risk factors and guide injury prevention and control priorities, including those identified as priorities in ''*Healthy People 2010*'' objectives for the nation. Injuries are a major cause of premature death and disability with associated economic costs of over 150 billion dollars in lifetime costs for persons injured each year. ''*Healthy People 2010*'' objectives and the recent report from the Institute of Medicine, ''*Reducing the Burden of Injury*'', call for reducing this toll. In addition to national efforts, NCIPC funds injury control prevention programs at the state and local levels. The use of outcome data (e.g., fatal injuries) for measuring program effectiveness is problematic because cause-specific events are relatively rare and data on critical risk factors (e.g., whether a helmet was worn in a bike crash, whether a smoke detector was present at a fatal fire, etc.) are often missing. Because these risk factors occur early in the causal chain of injury, injury control programs generally target them to prevent injuries. Accordingly, monitoring the level of injury risk factors in a population can help programs set priorities and evaluate interventions.

The first Injury Control and Risk Factor Survey (ICARIS), conducted in 1994, was a random digit dial telephone survey that collected injury risk factor and demographic data on 5,238 English- and Spanish-speaking adults (18 years of age or older) in the United States. Proxy data were collected on 3,541 children less than 15 years old. More than a dozen peer-reviewed scientific reports have been published from the ICARIS data on related subjects including dog bites, bicycle helmet use, residential smoke detector usage, fire escape practices, attitudes toward violence, suicidal ideation/behavior, and compliance with pediatric injury prevention counseling.

ICARIS–2 is a national telephone survey focusing on injuries. The survey process began in the summer of 2001 and was completed in early 2003. Analyses are currently being conducted on the data collected on nearly 10,000 respondents. The first phase of the survey was initiated as a means for monitoring the injury risk factor status of the nation at the start of the millennium.

The 2nd phase of ICARIS–2 is needed to expand knowledge in areas investigators could not fully explore previously. By using data collected in ICARIS as a baseline, the data collected in Phase-2 will be used to measure changes and gauge the impact of injury prevention policies. This current national telephone survey on injury risk is being implemented to fully monitor injury risk factors and selected year ''*Healthy People 2010*'' injury objectives, as well as evaluate the effectiveness of injury prevention programs. There are no costs to respondents except their time to participate in the survey.

ESTIMATES OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Adult male and female (18 years of age and older)	4,000	1	15/60	1000

Dated: November 17, 2005.

Betsey Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Advisory Board on Radiation and Worker Health

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 committee meeting:

Name: Working Group of the Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH).

Audio Conference Call Time and Date: 10 a.m.–4 p.m., EST, Monday, November 28, 2005.

Place: Audio Conference Call via FTS Conferencing. The USA toll free dial in number is 1–888–810–8159 with a pass code of 69883.

Status: Open to the public, but without a public comment period.

Background: The ABRWH was established under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 to advise the President, delegated to the Secretary, Department of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC.

Purpose: This board is charged with (a) providing advice to the Secretary, HHS on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS on the scientific validity and quality of dose reconstruction efforts performed for this Program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: Agenda for the conference call includes reports from the Working Groups on the Bethlehem Steel Site Profile, Y–12 Site Profile, and a discussion concerning the Board's approach to making an SEC Petition.

The agenda is subject to change as priorities dictate.

In the event a member of the working group cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

For Further Information Contact: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/533–6825, fax 513/533–6826.

Due to administrative issues concerning the topics for discussion, which were not confirmed until this week, the **Federal Register** notice is being published less than fifteen days before the date of the meeting.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Alvin Hall,

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

[FR Doc. E5–6508 Filed 11–23–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1294–N]

RIN 0938–AN99

Medicare Program; Coverage and Payment of Ambulance Services; Inflation Update for CY 2006

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

ACTION: Notice.

SUMMARY: This notice announces an updated Ambulance Inflation Factor (AIF) for payment of ambulance services during calendar year (CY) 2006. The statute requires that this inflation factor be applied in determining the fee schedule amounts and payment limits for ambulance services. The updated AIF for 2006 applies to ambulance services furnished during the period January 1, 2006, through December 31, 2006.

DATES: *Effective date:* The AIF for 2006 is effective for ambulance services furnished during the period January 1, 2006, through December 31, 2006.

FOR FURTHER INFORMATION CONTACT: Anne E. Tayloe, (410) 786–4546.

SUPPLEMENTARY INFORMATION:

I. Background

A. Legislative and Regulatory History

Under section 1861(s)(7) of the Social Security Act (the Act), Medicare Part B (Supplementary Medical Insurance) covers and pays for ambulance services, to the extent prescribed in regulations at 42 CFR Part 410 and Part 414, when the use of other methods of transportation would be contraindicated. The House Ways and Means Committee and Senate Finance Committee Reports that accompanied the 1965 legislation creating the Act suggest that the Congress intended that: the ambulance benefit cover transportation services only if other means of transportation are contraindicated by the beneficiary's medical condition; and only ambulance service to local facilities be covered unless necessary services are not available locally, in which case, transportation to the nearest facility furnishing those services is covered (H.R. Rep. No. 213, 89th Cong., 1st Sess. 37 and S. Rep. No. 404, 89th Cong., 1st Sess., Pt I, 43 (1965)). The reports indicate that transportation may also be provided from one hospital to another, to the beneficiary's home, or to an extended care facility.

Our regulations relating to ambulance services are located at 42 CFR Part 410, subpart B and Part 414, subpart H. Section 410.10(i) lists ambulance services as one of the covered medical and other health services under Medicare Part B. Ambulance services are subject to basic conditions and limitations set forth at § 410.12 and to specific conditions and limitations included at § 410.40. Part 414, subpart H describes how payment is made for ambulance services covered by Medicare.

Ambulance services are divided into different levels of services based on the medically necessary treatment provided during transport as well as into ground (including water) and air ambulance services. These services include the following levels of service.

For Ground:

- Basic Life Support (BLS)
- Advanced Life Support, Level 1 (ALS1)
- Advanced Life Support, Level 2 (ALS2)