Dated: November 29, 2005.

Joan Karr,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
[FR Doc. E5–6811 Filed 12–2–05; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors,
National Center for Infectious Diseases: Meeting

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: Board of Scientific Counselors, National Center for Infectious Diseases (NCID).
Times and Dates: 1 p.m.–5:30 p.m., November 29, 2005; 8:30 a.m.–5 p.m., November 30, 2005.
Place: CDC, Building 19, 1600 Clifton Road, Atlanta, Georgia 30333.
Status: Open to the public, limited only by the space available.
Purpose: The Board of Scientific Counselors, NCID, provides advice and guidance to the Director, CDC, and Director, NCID, in the following areas: Program goals and objectives; strategies; program organization and resources for infectious disease prevention and control; and program priorities.

Matters to Be Discussed: Agenda items will include:
1. Opening Session: NCID Update.
2. CCID Update.
3. Environmental Microbiology.
5. Veterinary-Human Public Health Interface.
7. Topic Updates.
   a. Chronic Wasting Disease.
   b. Quarantine Update.

Other agenda items include announcements/introductions; follow-up on actions recommended by the Board May 2005; consideration of future directions, goals, and recommendations.
Agenda items are subject to change as priorities dictate.

Written comments are welcome and should be received by the contact person listed below prior to the opening of the meeting.
The Federal Register notice is being published less than fifteen days before the date of the meeting.
Contact Person for More Information: Tony Johnson, Office of the Director, NCID, CDC, Mailstop E–51, 1600 Clifton Road, NE., Atlanta, Georgia 30333; e-mail tjohnsoo3@cdc.gov; telephone 404/498–3249.
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.

Dated: November 29, 2005.
Diane Allen,
Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.
[FR Doc. E5–23596 Filed 11–30–05; 9:56 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health (NIOSH)

Name: Continued Discussions of Concepts for Standards for Approval of Respirators for Use against Chemical, Biological, Radiological and Nuclear Agents (CBRN) and Concepts for Standards for Industrial, Powered Air Purifying Respirator (PAPR).
Date and Time: December 13, 2005, 9 a.m.–4 p.m.

The meeting will address concepts for standards for CBRN Closed Circuit, Self-Contained Breathing Apparatus (SCBA), CBRN PAPR, and Industrial PAPR.
Place: Sheraton Station Square Hotel, 300 W. Station Square Drive, Pittsburgh, Pennsylvania 15219–1162.
Purpose: NIOSH will continue discussions of concepts for standards and testing processes for PAPR and Closed Circuit, SCBA suitable for respiratory protection against CBRN agents. NIOSH will also continue conceptualussions for establishing Industrial PAPR requirements. NIOSH, along with the United States Army Research, Development and Engineering Command (RDECOM) and the National Institute for Standards and Technology (NIST), will present information to attendees concerning the concept development for the CBRN PAPR standard and the CBRN Closed Circuit, SCBA standard. Participants will be given an opportunity to ask questions on these topics and to present individual comments for consideration.

Interested participants may obtain a copy of the CBRN PAPR, the Industrial PAPR concept paper, the CBRN Closed Circuit and SCBA concept paper, as well as earlier versions of other concept papers used during the standard development effort, from the NIOSH National Personal Protective Technology Laboratory (NPPTL) Web site, address: http://www.cdc.gov/niosh/nppltl. The November 4, 2005 concept paper will be used as the basis for discussion at the public meeting.

Municipal, state, and Federal responder groups, particularly in locations considered potential terrorism targets, have been developing and modifying response and contingency management plans for domestic security and preparedness issues. Since the World Trade Center and anthrax incidents, most emergency response agencies have operated with a heightened appreciation of the potential scope and sustained resource requirements for coping with such events. The Federal Interagency Board for Equipment Standardization and Interoperability (IAB) has worked to identify personal protective equipment that is already available on the market for responders’ use. The IAB has identified the development of standards or guidelines for respiratory protection equipment as a top priority. NIOSH, NIST, the National Fire Protection Association (NFPA), and the Occupational Safety and Health Administration have entered into a Memorandum of Understanding defining each agency or organization’s role in developing, establishing, and enforcing standards or guidelines for responders’ respiratory protective devices. NIST has initiated Interagency Agreements with NIOSH and RDECOM to aid in the development of appropriate protection standards or guidelines. NIOSH has the lead in developing standards or guidelines to test, evaluate, and approve respirators. NIOSH, RDECOM, and NIST hosted public meetings on April 17 and 18, 2001; June 18 and 19, 2002; October 16 and 17, 2002; April 29, 2003; June 25, 2003; October 16, 2003; May 4, 2004; December 13, 2004; and May 24 and 20, 2005; presenting their progress in assessing respiratory protection needs of responders to CBRN incidents. The methods or models for developing hazard and exposure estimates, and the status in evaluating test methods and performance standards that may be applicable as future CBRN respirator standards or guidelines were discussed at these meetings. Three NIOSH CBRN respirator standards and several NFPA standards for ensembles, SCBA, and protective clothing were the first adopted by the U.S. Department of Homeland Security (DHS). On February 26, 2004, DHS adopted, as DHS standards, three NIOSH criteria for testing and certifying respirators for protection against CBRN exposures. NIOSH uses the criteria to test (1) SCBA for use by emergency responders against CBRN, (2) PAPR for use by emergency responders against CBRN exposures,
and (3) escape respirators for protection against CBRN.

Status: This meeting is hosted by NIOSH and will be open to the public, limited only by the space available. The meeting room will accommodate approximately 150 people. Interested parties should make hotel reservations directly with the Sheraton Station Square Hotel (412–261–2000 or 800–325–3535) before the cut-off date of December 8, 2005. A special group rate of $91 per night for meeting guests has been negotiated for this meeting. The NIOSH/NPPTL Public Meeting must be referenced to receive this rate. Interested parties should confirm their attendance to this meeting by completing a registration form and forwarding it by e-mail (npptlevents@cdc.gov) or fax (304–225–2003) to the NPPTL Event Management Office. A registration form may be obtained from the NIOSH Homepage (http://www.cdc.gov/niosh) by selecting conferences and then the event.

An opportunity to make presentations regarding the discussions of concepts for standards and testing processes for PAPR standards and for Closed Circuit, SCBA standards suitable for respiratory protection against CBRN agents and PAPRs for industrial applications of NIOSH-approved CBRN respirators will be given. Requests to make such presentations at the public meeting should be made by e-mail to the NPPTL Event Management Office (npptlevents@cdc.gov). All requests to present must include the name, address, telephone number, relevant business affiliations of the presenter, a brief summary of the presentation, and the approximate time requested for the presentation. Oral presentations should be limited to 15 minutes. After reviewing the requests for presentation, NPPTL Event Management will notify each presenter of the approximate time that their presentation is scheduled to begin. If a participant is not present when their presentation is scheduled to begin, the remaining participants will be heard in order. At the conclusion of the meeting, an attempt will be made to allow presentations by any scheduled participants who missed their assigned times. Attendees who wish to speak but did not submit a request for the opportunity to make a presentation may be given this opportunity at the conclusion of the meeting, at the discretion of the presiding officer.

Comments on the topics presented in this notice and at the meeting should be mailed to: NIOSH Docket Office, Robert A. Taft Laboratories, M/S C34, 4676 Columbia Parkway, Cincinnati, Ohio 45226, Telephone 513–533–8303, Fax 513–533–8285. Comments may also be submitted by e-mail to niocindocket@cdc.gov. E-mail attachments should be formatted in Microsoft Word. Comments regarding the Industrial PAPR should reference Docket Number NIOSH–008 in the subject heading. Comments regarding CBRN PAPR should reference Docket Number NIOSH–010 in the subject heading. Comments regarding the CBRN Closed Circuit, SCBA should reference Docket Number NIOSH–439.

Due to administrative issues that had to be resolved, the Federal Register notice is being published on short notice.

FOR FURTHER INFORMATION CONTACT: NPPTL Event Management, 3604 Collins Ferry Road, Suite 100, Morgantown, West Virginia 26505–2353, Telephone 304–599–5941 x138, Fax 304–225–2003, E-mail npptlevents@cdc.gov.

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.

Dated: November 30, 2005.

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

[FR Doc. 05–23653 Filed 12–1–05; 10:03 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers For Medicare & Medicaid Services

Privacy Act of 1974; Report of a New System of Records

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice of a New System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system of records title, “Implantable Cardioverter-Defibrillator (ICD) System, System No. 09–70–0548.” National coverage determinations (NCDs) are determinations by the Secretary with respect to whether or not a particular item or service is covered nationally under title XVIII of the Social Security Act (the Act) § 1860(f)(1)(B). In order to be covered by Medicare, an item or service must fall within one or more benefit categories contained within Part A or Part B, and must not be otherwise excluded from coverage. Moreover, with limited exceptions, the expenses incurred for items or services must be “reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.” § 1862(a)(1)(A). CMS has determined that the evidence is adequate to conclude that an implantable cardioverter-defibrillator (ICD) is reasonable and necessary in several patient groups where certain criteria for these patients have been met. The reasonable and necessary determination requires that patients meet the ICD implantation criteria set forth in the decision memorandum and are consistent with the trials discussed. Collection of these data elements allows that determination to be made.

The purpose of this system is to provide reimbursement for ICDs and assist in the collection of data on patients receiving an ICD for primary prevention to a data collection process to assure patient safety and protection and to determine that the ICD is reasonable and necessary. Information retrieved from this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor or consultant; (2) assist another Federal or state agency with information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (3) to an individual or organization for a research project or in support of an evaluation project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects; (4) support constituent requests made to a congressional representative; (5) support litigation involving the agency; and (6) combat fraud and abuse in certain health benefits programs. We have provided background information about the modified system in the “Supplementary Information” section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed routine uses, CMS invites comments on all portions of this notice. See EFFECTIVE DATES section for comment period.

EFFECTIVE DATE: CMS filed a new SOR report with the Chair of the House Committee on Government Reform and