

Exhibits X and Y to Complainants' Memorandum of Fact and Arguments.² Respondents shall file their response to the Complainants' Motion for Protective Order no later than November 13, 2006 (See 46 CFR 502.74). Respondents shall also advise whether they consent to this Complaint being processed under the shortened procedures of Subpart K (See 46 CFR 502.181–187). Should Respondents consent to the shortened procedure, Respondents' Answering Memorandum shall be served no later than twenty-five (25) days after the Administrative Law Judge issues his ruling on Complainants' Motion for Protective Order (See 46 CFR 502.183). Should Respondents not consent to the shortened procedure, Respondent shall file an answer to the Complaint pursuant to the Commission's Rules of Practice and Procedure, within twenty (20) days of the Administrative Law Judge's ruling on the Complainants' Motion for Protective Order (See 46 CFR 502.64).

This proceeding has been assigned to the Office of the Administrative Law Judges. Complainants have requested that their complaint be handled Pursuant to Subpart K—Shortened Procedure of the Commission's Rules (46 CFR 502.181–187). With the consent of the parties and with the approval of the presiding officer, this proceeding may be conducted under the shortened procedure without oral hearing, except that a hearing may be ordered by the presiding officer at the request of either party to the proceeding or at the presiding officer's discretion. If Respondents do not consent to this shortened procedure, the matter will be governed by Subpart E of the Commission's Rules. Pursuant to the further terms of 46 CFR 502.61, the initial decision of the presiding officer in this proceeding shall be issued by March 27, 2007, and the final decision of the Commission shall be issued by June 22, 2007.³

Bryant L. VanBrakle,
Secretary.

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² As required by the Commission's Rules, Complainants also filed a "Public" redacted version of the Memorandum of Facts and Arguments which is being provided to the Respondents. The Confidential version may be made available pursuant to the Administrative Law Judges ruling on the Motion for Protective Order.

³ Should this proceeding not be conducted pursuant to Subpart K, these dates will be adjusted.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS).

Time and Date: November 28, 2006, 9 a.m.–3:15 p.m. November 29, 2006, 9 a.m.–12 p.m.

Place: Hubert H. Humphrey Building, 200 Independence Avenue SW., Room 505A, Washington, DC 20201.

Status: Open.

Purpose: At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day the Committee will hear updates and status reports from the Department on various topics including activities of the HHS Data Council, and updates on HIPAA implementation, clinical data standards, the E-Prescribing Final Rule, and Privacy Rule compliance. They will also work on letters to the HHS Secretary on the National Provider Identifier (NPI), and applications of the Consolidated Health Informatics Initiative (CHI) for disability information. In the afternoon the Committee will discuss the 8th report to Congress on HIPAA implementation and hear updates from Subcommittees. A briefing on secondary uses of health data by an industry group has also been scheduled.

On the morning of the second day the Committee will continue working on the NPI and CHI letters. They will also be briefed on the status of the Health Information Security Privacy Collaboration, a project designed to assess how organizational business policies, practices, and State laws regarding privacy and security affect health information exchanging on a national level. There will be an update from the National Center for Health Statistics's Board of Scientific Counselors and a discussion on International Classifications and related activities. Subcommittees will then have the opportunity to provide additional updates on their work and a short discussion of future agendas and the meeting will adjourn.

The times shown above are for the full Committee meeting. Subcommittee breakout sessions are scheduled for late in the afternoon of the first day and in the morning prior to the full Committee meeting on the second day. Agendas for

these breakout sessions will be posted on the NCVHS Web site (URL below) when available.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EE0 (4336) as soon as possible.

Dated: October 25, 2006.

James Scanlon,

Deputy Assistant Secretary for Planning and Evaluation (OSDP), Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 06–9019 Filed 11–1–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the National Advisory Council for Healthcare Research and Quality

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

DATES: The meeting will be held on Thursday November 2, from 4 p.m. to 6 p.m., and from Friday, November 3, from 9 a.m. to 2 p.m., and is open to the public. The Notice will not be published 15 days prior to the meeting because it was regrettably delayed due to administrative difficulties.

ADDRESSES: The meeting will be held at the Courtyard by Marriott, Gaithersburg Washingtonian Center, 204 Boardwalk Place, Gaithersburg, Maryland.

FOR FURTHER INFORMATION CONTACT: Deborah Queenan, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850, (301) 427–1330. For press-related

information, please contact Karen Migdail at (301) 427-1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1144 no later than October 30, 2006. The agenda, roster, and minutes are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Quality and Research, 540 Gaither Road, Rockville, Maryland 20850. Her phone number is (301) 427-1554.

SUPPLEMENTARY INFORMATION:

1. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) established the National Advisory Council for Healthcare Research and Quality. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, reduce the costs of health care services, improve access to such services through scientific research, and to promote improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of members of the public appointed by the Secretary and Federal ex-officio members.

II Agenda

On Thursday, November 2, the Council meeting will begin at 4 p.m., with the call to order by the Council Chair and approval of previous Council minutes. The Director, AHRQ, will present her update on AHRQ's current research, programs, and initiatives. Following the update, the Council will discuss the topic *Visioning the Future*. The discussion of *Visioning the Future* will continue Friday morning, November 3. The official agenda will be available on AHRQ's Web site at <http://www.ahrq.gov> no later than November 1, 2006.

Dated: October 30, 2006.

Carolyn M. Clancy,

Director.

[FR Doc. 06-9039 Filed 10-31-06; 10:10 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: Department of Health and Human Services (HHS), Center for Medicare & Medicaid Services (CMS).

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 titled, "Evaluation of Drug Usage Under the Staff Time and Resource Intensity Verification Study (STRIVE), System No. 09-70-0595." Section 1888(e)(G) of the Social Security Act (the Act) authorizes the Secretary of HHS to provide for payment adjustments to the skilled nursing facility (SNF) prospective payment system (PPS) through a resident classification system established by the Secretary that accounts for the relative resource utilization of different patient types. The case mix adjustment shall be based on resident assessment data and other data the Secretary considers appropriate. To accomplish this task, CMS is currently undertaking a national nursing home time study known as STRIVE, of which this data will be a part.

The purpose of this system is to collect and maintain during the STRIVE time study individually identifiable information on selected beneficiaries' medication utilization while in a nursing home, skilled nursing facility or swing bed hospital. Information retrieved from this system may be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor, grantee, or consultant. We have provided background information about the new 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 Date* section for comment period.

DATES: *Effective Date:* CMS filed a new SOR report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Homeland Security & Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of

Management and Budget (OMB) on October 27, 2006. To ensure that all parties have adequate time in which to comment, the new system will become effective 30 days from the publication of the notice, or 40 days from the date it was submitted to OMB and the Congress, whichever is later. We may defer implementation of this system or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.

ADDRESSES: The public should address comment to the CMS Privacy Officer, Division of Privacy Compliance, Enterprise Architecture and Strategy Group, Office of Information Services, Mail-stop N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location by appointment during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern time.

FOR FURTHER INFORMATION CONTACT: Julie Stankivic, Division of Institutional Post Acute Care, Chronic Care Policy Group, Center for Medicare Management, Mail Stop C5-06-27, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1849. She can be reached by telephone at 410-786-5725, or via e-mail at Julie.Stankivic@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: Section 4008(k) of the Omnibus Reconciliation Act of 1990 (Public Law (Pub. L.) 101-508) required the Secretary to develop a proposal either to modify the then-current system under which SNFs received payment for extended care services under Part A of the Medicare program or to replace such a system with a system under which such payment would be made on the basis of a prospectively determined rate. In developing a proposal for the new system, the Secretary was required to "provide for adjustments to prospectively determined rates to account for changes in a facility's case mix, volume of cases, and the development of new technologies and standards for medical practice." Section 4432 of the Balanced Budget Act of 1997 (Pub. L. 105-33) mandated a PPS for all SNFs for cost reporting periods beginning on or after July 1, 1998.

Resident drug data may enable CMS to recalibrate the weights associated with the provision of non-therapy ancillary services to residents in SNFs and swing bed hospitals subject to the SNF PPS. In order to adjust the rates to account for changes in a facility's case mix, volume of cases and development of new technologies and standards of