

Peter J. King,

Deputy Director, Bureau of Certification and Licensing.

[FR Doc. E5-8321 Filed 1-4-06; 8:45 am]

BILLING CODE 6730-01-P

FEDERAL MARITIME COMMISSION**Ocean Transportation Intermediary License Revocations**

The Federal Maritime Commission hereby gives notice that the following Ocean Transportation Intermediary licenses have been revoked pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. app. 1718) and the regulations of the Commission pertaining to the licensing of Ocean Transportation Intermediaries, effective on the corresponding date shown below:

License Number: 004059F.

Name: Pacific Multi-Modal, Inc.

Address: 840 West 12th Street, Long Beach, CA 90813.

Date Revoked: November 30, 2005.

Reason: Failed to maintain a valid bond.

License Number: 018249F.

Name: JJB Trucking Services Corp. & Shipping.

Address: 333 N. Broad Street, Elizabeth, NJ 07200.

Date Revoked: December 2, 2005.

Reason: Failed to maintain a valid bond.

License Number: 003722F.

Name: Falcon Transportation & Forwarding Corp.

Address: 500 Bi-County Boulevard, Suite 213N, Farmingdale, NY 11735.

Date Revoked: November 20, 2005.

Reason: Failed to maintain a valid bond.

License Number: 018793NF.

Name: Berr International, Inc.

Address: 8344 NW 30 Terrace, Miami, FL 33122.

Date Revoked: December 17, 2005.

Reason: Failed to maintain a valid bond.

License Number: 001227F.

Name: Fast Shipping Co.

Address: P.O. Box 523363, Miami, FL 33152.

Date Revoked: November 23, 2005.

Reason: Surrendered license voluntarily.

License Number: 015593NF.

Name: Cross Trans Service USA, Inc.

Address: 1480 Elmhurst Road, Elk Grove, IL 60007.

Date Revoked: December 18, 2005.

Reason: Failed to maintain a valid bond.

License Number: 016626NF.

Name: Touchstone Shipping &

Logistics, Inc. dba JBS Transport Line.

Address: 17350 SH 249, Suite 320, Houston, TX 77064.

Date Revoked: November 25, 2005.

Reason: Failed to maintain a valid bond.

Peter J. King,

Deputy Director, Bureau of Certification and Licensing.

[FR Doc. E5-8314 Filed 1-4-06; 8:45 am]

BILLING CODE 6730-01-P

FEDERAL RESERVE SYSTEM**Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center Web site at <http://www.ffiec.gov/nic/>.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 31, 2006.

A. Federal Reserve Bank of Atlanta
(Andre Anderson, Vice President) 1000 Peachtree Street, NE., Atlanta, Georgia 30303:

1. *Whitney Holding Corporation*, New Orleans, Louisiana, to merge with First National Bancshares, Inc., and thereby indirectly acquire 1st National Bank and Trust, both of Bradenton, Florida.

Board of Governors of the Federal Reserve System, December 30, 2005.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E5-8302 Filed 1-4-06; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Agency for Healthcare Research and Quality****Medicare Prescription Drug, Improvement, and Modernization Act of 2003; Section 1013: Identification of Priority Topics for Effective Health Care Research**

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

ACTION: Notice of invitation to submit research recommendations.

SUMMARY: The U.S. Department of Health and Human Services invites suggestions from interested organizations and knowledgeable individuals regarding the highest priorities for research, demonstration, and evaluation projects to support and improve the Medicare, Medicaid, and State Children Health Insurance (SCHIP) programs.

The research and other activities undertaken and authorized by the above-captioned or above referenced statutory provision may address:

1. The outcomes, comparative clinical effectiveness, and appropriateness of health care items and services (including prescription drugs); and
2. Strategies for improving the efficiency and effectiveness of such programs, including the ways in which such items and services are organized, managed, and delivered under such programs.

The statute:

- a. Requires the establishment of a priority setting process for identifying the most important topics to address;
- b. Establishes a timetable for development of an initial priority list and completion of the research; and
- c. Requires ongoing consultation with relevant stakeholders.

To review the text of section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, please visit *Section 1013. Research on Outcomes of Health Care Items and Services* (PDF 21.7 KB) or <http://www.medicare.gov/medicarereform/108s1013.htm> (text).

Current priority conditions being studied focus on topics particularly relevant to Medicare beneficiaries. The

next set of priority conditions will be expanded to include conditions relevant to the Medicaid and SCHIP programs.

The current priority conditions are:

- Arthritis and non-traumatic joint disorders.
- Cancer.
- Chronic obstructive pulmonary disease and asthma.
- Dementia including Alzheimer's disease.
- Depression and other mood disorders.
- Diabetes mellitus.
- Ischemic heart disease.
- Peptic ulcer disease and dyspepsia.
- Pneumonia.
- Stroke and hypertension.

DATES: Research recommendations for the next priority conditions list must be received by March 1, 2006.

ADDRESSES: Recommendations for consideration and possible inclusion in the next priority list may be submitted electronically to the Effective Health Care Program Web site, <http://www.EffectiveHealthCare.ahrq.gov>, or e-mailed to

EffectiveHealthCare@ahrq.gov.

Recommendations may also be mailed to: AHRQ Effective Health Care Program c/o Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850.

All comments will be posted in an electronic reading room at: <http://www.EffectiveHealthCare.ahrq.gov>.

FOR FURTHER INFORMATION CONTACT: Effective Health Care Program at (301) 427-1502 or EffectiveHealthCare@ahrq.gov.

More information about the Effective Health Care Program is available at <http://www.EffectiveHealthCare.ahrq.gov>.

SUPPLEMENTARY INFORMATION:

Recommendations for research that are made by the Centers for Medicare & Medicaid Services (CMS), the States, and other stakeholders will be reviewed and prioritized by a steering committee composed of representatives from the following components of the U.S. Department of Health and Human Services:

- Office of the Secretary.
- Assistant Secretary for Planning and Evaluation (ASPE).
- Assistant Secretary for Budget, Technology, and Finance (ASBTF).
- Centers for Medicare & Medicaid Services (CMS).
- Food and Drug Administration (FDA).
- Agency for Healthcare Research and Quality (AHRQ, the agency designated by the statute to carry out the research).

If issues arise for which the expertise of other components of the U.S. Department of Health and Human Services or other Federal departments would be helpful in prioritizing suggested research topics, representatives from those entities will be added to, or consulted by the Steering Committee as warranted.

Steering Committee staff will prepare a preliminary ranking of suggested topics for study taking into consideration factors suggested by the terms of Section 1013(a)(2)(C): Health care items or services that impose high costs on Medicare, Medicaid, or SCHIP programs; those which may be underutilized or overutilized; and those which may significantly improve the prevention, treatment, or cure of diseases and conditions which impose high direct or indirect costs on patients or society.

Stakeholder Consultation

The statute requires a broad, ongoing process of consultation with relevant stakeholders. Because two of the programs addressed by the statute are administered by the States, the Department will work with the States to develop an effective process for identifying their priority recommendations for research.

To meet the requirement for ongoing consultation with other stakeholders, the Department will issue a specific solicitation for research recommendations every year and will permit stakeholders to submit research recommendations throughout the year.

Dated: December 28, 2005.

Carolyn M. Clancy,

Director.

[FR Doc. 06-69 Filed 1-4-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 70 FR 72842-72843, dated December 7, 2005) is amended to reflect the reorganization of the Office of Health and Safety, within the Office of

the Director, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the titles and functional statements for the *Office of Health and Safety (CA1)*.

After the mission statement for the Management Information Systems Office (CAJN), Office of the Chief Operating Officer (CAJ), insert the following:

Office of Health and Safety (CAJP).
The key responsibility of the Office of Health and Safety (OHS) of the Centers for Disease Control and Prevention (CDC) is to protect the welfare of workers as they carry out their public health mission. By creating a safe, healthful workplace environment, by preventing work-related injury and illness, and by promoting safe work practices, the office improves worker morale, increases efficiency and contributes to the creation of sound public health science. OHS also serves as a significant resource of subject matter expertise for the national and international community in the field of biosafety, and works with key partners, such as the World Health Organization and others, on critical health and safety issues around the globe.

More specifically, the OHS: (1) Provides leadership and service for the CDC Health and Safety Program (HSP) to proactively ensure safe and healthy workplaces at CDC worksites for CDC employees, contractors, and visitors (including deployed personnel), and to protect the environment and communities adjacent to CDC-owned and leased facilities; (2) promotes healthy and safe work practices to prevent injury and illness, and provides occupational medical, employee assistance, and worksite health promotion/lifestyle services; (3) provides advice and counsel to the CDC Director and other senior OD and national centers' staff on health, safety, and environment-related matters, and to individuals and organizations nationally and internationally, as requested; (4) provides advice, counsel, and direct support services to supervisors and employees on health, safety, and environment-related matters; (5) assures compliance with applicable federal, state, and local health, safety, and environmental (HSE) laws and regulations; (6) provides liaison with both CDC safety officers and staff, and other partners such as Health and Human Services (HHS) health and safety officials, Occupational Safety and Health Administration (OSHA), Environmental Protection Agency