

Dated: December 22, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99-33940 Filed 12-29-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-0232]

Agency Information Collection Activities: Submission for OMB Review; Comment Request.

AGENCY: Health Care Financing Administration; HHS,

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Medicare Program Integrity Program Organizational Conflict of Interest Disclosure Certificate and Supporting Regulations in 42 CFR 421.310 and 421.312;

Form No.: HCFA-R-0232 (OMB# 0938-0723); *Use:* This information is used to assess whether contractors who perform, or who seek to perform, Medicare Integrity Program functions, such as medical review, fraud review or cost audits, have organizational conflicts of interest and whether any conflicts have been resolved. The entities providing the information will be organizations that have been awarded, or seek award of, a Medicare Integrity Program contract; *Frequency:* On occasion; *Affected Public:* Businesses or other for profit; *Number of Respondents:* 10; *Total Annual*

Responses: 10; *Total Annual Hours:* 2,400.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: December 6, 1999.

John Parmigiani,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99-33987 Filed 12-29-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health and Human Services

National Heart, Lung, and Blood Institute; Proposed Collection; Comment Request The Multi-Ethnic Study of Atherosclerosis

Summary

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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: The Multi-Ethnic Study of Atherosclerosis.

Type of Information Request: New.

Need and Use of Information Collection: MESA is a cohort study evaluating people aged 45-84 years and measures of subclinical disease cardiovascular disease (disease detected before it has produced signs and symptoms) that predict progression to clinically overt disease in a diverse

population. The purpose is to develop population-based methods for identifying asymptomatic people at high risk of clinical events. The results of this study will allow application for future screening for identification of people at increased risk for cardiovascular disease and intervention studies for treatment of those at increased risk. This study will include a substantial proportion of previously understudied minority groups.

Need and use of Information Collection; Frequency of Response; Affected Public and Type of Respondents: The annual reporting burden is as follows:

Estimated number of Respondents: 16,514;

Estimated Responses/Respondent: 3.88;

Average Burden Hours/Response: 4.55; and

Estimated Total Annual Burden Hours Requested: 25,070.

There are no costs for respondents. Estimated annualized cost for information collection for a 10-year period (in thousands) is \$6870. The estimated annualized start-up costs are \$756, and the estimated annualized operating and maintenance costs are \$6114.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information will have practical utility; (2) The accuracy of the agency's estimate of burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information

To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Robin Boineau, Epidemiology and Biometry Program, Division of Epidemiology and Clinical Applications, NHLBI, NIH, II Rockledge Centre, 6701 Rockledge Drive, MSC # 7934, Bethesda, MD, 20892-7934, or call non-toll-free number (301) 435-0707, or E-mail your request, including your address to: boineau@nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before February 28, 2000.

Dated: December 22, 1999.

Peter Savage,

Acting Director, Division of Epidemiology and Clinical Applications.

[FR Doc. 99-33910 Filed 12-29-99; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Proposed Collection; Comment Request, the Framingham Study

Summary

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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: The Framingham Study.

Type of Information Collection

Request: Revision of a currently approved collection (OMB NO. 0925-0216).

Need and Use of Information

Collection: This project involves physical examination and testing of the surviving members of the original Framingham Study cohort and the surviving members of the offspring cohort. Investigators will contact doctors, hospitals, and nursing homes to ascertain participants' cardiovascular events occurring outside the study clinic. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of

cardiovascular disease in middle aged and older men and women.

Frequency of Response: The cohort participants respond every two years; the offspring participants respond every four years.

Affected Public: Individuals or households; Businesses or other for profit; Small businesses or organizations.

Type of Respondents: Middle aged and elderly adults; doctors and staff of hospitals and nursing homes.

The annual reporting burden is as follows:

Estimated Number of Respondents: 2,865;

Estimated Number of Responses per Respondent: 3,398;

Average Burden Hours Per Response: 0.6321; and

Estimated Total Annual Burden Hours Requested: 6,154.

The annualized cost to respondents is estimated at \$61,540, assuming respondents time at the rate of \$10 per hour. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Framingham Original Cohort	340	3,912	0.3496	465
Framingham Offspring Cohort	1,267	5,642	0.7300	5,218
Physician, hospital, nursing home staff ¹	629	1.0	0.6700	421
Framingham next-of-kin ¹	629	1.0	0.0800	50
Total	2,865	—	—	6,154

¹ Annual burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events occurring outside the Framingham examining clinic.

Request For Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information-to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information

To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Paul Sorlie, Project Officer, NIH, NHLBI, 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892-7934, or call non-toll-free number (301) 435-0456 or E-mail your request, including your address to: SorlieP@nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before February 28, 2000.

Dated: December 14, 1999.

Lawrence Friedman,

Director, Division of Epidemiology and Clinical Applications.

[FR Doc. 99-33911 Filed 12-29-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary and Alternative Medicine; Notice of Meeting

Pursuant to Section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. appendix 2), notice is hereby given of the National Advisory Council for Complementary and Alternative Medicine (NACCAM).

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.