

functions related to control of communicable diseases to be performed by the NAHC. The NAHC was terminated by section 3(a)(1) of Pub. L. 99-158 (99 Stat. 878). Section 222 of the PHS Act (42 U.S.C. 217a) authorizes the appointment of such advisory councils as the Secretary deems appropriate, and Reorganization Plan No. 3 of 1966 transferred all functions of the Surgeon General of the Public Health Service to the Secretary.

**FOR FURTHER INFORMATION CONTACT:**

Direct questions concerning this Advisory Council to LaVerne Burton, Executive Secretary. Ms. Burton can be reached by mail at 200 Independence Ave., SW, Washington, DC 20201, or by phone at 202-690-5627.

Dated: June 27, 2000.

**Donna E. Shalala,**  
Secretary.

The Secretary of Health and Human Services

Washington, DC 20201

Communicable Diseases Advisory Council

A Communicable Diseases Advisory Council (the Council) is hereby established to provide advice on communicable diseases, regulations, and related matters, formerly provided by the National Advisory Health Council for control of communicable diseases pursuant to Section 361 of the Public Health Service Act (PHS Act).

The members of the Council are the Assistant Secretary for Health, the Surgeon General of the Public Health Service, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, the Director of the National Institute of Allergy and Infectious Diseases and the Director of the National Center for Infectious Diseases.

The Council shall be chaired by the Assistant Secretary for Health, who shall convene the Council as necessary and who shall be responsible for rendering any advice or reports required of the Council.

**Authority:** Section 361 of the PHS Act [42 U.S.C. 264] requires certain advisory functions related to control of communicable diseases to be performed by the National Advisory Health Council (NAHC). The NAHC was terminated by Section 3(a)(1) of PL 99-158 (99 Stat. 878). Section 222 of the PHS Act (42 U.S.C. 217a) authorizes the appointment of such advisory councils as the Secretary deems appropriate, and Reorganization Plan No. 3 of 1966 transferred all functions of the Surgeon General of the Public Health Service to the Secretary.

Donna E. Shalala,  
Secretary.

[FR Doc. 00-16654 Filed 6-29-00; 8:45 am]

**BILLING CODE 4510-26-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Draft Public Health Action Plan To Combat Antimicrobial Resistance; Correction**

In the notice document appearing on page 38832 in the **Federal Register** issue of Thursday, June 22, 2000, make the following corrections:

On page 38833 under both headings **FOR FURTHER INFORMATION CONTACT** and **ADDRESSES** the fax number should read: 404/371-5489; the URL is: <http://www.cdc.gov/drugresistance/actionplan/>.

Dated: June 26, 2000.

**Thena M. Durham,**

Director, Executive Secretariat, Centers for Disease Control and Prevention.

[FR Doc. 00-16548 Filed 6-29-00; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

[Document Identifier: HCFA-1763]

**Agency Information Collection Activities: Proposed Collection; 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:* Request for Termination of Premium Hospital and/or Supplementary Medical Insurance and Supporting Regulations in 42 CFR 406.28 and 407.27;

*Form No.:* HCFA-1763 (OMB No. 0938-0025);

*Use:* The HCFA-1763 is used by beneficiaries to request voluntary termination from premium hospital and/or supplementary medical insurance.

*Frequency:* One time only;

*Affected Public:* Individuals or Households, Federal Government, and State, Local or Tribal Government;

*Number of Respondents:* 14,000;

*Total Annual Responses:* 14,000;

*Total Annual Hours:* 5,833.

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](mailto: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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 22, 2000.

**John P. Burke III,**

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

[FR Doc. 00-16595 Filed 6-29-00; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

[Document Identifier: HCFA-R-295]

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

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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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:* Revision of a currently approved collection.

*Title of Information Collection:* Medicare CAHPS Disenrollment Survey.

*Form No.:* HCFA-R-295 (OMB# 0938-0779).

*Use:* This survey is used to collect information from Medicare beneficiaries who have disenrolled from their health plans during the past year. The purpose of this information is to obtain their ratings of their former plans and the reasons why they left. The survey results will be reported to all beneficiaries in print and on the Internet for the purpose of informed choices. Secondary uses of survey results include quality improvement and contract oversight.

*Frequency:* Quarterly, Annually.

*Affected Public:* Individuals or Households.

*Number of Respondents:* 112,800.

*Total Annual Responses:* 90,240.

*Total Annual Hours:* 39,744.

To obtain copies of the supporting statement 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 and phone number, to [Paperwork@hcfa.gov](mailto: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 designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: May 30, 2000.

**John P. Burke III,**

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

[FR Doc. 00-16594 Filed 6-29-00; 8:45 am]

**BILLING CODE 4120-03-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

**[Document Identifier: HCFA-0368 and HCFA-R-0144]**

#### 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:* Medicaid Drug Rebate; *Form No.:* 0938-0582; *Use:* Section 1927 requires State Medicaid agencies to report to drug manufacturers and HCFA on the drug utilization for their State and the amount of rebate to be paid by the manufacturer; *Frequency:* Quarterly; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 204; *Total Annual Hours:* 6,125.

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](mailto: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: May 25, 2000.

**John P. Burke III,**

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

[FR Doc. 00-16596 Filed 6-29-00; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

**[Document Identifier: HCFA-0367, 0367a, b, and c]**

#### 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:* Medicaid Drug Rebate Program—Manufacturers; *Form No.:* HCFA-0367 and 0367a, b, and c (0938-0578); *Use:* Section 1927 requires drug manufacturers to enter into and have in effect a rebate agreement with