

MHC locus influencing class I peptide display." Additionally, Dr. Simmons was responsible for falsifying Figure 3 published in *J. Immunol.* 159:2750–2759, 1997, by substituting preparations of chemically synthesized oligopeptide for natural peptides obtained from T cells isolated from B27 transgenic rats. These actions adversely and materially affected the laboratory's ongoing research into the role that human histocompatibility leukocyte antigens play in the development of disease.

The publications affected are:

- Simmons, W.A., Summerfield, S.G., Roopenian, D.C., Slaughter, C.A., Suberi, A.R., Gaskell, S.J., Bordoli, R.S., Hoyes, J., Moomaw, C.R., Colbert, R.A., Leong, L.Y., Butcher, C.W., Hammer, R.E., & Taurog, J.D. "Novel HY peptide antigens presented by HLA-B27." *J. Immunol.* 159:2750–2759, 1997 (being retracted).

- Simmons, W.A., Leong, L.Y., Satumtira, N., Butcher, G.W., Howard, J.C., Richardson, J.A., Slaughter, C.A., Hammer, R.F., & Taurog, J.D. "Rat MHC-linked peptide transporter alleles strongly influence peptide binding by HLA-B27 but not B27-associated inflammatory disease." *J. Immunol.* 156:1661–1667, 1996 (being retracted).

- Simmons, W.A., Roopenian, D.C., Summerfield, S.G., Jones, R.C., Galocha, B., Christianson, G.J., Maika, S.D., Zhou, M., Gaskell, S.J., Bordoli, R.S., Ploegh, H.L., Slaughter, C.A., Lindahl, K.F., Hammer, R.E., & Taurog, J.D. "A new MHC locus that influences class I peptide presentation." *Immunity* 7:641–651, 1997 (retracted).

- Simmons, W.A., Taurog, J.D., Hammer, R.E., & Breban, M. "Sharing of an HLA-B27-restricted H-Y antigen between rat and mouse." *Immunogenetics* 38:351–358, 1993 (retracted).

- Zhou, M., Sayad, A., Simmons, W.A., Jones, R.C., Maika, S.D., Satumtira, N., Dorris, M.L., Gaskell, S.J., Bordoli, R.S., Sartor, R.B., Slaughter, C.A., Richardson, J.A., Hammer, R.F., & Taurog, J.D. "The specificity of peptides bound to human histocompatibility leukocyte antigen (HLA)-B27 influences the prevalence of arthritis in HLA-B27 transgenic rats." *J. Exp. Med.* 188:877–886, 1998 (published erratum).

Dr. Simmons has accepted the PHS findings and has entered into a Voluntary Exclusion Agreement with PHS in which he has voluntarily agreed for a period of five (5) years, beginning on August 22, 2000:

(1) To exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility for, or involvement in, nonprocurement transactions (*e.g.*,

grants and cooperative agreements) of the United States Government as defined in 45 C.F.R. Part 76 (Debarment Regulations);

(2) to exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

**FOR FURTHER INFORMATION CONTACT:**

Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443–5330.

**Chris Pascal,**

*Director, Office of Research Integrity.*

[FR Doc. 00–23215 Filed 9–8–00; 8:45 am]

**BILLING CODE 4160–17–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Contract Review Meeting**

In accordance with section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), announcement is made of an Agency for Healthcare Research and Quality (AHRQ) Technical Review Committee (TRC) meeting. This TRC's charge is to provide review of contract proposals and recommendations to the Director, AHRQ, regarding the technical merit of proposals submitted in response to a Request for Proposals (RFPs) regarding "Developing Tools to Enhance Quality and Patient Safety Through Informatics". The RFP was published in the Commerce Business Daily on June 29, 2000.

The upcoming TRC meeting will be closed to the public in accordance with the Federal Advisory Committee Act (FACA), section 10(d) of 5 U.S.C., Appendix 2, implementing regulations, and procurement regulations, 41 CFR 101–6.1023 and 48 CFR section 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary information and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free exchange of candid views, and under the procurement rules that prevent undue interference with Committee and Department operations.

*Name of TRC:* The Agency for Healthcare Research and Quality—"Developing Tools to Enhance Quality

and Patient Safety Through Informatics".

*Date:* September 11, 2000 (Closed to the public).

*Place:* Gaithersburg Residence Inn, 9721 Washington Blvd., Gaithersburg Maryland, 20878.

*Contact Person:* Anyone wishing to obtain information regarding this meeting should contact Bonnie Campbell, Office of Research Review, Education, and Policy, Agency for Healthcare Research and Quality, 2101 East Jefferson Street, Suite 400, Rockville, Maryland, 20852, 301–594–1846.

This notice is being published less than 15 days prior to the September 11th meeting due to the time constraints of reviews and funding cycles.

Dated: September 1, 2000.

**John M. Eisenberg,**

*Director.*

[FR Doc. 00–23193 Filed 9–08–00; 8:45 am]

**BILLING CODE 4160–90–M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30DAY–66–00]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

**Proposed Project**

Youth Risk Behavior Survey—(0920–0258)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The proposed project is the 2001 national school-based Youth Risk Behavior Survey. The purpose of this request is to renew OMB clearance to continue an ongoing biennial survey among high school students attending regular public, private, and Catholic schools in grades 9–12. The survey assesses priority health risk behaviors related to the major preventable causes of mortality,

morbidity, and social problems among both youth and adults in the U.S. OMB clearance for the 1999 survey expired January 2000 (OMB No. 0920-0258, expiration 01/00). Data on the health risk behaviors of adolescents is the focus of approximately 40 national health objectives in Healthy People

2010. The Youth Risk Behavior Survey provides data to measure at least 10 of these health objectives and 3 of the 10 Leading Health Indicators. In addition, the Youth Risk Behavior Survey can identify racial and ethnic disparities in health risk behaviors. No other national source of data measures as many of the

2010 objectives that address behaviors of adolescents. The data also will have significant implications for policy and program development for school health programs nationwide. The annualized burden is 9,173 hours.

Respondents	Number of respondents	Number of responses per respondent	Burden per response (hours)
High school students .....	12,000	1	0.75
School administrators .....	345	1	0.50

Dated: September 5, 2000.

**Nancy Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 00-23203 Filed 9-8-00; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-67-00]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

**Proposed Project**

2001 National Health Interview Survey, Basic Module (0920-0214)—Revision—The National Center for Health Statistics (NCHS)—The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated “Health US” and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion

and Disease Prevention Objectives, “Healthy People 2000.”

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997 and are expected to be in the field until 2006. This clearance is for the fifth full year of data collection using the Basic Module on CAPI, and for implementation of the second “Periodic Module”, which include additional detail questions on conditions, access to care, disabilities, and health care utilization. The “Periodic Module” will repeat a similar survey conducted in 1992, and will help track many of the Health People 2010 objectives. This data collection, planned for January–December 2001, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. The annualized burden is 48,600 hours.

Questionnaire (respondent)	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Family Core (adult family member) .....	42,000	1	21/60
Adult Core (sample adult) .....	42,000	1	21/60
Child Core (adult family member) .....	18,000	1	15/60
Periodic Module (sample adult) .....	42,000	1	21/60
All households .....	42,000	1	1 10/60