

contractor records will be transferred to the local WVPT for destruction.

SYSTEM MANAGER(S) AND ADDRESS:

The records of individuals served by the WVPT are managed by local System Managers in the various HHS sites listed in Appendix A.

NOTIFICATION PROCEDURES:

For purposes of notification, the subject individual, and/or the individual's legal representative should write to the local System Manager who will require the system name, requestor name, address, and Social Security Number to ascertain whether the individual's record is in the system.

RECORD ACCESS PROCEDURES:

For purposes of access, use the same procedures outlined in Notification Procedures above. Requestors must also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5(a)(2).)

CONTESTING RECORD PROCEDURES:

The subject individual shall contact the System Manager and reasonably identify the record and specify the information being contested. State the corrective action sought (addition to, deletion of, or substitution of) and the reasons for the correction with supporting justification. (These procedures are in accordance with Department regulation 45 CFR 5b.7.)

RECORD SOURCE CATEGORIES:

Information in this system of records is supplied by the individual contacting the WVPT, this individual's coworkers (including the supervisor), a member of the individual's family, sources to/from whom the individual has been referred for assistance, Departmental officials involved in the situation (such as security staff), or other sources involved with the situation and its resolution.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE PRIVACY ACT:

None.

Appendix A

1. For employees in the Southwest DC area, contact: Workplace Violence Prevention Team Leader, PSC Work/Life Center, 330 C Street, SW, Room 1250, Washington, DC 20201.

2. For employees on the MIH Campus in Bethesda, MD, contact: Critical Incidents Violence Intervention League (CIVIL) Team Leader, OHRM/OD, 31 Center Drive, Room 1C39, Bethesda, MD 20892.

3. For employees at HCFA headquarters in Baltimore, MD, contact:

Crisis Management Team Leader, 7500 Security Boulevard, Room S1-23-27, Baltimore, MD 21244.

4. For employees at CDC headquarters in Atlanta, GA, contact: Crisis Management Team Chair, Associate Director for Management and Operations, 1600 Clifton Road, NE, MS-D15, Atlanta, GA 30333, or, Crisis Management Team Co-Chair, Employee Relations Specialist, 4770 Buford Highway, MS-K17, Atlanta, GA 30341-3274.

5. For employees in SAMHSA, contact: SAMHSA Crisis Intervention Team Leader, SAMHSA, Division of Human Resources Management, 5600 Fishers Lane, Room 14C17, Rockville, Maryland 20857, 301-443-4006.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request the Office of Management and Budget (OMB) to allow a proposed information collection project: "Medical Expenditure Panel Survey Household Component (MEPS-HC)—2001 through 2004". In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by December 4, 2000.

ADDRESSES: Written comments should be submitted to: Cynthia McMichael, Reports Clearance Officer, AHRQ, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852-4908.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

In accordance with the above-cited legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed

collection of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden (including hours and costs) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Medical Expenditure Panel Survey Household Component (MEPS-HC)—2001 through 2004".

The AHRQ intends to conduct an annual panel survey of U.S. households to collect information on a variety of measures related to health status, health insurance coverage, health care use and expenditures, and sources of payment for health services. Each panel consists of a nationally representative sample of U.S. households who remain in MEPS for two consecutive years of data collection. The first panel of MEPS began in 1996 and has continued annually thereafter. The MEPS-HC is jointly sponsored by the AHRQ and the National Center for Health Statistics (NCHS).

It will be conducted using a sample of households selected from households which responded to the National Health Interview Survey (NHIS) sponsored by NCHS. The NHIS is a household survey which collects health related data from approximately 50,000 households and 110,000 people. The NHIS is used as the sampling frame for the MEPS and several other surveys as part of efforts by the Department of Health and Human Services (HHS) to integrate survey data collection activities.

Data to be collected from each household include detailed information on demographics, health conditions, current health status, utilization of health care providers, charges and payments for health care services, quality of care received, medications, employment and health insurance.

Subject to AHRQ and NCHS confidentiality statutes, data will be made available through publications, articles in major journals as well as public use data files. The data are intended to be used for purposes such as:

- Generating national estimates of individual and family health care use and expenditures, private and public health insurance coverage, and the

availability, costs and scope of private health insurance benefits among Americans;

- Examining the effects of changes in how chronic care and disability are managed and financed;
- Evaluating the growing impact of managed care and of enrollment in different types of managed care plans; and
- Examining access to and costs of health care for common diseases and conditions, health care quality, prescription drug use, and other health issues.

Statisticians and researchers will use these data to make important

generalizations on the civilian non-institutionalized population of the United States, as well as to conduct research in which the family is the unit of analysis.

Method of Collection

The data will be collected using a combination of modes. For example, the AHRQ intends to introduce study participants to the survey through advance mailings. The first contact will provide the household with information regarding the importance and uses of the information obtained. The AHRQ will then conduct five (in-person)

interviews with each household to obtain health care use and expense data. Data will be collected using a computer-assisted personal interviewing method (CAPI). In certain cases, AHRQ will conduct interviews over the telephone, if necessary. Burden estimates follow:

Estimated Annual Respondent Burden Per Year

Each MEPS participant is asked to complete 5 interviews over two and one half years. Each interview averages 1.8 hours in length. Total burden is estimated in the following chart.

Survey period	Number of completes	Burden per complete (hours)	Total burden (hours)
Feb–July 2001	19,380	1.8	34,884
August–Dec 2001	13,280	1.8	23,904
Feb–July 2002	21,248	1.8	34,246
Aug–Dec 2002	16,239	1.8	29,230
Feb–July 2003	24,187	1.8	43,537
			148,291

Dated: September 27, 2000.

John M. Eisenberg,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–00–52]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) is providing an opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Assistant Reports Clearance Officer at 404–639–7090.

Comments are invited on: (i) Whether the proposed collection of information is necessary for the proper performance of the functions of the CDC, including whether the information shall have a practical utility; (ii) the accuracy of the agency’s estimate of the burden of the

proposed collection of information; (iii) ways to enhance the quality, utility, and clarity of the information to be collected; and (iv) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. Send comments to Anne O’Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, Georgia 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Survey to Determine the National Capacity to Provide Colorectal Cancer Screening and Follow-up Examinations—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, proposes to conduct a study to provide a national assessment of the current capacity to conduct colorectal cancer (CRC) screening and follow-up examinations for average risk persons aged 50 and older. Colorectal cancer is the second leading cause of cancer-related deaths in the United States. While there is strong scientific evidence that screening for CRC reduces incidence and mortality from this disease, rates of use of screening tests are currently low. Efforts to promote widespread screening for CRC are intensifying among local, state, and

federal health agencies and professional organizations nationwide. However, limited information is available regarding the number of health care personnel currently trained and available to perform screening and follow-up examinations.

The proposed study will be conducted through the implementation of a survey which will be mailed to a random sample of 1,800 providers known to possess flexible sigmoidoscopes and colonoscopes, based upon lists provided by major endoscopic equipment manufacturers. The sampling frame will be designed to include providers from all regions of the country and all physician specialists who may be screening for CRC. The survey will provide information on the types of health care providers who are performing CRC screening and follow-up examinations, the equipment currently being used for screening and follow-up examinations, and current reimbursement rates for these tests. The results of the analysis will be used to (1) identify deficits in the medical infrastructure, (2) guide the development of training initiatives and educational programs for health care providers, and (3) provide critical baseline information for local, state and federal policy makers for the planning of national initiatives to increase colorectal cancer screening. There is no cost to respondents.