DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–1561]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration.

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: New Collection.

Title of Information Collection: Health Insurance Benefit Agreement and Supporting Regulations in 42 CFR part 409.

Form No.: HCFA–1561 (OMB #0938–NEW).

Use: Applicants to the Medicare program are required to agree to provide services in accordance with Federal requirements. The HCFA–1561 is essential for HCFA to ensure that applicants are in compliance with the requirements. Applicants will be required to sign the completed form and provide operational information to HCFA to assure that they continue to meet the requirements after approval.

Frequency: Other: as needed.

Affected Public: Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Government.

Number of Respondents: 3,000.

Total Annual Responses: 3,000.

Total Annual Hours: 150.

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 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.


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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Evaluation of the NIDCD Minority and Disability Supplement Program

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1993, for opportunity for public comment on proposed data collection projects, the National Institute on Deafness and Other Communication Disorders (NIDCD), 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 an approval.

Proposed Collection:

Title: Evaluation of the Minority and Disability Supplement Program. Type of Information Request: New. Need and Use of Information Collection: The NIDCD was established to support biomedical and behavioral research and research training in hearing, smell, balance, taste, voice, speech and language. Although minorities and people with disabilities will soon dominate the work force, these groups are underrepresented in the professional fields of science and health. To encourage members of these groups to pursue careers in these fields, NIDCD provides opportunities for extramural grant recipients to mentor promising candidates. The proposed survey will collect information from participants in the Minority and Disability Supplement Program and will yield information about satisfaction of participants with the program and how participation may have lead to the pursuit of a career in the health field. Frequency of Response: One. Affected Public: Individuals. Type of Respondent: Minority individuals and individuals with disabilities who have previously participated in the Supplement Program. The annual reporting burden is as follows: Estimated Number of Respondents: 200. Estimated Number of Responses per Respondent: One. Average Burden Hours Per Response: 0.5; and Estimated Total Annual Burden Hours Requested: 100. The annualized cost to respondents is estimated at: $150. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.
The NIDCD Minority and Disability Supplement Program was designed to encourage individuals underrepresented in biomedical and behavioral research in human communication to participate in that research. The individuals participate on currently funded NIDCD grants and receive mentoring from NIDCD Principal Investigators.

Anecdotal feedback indicates that program participants and mentors find the program provides interesting opportunities and encourages individuals to pursue careers in a variety of health fields. However, there is little systematic evidence evaluating the level of the Program’s success or failure in accomplishing these goals. The proposed survey will attempt to assess how individuals’ participation in the Supplement Program has influenced career and educational choices. This information will provide support for NIDCD’s continued participation in the Program.

One survey has been proposed to collect information on the current status of individuals previously supported by an NIDCD Supplement. This survey will obtain the current contact information of the participants and assess the individuals’ educational and career achievements, their goals for future education, and current specific field(s) of study/employment.

The survey will be administered via a telephone interview that should take approximately 30 minutes to complete. Respondents who cannot schedule 30 minutes of time or who find telephone conversations difficult will be given the opportunity to respond by alternate means such as mail, fax, and e-mail. All participants from the inception of the program will be included in this survey process. It is anticipated that the total number of participants will not exceed 200.


David Kerr,
Executive Officer, NIDCD.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life

Notice is hereby given of the National Institutes of Health (NIH) Consensus Development Conference on “Diagnosis and Management of Dental Caries Throughout Life,” which will be held March 26–28, 2001, in the NIH’s Natcher Conference Center, 9000 Rockville Pike, Bethesda, Maryland, 20892. The conference begins at 8 am on March 26 and 27, and at 9 am on March 28 and is open to the public.

The purpose of the conference is to examine the current state of dental caries detection, management, and prevention so that health care providers and the general public can make informed decisions about this important public health issue.

During the first day-and-a-half of the conference, experts will present the latest research findings on dental caries to an independent, non-Federal consensus development panel. After weighing all of the scientific evidence, the panel will draft a statement that will address the following key questions:

• What are the best methods for detecting early and advanced dental caries [validity and feasibility of traditional methods; validity and feasibility of emerging methods]?
• What are the best indicators for an increased risk of dental caries?
• What are the best methods available for the primary prevention of dental caries initiation throughout life?
• What are the best treatments available for reversing or arresting the progression of early dental caries?
• How should clinical decisions regarding prevention and/or treatment be affected by detection methods and risk assessment?
• What are promising new research directions for the prevention, diagnosis, and treatment of dental caries?

On the final day of the conference, the panel’s draft statement will be read in public, at which time members of the public are invited to offer comments on the draft.