

DEPARTMENT OF HEALTH AND HUMAN SERVICES

White House Commission on Complementary and Alternative Medicine Policy; Notice of Meeting

Notice is given of the fourth Town Hall Meeting of the White House Commission on Complementary and Alternative Medicine Policy. The purpose of the meeting is to convene the Commission for a public hearing to receive public testimony from individuals and organizations interested in the subject of Federal policy regarding complementary and alternative medicine. Comments received at the meeting may be used by the Commission to prepare the report to the President as required by the Executive Order.

Comments should focus on the four areas that follow. Questions for consideration include, but are not limited to those presented below. For each question, please consider including in your response concerns, possible obstacles, existing programs, and suggested solutions to guide the Commission in their deliberations.

I. Coordinated Research and Development To Increase Knowledge of Complementary and Alternative Medicine Practices and Interventions

(A) What can be done to expand the current research environment so that practices and interventions that lie outside conventional science are adequately and appropriately addressed?

(B) What types of incentives are needed to stimulate the research of CAM practices and interventions by the public and private sectors?

(C) How can we more effectively integrate the CAM and conventional research communities to stimulate and coordinate research?

II. Guidance for Access to, Delivery of, and Reimbursement for Complementary and Alternative Medicine Practices and Interventions

(A) Do you have ready access to CAM practices and interventions?

(B) How can access to safe and effective CAM practices and interventions be improved?

(C) What types of CAM practices and interventions should be reimbursable through federal programs or other health care coverage systems?

III. Training, Education, Certification, Credentialing, Licensing, and Accountability of Health Care Practitioners in Complementary and Alternative Medicine

(A) How can uniform standards of education, training, licensing and certification be applied to all CAM practitioners?

(B) What training and education should be required of all health care providers to assure access to safe and effective CAM practices and interventions?

(C) What sources of funds exist for the education and training of CAM practitioners?

(D) Are performance standards or practices guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

IV. Delivery of Reliable and Useful Information on Complementary and Alternative Medicine to Health Care Professionals and the Public

(A) How can useful, reliable, and updated information about CAM practices and interventions be made more accessible? How would you like to receive such information?

(B) As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?

(C) As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?

The Town Hall Meeting is open to the public and opportunities for oral comments and written statements by the public will be provided.

Name of Committee: The White House Commission on Complementary and Alternative Medicine Policy.

Date: March 16, 2001.

Time: 8:30 a.m.–5:00 p.m.

Place: Cowles Auditorium, Hubert H. Humphrey Institute of Public Affairs Conference Center, 301 19th Avenue South, Minneapolis, MN 55455.

Contact Persons: Stephen C. Groft, Pharm. D., Executive Director, or Michele Chang, CMT, MPH, Executive Secretary, 6701 Rockledge Drive, Room 1010, MSC-7707, Bethesda, MD 20817-7707, Phone: (301) 435-7592 or 866-373-1124 (Toll-Free), Fax: (301) 480-1691, E-Mail: WHCCAMP@od.nih.gov.

The President established the White House Commission on Complementary and Alternative Medicine Policy on March 7, 2000 by Executive Order 13147. The mission of the White House Commission on Complementary and

Alternative Medicine Policy is to provide a report, through the Secretary of the Department of Health and Human Services, on legislative and administrative recommendations for assuring that public policy maximizes the benefits of complementary and alternative medicine to Americans.

Because of the need to obtain the views of the public on these issues as soon as possible and because of the early deadline for the report required of the Commission, this notice is being provided at the earliest possible time.

Public Participation: The Town Hall meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral comment may register by faxing a request to 301-480-1691 or by accessing the website at <http://whccamp.hhs.gov> no later than March 9, 2001.

Oral comments will be limited to five minutes. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral testimony. The number of speakers and the time allotted may also be limited by the number of registrants. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or question (as described above) to be addressed. Individuals interested in attending the meeting to observe the proceedings but not to provide oral testimony should also register.

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement at the conclusion of the morning and afternoon sessions, if time permits, and at the chairperson's discretion.

Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record. When mailing or faxing written comments, please provide, if possible, an electronic version or a diskette.

Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed no later than March 9, 2001.

Dated: February 21, 2001.

LaVerne Y. Stringfield,
Director, Office of Federal Advisory
Committee Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01021]

Strategies for Improving Health Risk Communication Related to Military Deployments Among Military Personnel, Veterans, Their Family Members, and Their Health Care Providers; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a grant program for developing, implementing, and evaluating strategies for improving health risk communication related to military deployments among military personnel, veterans, their family members, and their health care providers. CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010," a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus area of Environmental Health.

For a conference copy of the "Healthy People 2010," visit the internet site: <http://www.health.gov/healthypeople>.

The purpose of this program is to enhance interagency efforts to protect the health of deployed military personnel, veterans, and their families through improved health risk communication efforts that are timely, understandable, and effective. This should be accomplished through the development, implementation, and evaluation of strategies for communicating health risk information related to military deployments. This may include, but is not limited to the following types of studies:

- a. Assessment of optimal strategies, methods or tools for conveying health information to deployed military personnel, veterans, their families, and their health care providers;
- b. Evaluation of the impact of various health risk communication strategies on attitudes regarding risk, knowledge of health issues and outcomes, health and

illness behaviors, and the prevention of ill-defined, symptom-based conditions such as those seen among Gulf War veterans;

c. Evaluation of patient and health care provider acceptance and attitudes about various risk communication tools and assessment of how these tools impact upon patient-provider communication.

For additional information, see Addendum II of this announcement, Background Information.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit and for-profit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit and for-profit organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations, and small, minority, or women-owned businesses.

Note: Public Law 104-65 states that an organization, described in section 501(c)(4) of the Internal Revenue Code of 1986, that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$800,000 is available in FY 2001 to fund up to three awards. It is expected that the average award will be \$260,000, ranging from \$200,000 to \$400,000. It is expected the awards will begin on or about September 1, 2001, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

The budget should include a request for travel funds for key staff to participate in at least 3 planning meetings in either Atlanta or Washington DC per year (or clearly specify that the organization will provide required travel funds from other sources).

D. Program Requirements

The following are requirements for this program:

1. Develop and pilot test the study protocol and data collection instruments.
2. Ensure that appropriate cognitive, behavioral, and human factors variables

are included in the project's experimental design and analyses.

3. Provide time lines for completing all components of the study.

4. Assure and maintain the confidentiality of all study participants.

5. Conduct the analysis, interpretation, presentation, and reporting of the study findings.

6. Establish appropriate partnerships to ensure the successful completion of the study. This may include, but is not limited to, partnerships with state or local health departments, community-based or professional organizations, local veterans' or military service organizations, and other veterans and military groups.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan.

F. Submission and Deadline

Submit the original and five copies of PHS-398 (OMB No. 0925-0001). (Adhere to instructions in the ERRATA Instruction Sheet for PHS-398). Forms are available in the application kit. On or before May 2, 2001, submit the application to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

Deadline: Applications shall be considered as meeting the deadline if they are either: (a) received on or before the deadline date, or (b) sent on or before the deadline date and received in time for orderly processing. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Background and Need (10 Points)

The extent to which the applicant has provided adequate background information justifying the need for the research, and his or her ability to