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**SUPPLEMENTARY INFORMATION:** The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Health Care Financing Administration not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members must be doctors of medicine or osteopathy authorized to practice medicine or surgery by the States in which they practice. Members have been invited to serve for overlapping 4-year terms. In accordance with section 14 of the Federal Advisory Committee Act, terms of more than 2 years are contingent upon the renewal of the Council by appropriate action before the end of the 2-year term.

The Council held its first meeting on May 11, 1992.

The current members are: Jerold M. Aronson, M.D.; Richard Bronfman, D.P.M.; Joseph Heyman, M.D.; Sandral Hullett, M.D.; Stephen A. Imbeau, M.D.; Angelyn L. Moultrie, D.O.; Derrick K. Latos, M.D. (Pending re-appointment); Dale Lervick, O.D.; Sandra B. Reed, M.D.; Amilu Rothhammer, M.D.; Victor Vela, M.D.; Kenneth M. Viste, Jr., M.D.; and Douglas L. Wood, M.D.

Council members will be updated on the status of recommendations made during the past year.

The agenda will provide for discussion and comment on the listed following topics:

- Benefits Improvement and Protection Act of 2000 (BIPA) provisions affecting payment to physicians.
- Risk adjustment update, and the uses of encounter data by physicians.
- Physician Regulatory Issues Team (the team will seek advice on physician issues and elicit suggestions for improving agency responsiveness).

For additional information and clarification on the topics listed, call the contact person in the "For Further Information Contact" section of this notice.

Individual physicians or medical organizations that represent physicians wishing to make 5-minute oral presentations on agenda issues should contact the Executive Director by 12 noon, March 19, 2001, to be scheduled. Presentations are limited to listed agenda issues only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks should be submitted to the Executive Director no later than 12 noon, March 19, 2001, for distribution to Council members for review prior to the meeting. Physicians and organizations not scheduled to speak may also submit written comments to the Executive Director and Council members. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodation should contact John Lanigan at (202) 690-7418 at least 10 days before the meeting.

(Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)); 45 CFR Part 11)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 7, 2001.

**Michael McMullan,**

*Acting Deputy Administrator, Health Care Financing Administration.*

[FR Doc. 01-6061 Filed 3-8-01; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources And Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden 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 through the use of automated collection techniques or other forms of information technology.

*Proposed Project:* Healthy Schools, Healthy Communities Program Data Collection and Progress Report (OMB No. 0915-0188)—Revision.

This is a request for revision of approval of the Healthy Schools, Healthy Communities Program Data Collection, which contains the annual reporting requirements for the Healthy Schools, Healthy Communities grantees funded by the Bureau of Primary Health Care (BPHC), HRSA. Authorizing legislation is found in Public Law 104-299, Health Center Consolidation Act of 1996, enacting Section of the Public Health Service Act.

The Healthy Schools, Healthy Communities program provides comprehensive primary and preventive health care services. The purpose of the progress report is to collect data specific to school health services, such as service utilization, health problems and risk behaviors.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total burden hour
Progress Report .....	400	1	2	800

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received on or before May 8, 2001.

Dated: March 3, 2001.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 01-5815 Filed 3-8-01; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of April 2001:

*Name:* Council on Graduate Medical Education (COGME).

*Date and Time:* April 11, 2001, 8:30 a.m.-4:30 p.m.; April 12, 2001, 8:30 a.m.-2:00 p.m.

*Place:* Holiday Inn, 8120 Wisconsin Avenue, Bethesda, MD 20814.

The meeting is open to the public.

*Agenda:* The agenda for the first day, April 11, will include: Welcome and opening comments from the Administrator, Health Resources and Services Administration, the Associate Administrator for Health Professions, and the Acting Executive Secretary of COGME. The Council will present a one-day stakeholders meeting in which presenters will be given the opportunity to respond to the recommendations put forth in the recently published COGME 15th Report, *Financing Graduate Medical Education in a Changing Health Care Environment*. Representative stakeholders have been invited to present their perspectives in a series of panels. This will be followed by the opportunity for other interested stakeholders to comment during an open forum. Those wishing to speak must contact Ms. Hannah Davis at 301-443-7095 no later than April 4 to be included in the open forum.

The agenda for the second day, April 12, will include a report on the recent Fifth International Medical Workforce Conference held in Australia. The GME Financing and Physician Workforce workgroups will meet and report back to the full Council. There

will be a discussion of future Council projects.

Anyone requiring information regarding the meeting should contact Stanford M. Bastacky, D.M.D., M.H.S.A., Acting Executive Secretary, Council on Graduate Medical Education, Division of Medicine and Dentistry, Bureau of Health Professions, Room 9A-27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; telephone (301) 443-6326.

Agenda items are subject to change as priorities dictate.

Dated: March 5, 2001.

**James J. Corrigan,**

*Associate Administrator for Management and Program Support.*

[FR Doc. 01-5817 Filed 3-8-01; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

The Health Resources and Services Administration is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Subtitle 2 of Title XXI of the Public Health Service Act, as enacted by the National Childhood Vaccine Injury Act of 1986 and as amended, governs the VICP. The VICP, administered by the Secretary of Health and Human Services (the Secretary), provides that a proceeding for compensation for a vaccine-related injury or death shall be initiated by service upon the Secretary and the filing of a petition with the United States Court of Federal Claims. In some cases, the injured individual may receive compensation for future lost earnings, less appropriate taxes and the "average cost of a health insurance policy, as determined by the Secretary."

Section 100.2 of the VICP's implementing regulations (42 CFR Part 100) provides that the revised amounts of an average cost of a health insurance policy, as determined by the Secretary,

are to be published from time to time in a notice in the **Federal Register**. The previously published amount of an average cost of a health insurance policy was \$248.61 per month (64 FR 10664, March 5, 1999). This amount was based on data from a survey by the Health Insurance Association of America, updated by a formula using changes in the medical care component of the Consumer Price Index (CPI) (All Urban Consumers, U.S. City Average) for the period January 1, 1999, through September 30, 2000.

The Secretary announces that for the 12-month period, January 1, 1999, through December 31, 1999, the medical care component of the CPI increased 3.7 percent. According to the regulatory formula (§ 100.2), 2 percent is added to the actual CPI change for each year. Therefore, the adjusted CPI change results in an increase of 5.7 percent for this 12-month period. Applied to the baseline amount of \$248.93, this results in the amount of \$263.12 per month.

The CPI change for the 9-month period, January 1, 2000, through September 30, 2000, was 3.5 percent. According to the regulatory formula, three-quarters of the annual adjustment, or 1.5 percent, is added to the actual CPI change for this 9-month period. Therefore, according to the regulatory formula, the adjusted CPI change results in an increase of 5.0 percent for this 9-month period. Applied to the \$263.12 amount, this results in a new amount of \$276.28 per month.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$276.28 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the United States Court of Federal Claims (formerly known as the United States Claim Court). Such notice was delivered to the Court on December 28, 2000.

Dated: March 2, 2001.

**Claude Earl Fox,**

*Administrator.*

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