

requirements, and certification that projects have been reviewed by the IRB.

Respondents: Individuals, Business or other for-profit, Non-profit institutions,

Federal, State, Local or Tribal Governments.

Section of rule and description	Annual No. of responses	Hours per response	Total burden
.103(a), .103(b) and .103(c)—assurances and underlying written policies and procedures ....	2,100	40	84,000
.103(b)(3)—report change in IRB membership .....	250	.083	20
.103(b)(5)—report problems, terminations, suspensions .....	42	8	336
.103(f)—certification .....	26,600	.083	2,208
.103(b)(4)(i) and .109(d)—IRB disclosure of actions .....	38,000	1	38,000
.103(b)(4)(ii)—proposed changes reported to IRB .....	250	.083	20
.103(b)(5)—problems disclosed to IRB and institution .....	15	8	120
.113—notice of suspension of IRB approval .....	30	8	240
.116 and .117—informed consent .....	140,000	.25	35,000
.115(a)—IRB recordkeeping .....	23,000	1	23,000
<b>Total</b> .....	.....	.....	<b>182,944</b>

**Proposed Project 3. Optional Form 310: Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption**—This form may be used by Federal agencies to implement the requirement of the Common Rule which requires that institutions submitting applications for Federal support of research involving human subjects submit certification of appropriate Institutional Review Board review and approval (Section .103(f) of the Common Rule). The burden associated with this form is included in the table above.

Please send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington DC, 20201. Written comments should be received within 60 days of this notice.

Dated: June 13, 2001.

**Kerry Weems,**

*Acting Deputy Assistant Secretary, Budget.*

[FR Doc. 01-15405 Filed 6-18-01; 8:45 am]

**BILLING CODE 4150-28-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

**Name:** National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security.

**Time and Date:** 9:00 a.m. to 5:00 p.m., June 26, 2001.

**Place:** Renaissance Hotel, 999 9th Street, NW., Washington, DC, (202) 898-9000.

**Status:** Open.

**Purpose:** At this working session, the Subcommittee on Standards and Security

will complete their assessment of the modifications to transaction standards and final rules recommended by the Designated Standards Maintenance Organizations, and of general industry HIPAA readiness. Recommendations to the Secretary will be drafted for full committee review.

**Contact person for more information:** Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from J. Michael Fitzmaurice, Ph.D., Senior Science Advisor for Information Technology, Agency for Health Care Research and Quality, 2101 East Jefferson Street, #600, Rockville, MD 20852, phone: (301) 594-3938; or Marjorie S. Greensberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS website: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Dated: June 7, 2001.

**James Scanlon,**

*Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 01-15364 Filed 6-18-01; 8:45 am]

**BILLING CODE 4151-05-M**

## 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: "Primary Care Network Survey (PRINS)". In accordance with the Paperwork Reduction Act as amended (see in particular 44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection request to allow AHRQ to conduct research in primary care settings.

**DATES:** Comments on this notice must be received by August 20, 2001.

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

All comments will become a matter of public record.

**FOR FURTHER INFORMATION CONTACT:** Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 594-3132.

#### SUPPLEMENTARY INFORMATION:

#### Primary Care Network Survey (PRINS)

As directed in its reauthorization legislation, AHRQ supports activities designed to improve the capacity of practice-based research networks (PBRNs) to conduct research in primary care settings. A PBRN is a group of ambulatory practices devoted principally to the primary care of patients, affiliated with each other in order to investigate questions related to community-based practice. AHRQ has recently established cooperative agreements with 19 PBRNs who have specifically been asked to conduct network-defining surveys using the 1999-2000 version of the National Ambulatory Medicare Care Survey (NAMCS) instrument (OMB No. 0920-0234). To distinguish data collected through the survey from NAMCS data collected from the nationally representative physician sample of the National Center for Health Statistics,

CDC, this survey will be known as the Primary Care Network Survey (PRINS).

#### Method of Collection

PRINS will provide a range of baseline data on the clinicians enrolled in each network, the services provided, and the characteristics of patients receiving those services. Data to be collected include the patients'

demographic characteristics and reason(s) for visit, and the providers' diagnosis(es) and diagnostic services, medications and disposition. These data may be used by the PBRN to define the network's capacity to study specific clinical conditions seen in primary care, establish a denominator for epidemiological or surveillance studies,

and stimulate further research on the use, organization and delivery of primary care. All identifiable data that is collected will be protected in accordance with the AHRQ confidentiality statute, 42 U.S.C 299c-3(c).

The estimated annual hour burden is as follows:

Form	Number of respondents (clinicians) (1)	Number of forms/respondent (2)	Avg. burden/form (in hrs) (3)	Response burden (hrs) (1)*(2)*(3) <sup>1</sup>
Intake Form .....	1,000	1	.25	250
Patient Form .....	1,000	30	.03	900
Total .....	1,000	31	1.15	1,150

<sup>1</sup> For rows 1 and 2.

To calculate the burden hours, the number of respondents for PRINS is based on a sample of 1,000 clinicians who have agreed in advance to participate. Each clinician fills out an intake form (which requires about 15 minutes).

The same 1,000 then record (on separate forms) information about 30 consecutive patients seen in his/her practice (requiring less than 2 minutes per form to complete). The total cost to respondents is estimated to be \$150,000.

#### Request for Comments

Comments are invited on: (a) The necessity of the proposed collections; (b) the accuracy of the Agency's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

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.

Copies of these proposed collection plans and instruments can be obtained from the AHRQ Reports Clearance Officer (see above).

Dated: June 8, 2001.

**Carolyn Clancy,**  
*Acting Director.*

[FR Doc. 01-15288 Filed 6-18-01; 8:45 am]

BILLING CODE 4160-90-M

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Agency for Toxic Substances and Disease Registry

[Program Announcement 01124]

##### Assess Human Exposures to Contaminants Near Kelly Air Force Base, Texas; Notice of Availability of Funds

##### A. Purpose

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 2001 funds for a grant to address community health concerns through evaluating the health status, evaluating potential exposures, and providing health education to the community surrounding Kelly Air Force Base, Texas. This program address the "Health People 2010" focus area of Environmental Health.

The purpose of the program is to assist the San Antonio Metropolitan Health District (SAMHD) in addressing the health concerns of the community and providing health education to the residents. These site-specific health activities should target area residents and surrounding communities and address site-specific health concerns. Results of any clinical assessments will be provided to individual participants to address their own personal health concerns.

##### B. Eligible Applicants

Assistance will be provided only to the San Antonio Metropolitan Health District (SAMHD). No other applications are solicited. Eligibility is limited to the SAMHD because fiscal year 2001 Federal appropriation specifically

directs CDC to award the district to address community concerns around Kelly Air Force Base, Texas.

**Note:** Title 2 of the United States Code, Chapter 26, section 1611 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 \$177,729 is available in FY 2001 to fund this award. It is expected that the award will begin on or about September 30, 2001, and will be made for a 12-month budget period within a project period of up to one year. Funding estimates may change.

##### Use of Funds

Funds may be expended for reasonable program purposes, such as personnel, travel, supplies, and services. Funds for contractual services may be requested; however, the grantee, as the direct and primary recipient of grant funds, must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or provide funds to an ineligible party. Requests for equipment purchases will be reviewed and approved only under the following conditions: (1) ATSDR retains the right to request return of all equipment purchased (in operable condition) with grant funds at the conclusion of the project period, and (2) equipment purchased must be compatible with ATSDR hardware. Computers purchased with ATSDR funds should be IBM compatible and adhere to the Centers for Disease Control and Prevention (CDC)/ATSDR hardware standards.