in the field of policy and environmental interventions to promote physical activity and good nutrition. *Phase 2 Expert Interviews:* State representatives, recognized experts, and others will be contacted via telephone to gather detailed information on both successful and promising environmental and policy interventions. *Phase 3 Key Informant Interviews:* Key informant interviews will be conducted with selected interventions and programs that were indicated in Phases 1 and 2 to identify activities, methods, and lessons learned for their successful implementation. We will summarize and evaluate interview results and disseminate to cardiovascular health funded States to assist in designing policy and environmental interventions to promote physical activity and good nutrition. Total annualized burden for this data collection is 22.5 hours.

Respondents	No. of respondents	No. of responses/respondent	Average burden per response (in hours)
Expert Interviews	40	1	15/60
Key Informant Interviews	25	1	30/60

Dated: September 28, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation Centers for Disease Control and Prevention.

[FR Doc. 01–25072 Filed 10–4–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–52–01]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: 2002 National Health Interview Survey Basic Module—Revision—OMB. No. 0920–0214, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey. This survey is conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2010.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the sixth full year of data collection using the Basic Module on CAPI and for the implementation of Topical Modules (or supplements) on asthma, hearing, vision, disability, environmental health, arthritis, and alternative medicine. The supplements will help track many of the Health People 2010 objectives. This data collection, planned for January-December 2002, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. The annualized burden for this data collection is 48,600 hours.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden per response (in hours)
Family	42,000	1	21/60
Sample adult	42,000	1	42/60
Sample child	18,000	1	15/60

Dated: September 28, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 01–25073 Filed 10–4–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–50–01]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: Human Exposure to Cyanobacterial (blue-green algal) Toxins in Drinking Water: Risk of Exposure to Microcystins from Public Water Systems—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Cyanobacteria (blue-green algae) can be found in terrestrial, fresh, brackish, or marine water environments. Some species of cyanobacteria produce toxins that may cause acute or chronic illnesses (including neurotoxicity, hepatotoxicity, and skin irritation) in humans and animals (including other mammals, fish, and birds). A number of human health effects, including gastroenteritis, respiratory effects, skin irritations, allergic responses, and liver damage, are associated with the ingestion of or contact with water containing cyanobacterial blooms. Although the balance of evidence, in conjunction with data from laboratory animal research, suggests that cyanobacterial toxins are responsible for a range of human health effects, there have been few epidemiologic studies of this association. We plan to recruit 100 people whose tap water comes from a source with a current cyanobacteria bloom (*i.e., M. aeruginosa*) and who report drinking unfiltered tap water. We also plan to recruit 100 people who report drinking unfiltered tap water but whose tap water source is groundwater that has not been contaminated with cyanobacteria. This population will serve as our referent population for the analysis of microcystins in blood and for the clinical assays. We will administer a questionnaire and collect blood samples from all study participants. Blood samples will be analyzed using a newly developed molecular assay for levels of microcystins—the hepatotoxin produced by *Micocystis aeruginosa*. We also will analyze blood samples for levels of liver enzymes (a biological marker of hepatotoxicity) and for a number of clinical parameters including hepatitis infection (a potential confounder in our study). We will evaluate whether we can (1) detect low levels of microcystins (<10 ng/ml of blood), in the blood of people who are exposed to very low levels of this toxin in their drinking water, (2) utilize clinical endpoints such as blood liver enzyme levels as biomarkers of exposure and biological effect, and (3) compare the analytical results for the exposed population with the results from the referent population. The estimated annualized burden is 350 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Telephone Contact	300	1	10/60
Survey	200	1	1
Tap Water Sample Collection	200	1	30/60

Dated: September 28, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 01–25074 Filed 10–4–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

ICD–9–CM Coordination and Maintenance Committee Meeting

National Center for Health Statistics (NCHS), Data Policy and Standards Staff, announces the following meeting.

Name: ICD–9–CM Coordination and Maintenance Committee meeting.

Times and Dates: 9 a.m.–5 p.m., November 1–2, 2001.

Place: Centers for Medicare and Medicaid Services (CMS)(formerly The Health Care Financing Administration) Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

Status: Open to the public.

Purpose: The ICD–9–CM Coordination and Maintenance (C&M) Committee will hold its final meeting of the 2001 calendar year cycle on Thursday and Friday Nov. 1–2, 2001. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

Matters To Be Discussed: Agenda items include:

Discussion on use of V codes for procedures
Heart failure
Aftercare codes
Vascular disease
Facial droop following CVA
Ectopic pregnancy with uterine pregnancy
Pulmonary complications of cystic fibrosis
Asthma
Severe sepsis
West Nile Virus
Paint ball injury
Abnormal pap smear
ICD–10-PCS Update
Implantation of intramuscular electrodes
Brain wafer chemotherapy
Cardiac resynchronization therapy
Implantation of neosphincter
Spinal procedures-360 fusion, Interbody Fusion Devices, InFUSE bone grafts
Repair of Aneurysm/Arteriovenous malformation
Hepatic hemodialysis
Therapeutic ultrasound
Infusion of Drotrecogin Alfa (Activated)
Adhesion barriers for abdominal surgery
Extra-corporeal immunoadsorption (ECI)
Intraoperative MRI
Administration of inhaled nitric oxide
Drug-Eluting stent
Injection or infusion of Human B-type natriuretic peptide (hBNP)
Addenda

For Further Information Contact: Amy Blum, Medical Classification Specialist, Data Policy and Standards Staff, NCHS, 6526 Belcrest Road, Room 1100, Hyattsville, Maryland 20782, telephone 301/458–4106 (diagnosis), Amy Gruber, Health Insurance Specialist, Division of Acute Care, CMS, 7500