

random sample will be selected from each health plan using a proportionate (uniform) sampling fraction.

Mission sampling frame elements are not expected to be a problem, and anyone excluded from the sampling frame because of missing diagnoses due to claims lags will be considered missing at random because physician and hospital claim lags should be totally independent of cost-related changes in medication-taking behavior.

The sample file will contain an investigator-assigned, study specific case identity code that will allow the survey results file to be linked back to

the administrative data. Checks for changes in address will be made and survey packets prepared. A cover letter from the investigators will invite Medicare beneficiaries enrolled in UnitedHealthcare Medicare+Choice health plans to participate in the study, and a written consent form approved by a duly constituted Institutional Review Board will be sent along with the survey questionnaire. Two mailings with a postcard reminder sent in the interim period and follow-up calls to non-responders after the second survey mailing are planned to obtain a response rate similar to the Medicare Consumers

Assessment of Health Plans Survey response rate of 75% to 82%. Respondents will not receive any gifts or payments as incentives to respond.

Estimated Annual Respondent Burden

This is a one-time survey with 24 multiple choice questions, plus one question that asks respondents to name any medication(s) they did not use as prescribed because of cost, plus one question that asks respondents to name the medication(s), if any, that they used as alternative(s) to the medication(s) that cost too much. The survey will be conducted in 2002.

Survey year	Number of respondents	Estimated time per respondent in hours	Estimated total burden hours	Estimated cost to the government
2002	1,125	.25	281	\$35,000

Request for Comments

In accordance with the above cited legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden (including hours and costs) 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 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.

Dated: May 15, 2002.

Carolyn M. Clancy,
Acting Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Cooperative Agreements for Prevention Research Centers, Program Announcements 98047 and 01101

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Cooperative Agreements for Prevention Research Centers, Program Announcements 98047 and 01101, meeting.

Times and Dates: 8:30 a.m.—8:55 a.m., June 25, 2002 (Open); 9 a.m.—5 p.m., June 25, 2002 (Closed); 8 a.m.—5 p.m., June 26, 2001 (Closed).

Place: Sheraton Colony Hotel, 188 14th Street, N.E., Atlanta, GA 30361.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Deputy Director for Program Management, CDC, pursuant to Public Law 92-463.

Matters to Be Discussed: The meeting will include the review, discussion, and evaluation of award applications received in response to Program Announcements #98047 and 01101.

For Further Information Contact: Mike Waller, Deputy Branch Chief, Healthcare and Aging Studies Branch, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 4770 Buford Highway, m/s K45,

Atlanta, GA., 30341. Telephone 770.488.5269, e-mail mnw1@cdc.gov.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 3, 2002.

Joseph E. Salter,
Acting Director, Management Analysis and Services Office, CDC.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Community-Based Participatory Prevention Research, Program Announcement #02003

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Community-Based Participatory Prevention Research, Program Announcement #02003.

Times and Dates: 5 p.m.—6 p.m., June 24, 2002 (Open); 6:15 p.m.—8 p.m., June 24, 2002 (Closed); 8 a.m.—5 p.m., June 25, 2002 (Closed); 8 a.m.—4 p.m., June 26, 2002 (Closed).

Place: Holiday Inn Select, 130 Clairmont Avenue, Decatur, Georgia.