

By direction of the Commission.

**Donald S. Clark,**

Secretary.

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Dated: September 20, 2002.

**William Raub,**

Deputy Assistant Secretary for Planning and Evaluation.

[FR Doc. 02-24433 Filed 9-25-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Secretary's Advisory Committee on Regulatory Reform—Cancellation

**AGENCY:** Office of the Assistant Secretary for Planning and Evaluation, HHS.

**ACTION:** Notice of cancellation of meeting.

**SUMMARY:** This notice announces the *cancellation* of a public meeting of the Department of Health and Human Services (HHS) Secretary's Advisory Committee on Regulatory Reform that was scheduled to be held on Tuesday, October 1, from 9 a.m. to 5 p.m. and on Tuesday, June 11, from 8 a.m. to 3 p.m. This meeting will be rescheduled for a later date. Information about dates, times, and locations for the meeting will be posted in the **Federal Register** and on the Committee Web site at [www.regreform.hhs.gov](http://www.regreform.hhs.gov) once the event has been rescheduled.

**FOR FURTHER INFORMATION CONTACT:**

Margaret P. Sparr, Executive Coordinator, Secretary's Advisory Committee on Regulatory Reform, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Avenue, SW., Room 344G, Washington, DC, 20201, (202) 401-5182.

**SUPPLEMENTARY INFORMATION:** On June 8, 2001, HHS Secretary Thompson announced a Department-wide initiative to reduce regulatory burdens in health care, to improve patient care, and to respond to the concerns of health care providers and industry, State and local Governments, and individual Americans who are affected by HHS rules. Common sense approaches and careful balancing of needs can help improve patient care. As part of this initiative, the Department established the Secretary's Advisory Committee on Regulatory Reform to provide findings and recommendations regarding potential regulatory changes. These changes would enable HHS programs to reduce burdens and costs associated with departmental regulations and paperwork, while at the same time maintaining or enhancing the effectiveness, efficiency, impact, and access of HHS programs.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

[ATSDR-185]

#### Availability of Draft Interaction Profiles

**AGENCY:** Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

**ACTION:** Notice of availability.

**SUMMARY:** This notice announces the availability of three draft interaction profiles prepared by ATSDR for review and comment.

**DATES:** To ensure consideration, comments on these draft documents must be received on or before November 30, 2002. Comments received after the close of the public comment period will be considered at the discretion of ATSDR based upon what is deemed to be in the best interest of the general public.

**ADDRESSES:** Requests for copies of the draft interaction profiles should be sent to the attention of Ms. Franchetta Stephens, Division of Toxicology, Agency for Toxic Substances and Disease Registry, Mailstop E-29, 1600 Clifton Road, NE., Atlanta, Georgia 30333.

Requests for the draft interaction profiles must be in writing, and must specifically identify the interaction profile(s) that you wish to receive. The documents will be primarily available in pdf files. If you do not have a computer, you can ask for a hard copy. ATSDR reserves the right to provide only one copy of each profile requested, free of charge. In case of extended distribution delays, requestors will be notified.

Interaction profiles will also be available on ATSDR's Web site at <http://www.atsdr.cdc.gov>.

Written comments and other data submitted in response to this notice and the draft interaction profiles should bear the docket control number ATSDR-185. Send one copy of all comments and three copies of all supporting documents to Dr. Hana Pohl, ATSDR, Division of Toxicology, Mailstop E-29, 1600 Clifton Road, Atlanta, Georgia

30333 by the end of the comment period. Because all public comments regarding ATSDR interaction profiles are available for public inspection after the documents are published in final, no confidential business information or other confidential information should be submitted in response to this notice.

**FOR FURTHER INFORMATION CONTACT:** Ms. Franchetta Stephens, Division of Toxicology, Agency for Toxic Substances and Disease Registry, Mailstop E-29, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (888)422-8737 or (404)498-0720.

**SUPPLEMENTARY INFORMATION:** These interaction profiles were developed by ATSDR for hazardous substances at Department of Energy (DOE) and National Aeronautics and Space Administration (NASA) waste sites under section 104(i)(3) and (5) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA). This public law mandates that ATSDR shall assess whether adequate information on health effects is available for the priority hazardous substances. Where such information is not available or under development, ATSDR shall, in cooperation with the National Toxicology Program, initiate a program of research to determine these health effects. The Act further directs that where feasible, ATSDR shall develop methods to determine the health effects of substances in combination with other substances with which they are commonly found. The Food Quality Protection Act (FQPA) of 1996 requires that factors to be considered in establishing, modifying, or revoking tolerances for pesticide chemical residues shall include the available information concerning the cumulative effects of substances that have a common mechanism of toxicity, and combined exposure levels to the substance and other related substances. The FQPA requires that the Administrator of the U.S. Environmental Protection Agency consult with the Secretary of the Department of Health and Human Services (which includes ATSDR) in implementing some of the provisions of the act.

To carry out these legislative mandates, ATSDR has developed a chemical mixtures program. As part of the mixtures program, ATSDR developed a guidance manual that outlines the latest methods for mixtures health assessment. In addition, a series of documents called interaction profiles are being developed for certain priority mixtures that are of special concern to

ATSDR. The purpose of an interaction profile is to evaluate data on the toxicology of the "whole" priority mixture (if available) and on the joint toxic action of the chemicals in the mixture in order to recommend approaches for the exposure-based assessment of the potential hazard to public health.

Although key studies for each of the mixtures were considered during the profile development process, this **Federal Register** notice seeks to solicit any additional studies, particularly unpublished data and ongoing studies, which will be evaluated for possible addition to the profiles now or in the future.

The following draft documents will be available to the public on or about, September 1, 2002.

Document 1: Interaction profile for cesium, cobalt, polychlorinated biphenyls, strontium, and trichloroethylene.

Document 2: Interaction profile for arsenic, hydrazines, jet fuels, strontium, trichloroethylene.

Document 3: Interaction profile for cyanide, fluoride, nitrate, and uranium.

All documents issued as "Drafts for Public Comment" represent ATSDR's best efforts to provide important toxicological information on interactions of priority hazardous substances. We are seeking public comments and additional information which may be used to supplement these documents. ATSDR remains committed to providing a public comment period for these documents as a means to best serve public health and our clients.

Dated: September 19, 2002.

**Georgi Jones,**

*Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-02-81]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

*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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Impact Evaluation of CDC's Arthritis Physical Activity Campaign: Physical Activity. The Arthritis Pain Reliever—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background

Arthritis affects nearly 43 million Americans, or about one in every six people, and is the leading cause of disability among adults in the United States. Because of the broad public health impact of this disease, the Centers for Disease Control and Prevention (CDC) developed the National Arthritis Action Plan in 1998

as a comprehensive approach to reducing the burden of arthritis on the United States.

As part of its efforts to implement the National Arthritis Action Plan, the CDC arthritis program developed a physical activity campaign for people with arthritis (PWA), specifically African American and Caucasian men and women aged 45-64, high school education or less, and annual income less than \$35,000 per year. Campaign materials include print ads, 15-, 30- and 60-second radio public service announcements, and desktop displays with brochures for pharmacies, doctors' offices, and community centers. The campaign objectives are to increase target audience members' (1) Beliefs about physical activity as an arthritis management strategy (there are "things they can do" to make arthritis better, and physical activity is an important part of arthritis management); (2) Knowledge of the benefits of physical activity and appropriate physical activity for people with arthritis; (3) Confidence in their ability to be physically active, and (4) Trial of physical activity behaviors.

In Spring and Summer 2002, Physical Activity. The Arthritis Pain Reliever is being pilot-tested by 6 CDC-funded arthritis states; eventually materials will be disseminated to all 38 states funded for arthritis programs by CDC. The preliminary pilot tests are focusing on reach and exposure; a more thorough evaluation is necessary to assess impact of the campaign. This in-depth evaluation will be used to guide the public health practice of the 38 CDC-funded state arthritis programs and their partners in determining to what extent the arthritis physical activity campaign has achieved its objectives.

With the help of a contractor skilled in evaluation of health communication campaigns, CDC will conduct an impact evaluation using convenience samples in up to 12 selected geographic areas. The evaluation may include but not be limited to gathering information from the target audiences of (a) people with arthritis, and (b) physicians and other health care professionals through community surveys, in-person and follow-up telephone interviews, intercept interviews, and other quantitative methods recommended by the evaluation contractor. There is no cost to respondents.