conclude with a presentation on litigation issues affecting the clinical research enterprise. The Committee also will discuss future tasks for the remainder of the year.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting on March 29 and 30, 2004. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed material distributed to SACHRP members for this scheduled meeting should submit materials to the Executive Director, SACHRP (contact information listed above) prior to close of business March 16, 2004.

Information about SACHRP and the draft meeting agenda will be posted on the SACHRP Web site at: *http://ohrp.osophs.dhhs.gov/sachrp/sachrp.htm*.

Dated: February 12, 2004.

Bernard A. Schwetz

Acting Director, Office for Human Research Protections, and Acting Executive Secretary, Secretary's Advisory Committee on Human Research Protections.

[FR Doc. 04–3603 Filed 2–18–04; 8:45 am]

BILLING CODE 4150–36–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 that the Office of Management and Budget (OMB) allow the proposed information collection project: ''CAHPS II Reports Laboratory Experiment''. This experiment will assess the impact of improved data displays on consumers' understanding and use of reports of health care quality. In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by April 19, 2004.

ADDRESSES: Written comments should be submitted to: Cynthia D. McMichael, Reports Clearance Officer, AHRQ, 540 Gaither Road, Suite 5022, Rockville, MD 20850.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from AHRQ's Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 427–1651.

SUPPLEMENTARY INFORMATION:

Proposed Project—''CAHPS II Reports Laboratory Experiment''

CAHPS II Reports Laboratory Experiment is designed to assess the impact of improved data displays on consumers' understanding and use of reports of health care quality and tests the impact of alternative design features. Getting consumers to pay attention to and use comparative quality information continues to be a major challenge to CAHPS and other quality reporting efforts, including efforts by the Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA), and others. We need to learn more about ways to maximize the likelihood that consumers of health services will look at and pay attention to quality information, understand and interpret it accurately, use the information appropriately, and make ''effective'' choices based on the information.

This study will test the impact of alternative design features on user comprehension of available health care quality information and on its saliency to user decision-making. The study will assess ease of navigation of alternative approaches and consumers' stated preferences among the choices offered.

Study participants will be persons between 25–70 years old who have health insurance and have had a visit to a doctor in the last 12 months. The quality information presented to study participants in this laboratory experiment evaluating design alternatives will consist of mock data on consumers' assessments of the care provided by their physicians. The quality information will contain measures of physician performance, with candidate measures including how well the doctor scored on (1) listening carefully to patients; (2) giving explanations that are easy to understand; (3) spending enough time with patients; and, (4) treating patients with courtesy and respect. The quality information also will include ratings of the doctor's staff, for example, office staff that are as helpful as they should be and office staff who treat patients with courtesy and respect. Finally, the quality information will include measures of access to care, such as being able to make appointments as soon as needed, a reasonable amount of time waiting in the doctor's office, and access to extended hours of service. The exact quality measures on which we will present information will be determined during preliminary testing.

Data Confidentiality Provisions

To protect subject confidentiality, the following procedures will be employed:

- Upon arriving at the testing location and prior to participation, each subject will receive and sign the consent form, approved by the grantee's Institutional Review Board, that contains information about their rights as a subject and the measures being taken to safeguard confidentiality. A test administrator will verbally repeat and explain the information in the form at the beginning of the testing session. Subjects will be informed that their participation is voluntary and that they have the right to refuse to answer any questions or to stop participating at any point during the testing session.
- All subject materials will be marked with a unique ID number, rather than the subjects' names. Subjects' names will never be linked with their individual answers. Any information linking subject names and ID numbers will be kept in a secure location and will be accessible only to members of the project team. Subject names will not be shared with anyone outside of the project team.
- All information will be aggregated and reported at the group, rather than the individual, level.
- During portions of the testing session that will be video-taped (*i.e.,* the taping of the ''choose a doctor'' and comprehension questions to gather timing data), we will refer to the subjects by first name only. The videotapes will be marked with subject ID numbers and will be stored in a secure location. The tapes will be used only for analysis purposes by project team members.
- Subjects will be informed that participation is voluntary.
- All completed subject materials (*e.g.,* recruitment screeners, questionnaires, tapes, consent forms, incentive receipt forms) will be kept in a secure location accessible only to members of the project team.

• All completed questionnaires, video tapes and other subject materials will be destroyed no later than 12 months following the end of the CAHPS II project.

Methods of Collection

The data will be collected using a pencil and paper.

ESTIMATED ANNUAL RESPONDENT BURDEN

Survey	Number of respondents	Estimated time per respondent hours	Estimated total burden hours	Estimated annual cost to the government
A. Potential participants who did not enroll in study	100	.10	10	1000
B. Potential participants who did enroll in study	250	.25	62.5	6250
C. Actual number of participants in laboratory experiment (subset of B)	210	2.0	420	39500
Total (A+B)	350	1.4	492.5	46,750

Request for Comments

In accordance with the above cited Paperwork Reduction Act legislation, comments on AHRQ's information collection 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 AHRQ, including whether the information will have practical utility; (b) the accuracy of AHRQ'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.

Dated: February 11, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–3550 Filed 2–18–04; 8:45 am]

BILLING CODE 4150–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Administration on Children, Youth and Families; Notice ACYF/HS–2003–01A

AGENCY: Administration for Children and Families (ACF), Administration on Children, Youth, and Families (ACYF).

ACTION: Request for public comments and statements of interest on the proposed merger of Head Start Grantees in Rhode Island.

SUMMARY: This is a correction of the original notice, published on December 31, 2003, of the intent to notify interested parties of the merger of two Head Start programs in Rhode Island.

EFFECTIVE DATE: March 5, 2004.

FOR FURTHER INFORMATION CONTACT: Renee Perthius, (202) 260–1721.

SUPPLEMENTARY INFORMATION: Self Help, Inc., and New Visions for Newport County, Inc., both in Rhode Island, are proposing to merge their federally-funded Head Start programs. This proposed merger is expected to bring about a more cost-effective and efficient service delivery to children and their families. The Head Start Bureau of the Administration for Children and Families (ACF), within the United States Department of Health and Human Services, has this proposal under consideration and is currently evaluating its effect on Head Start services for children and families in the community. Under the proposed merger, Self Help, Inc., would be absorbed by New Visions for Newport County, Inc. New Visions for Newport County, Inc., operating under the new name of East Bay Community Action Program, would provide Head Start services for the community it now serves, as well as the community now served by Self Help, Inc.

Mergers of local Head Start grantees usually require ACF to offer an open competition in the specified service area of the grantee being absorbed. While this request for a merger, without a competitive review process, is under consideration, public comments are being solicited. Additionally, this notice also serves to encourage and welcome statements of interest from any local public agency, local public school system, local non-profit agency or local for-profit organization, or local faith-based organization that would want to compete for funding to provide Head Start services in the area now served by Self Help, Inc.

New Visions for Newport County, Inc., also receives funding to conduct an Early Head Start program which, except for the name change to East Bay Community Action Program, is not a part of a proposed merger. New Visions for Newport County, Inc., renamed East Bay Community Action Program, will continue to provide Early Head Start services in the community.

The original notice notifying interested parties of the proposed merger of two Rhode Island Head Start programs was published in the **Federal Register** on December 31, 2003. That notice included the incorrect statement that Self Help, Inc., is an Early Head Start grantee. This notice is being published to correct that statement. New Visions for Newport County is the Early Head Start grantee in the community and has previously contracted-out operation of a portion of the program to Self-Help, Inc. The proposed merger will not affect New Visions' funding under the Early Head Start program.

Please mail or fax your statements of support or objection to this proposed merger and grant transfer, as well as any request for consideration by March 5, 2004, to Michelle Hastings; Pal-Tech, Inc.; 1000 Wilson Blvd., Suite 1000; Arlington, VA 22209; 1–800–458–7699; 703–243–0496 (fax).

Dated: February 12, 2004.

Joan E. Ohl,

Commissioner, Administration for Children, Youth, and Families.

[FR Doc. 04–3604 Filed 2–18–04; 8:45 am]

BILLING CODE 4184–01–M