Purpose: At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day the Committee will hear updated and status reports from the Department including topics such as Clinical Data Standards, the Consumer Health Informatics Initiative, and the Privacy Rule. In the afternoon there will be a presentation from the Committee on National Statistics (CNSTAT) on its recently completed assessment of the racial and ethnic data collected by HHS and a discussion of recommendations, reports and letters that the Committee is working on in selected areas including quality, and racial and ethnic data. On the second day the Committee be briefed on the Centers for Disease Control and Prevention's (CDC) Futures Initiative and the Agency for Healthcare Quality and Research's (AHRQ) National Healthcare Disparities Report. In the Afternoon the Committee will be briefed on the Medicare Modernization Reform Act and the Center for Medicare and Medicaid Service's (CMS) Quality Initiatives. There will also be reports from the Subcommittees and discussion of agendas for future Committee meetings.

The times shown above are for the full Committee meeting. Subcommittee breakout sessions are scheduled for late in the afternoon of the first day and in the morning prior to the full Committee meeting on the second day. Agendas for these breakout sessions will be posted on the NCVHS website (UL below) when available.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Majorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, 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 further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: May 28, 2004.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 04–13232 Filed 6–10–04; 8:45 am]

BILLING CODE 4151–05–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meetings

In accordance with section 10(d) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2), announcement is made of a Health Care Policy and Research Special Emphasis Panel (SEP) meetings.

A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the upcoming SEP meetings listed below will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 522b(c)(6). Grant applications for Health Information Technology (HIT) Awards to promote and improve patient safety and the quality of healthcare are to be reviewed and discussed at these meetings. These discussions are likely to reveal personal information concerning individuals associated with the applications. This information is exempt from mandatory disclosure under the above-cited statutes.

SEP Meeting on: Demonstrating the Value of Health Information Technology (R01) Awards.

Date: June 30–July 2, 2004 (Open July 1 from 8 a.m. to 8:15 a.m. and closed for the remainder of the meeting).

Place: John M. Eisenberg Building, AHRQ Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

SEP Meeting on: Transforming Healthcare Quality Through Information Technology (THQIT)—Implementation Grants (U01).

Date: July 18–21, 2004 (Open July 19 from 8 a.m. to 8:15 a.m. and closed for the remainder of the meeting).

Place: John M. Eisenberg Building, AHRQ Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

SEP Meeting on: Transforming Healthcare Quality Through Information Technology (THQIT)—Planning Grants (P20).

Date: August 4–6, 2004 (Open August 5 from 8 a.m. to 8:15 a.m. and closed for the remainder of the meeting).

Place: John M. Eisenberg Building, AHRQ Conference Center, 540 Gaither Road, Rockville, Maryland 20850.

Contact Person: Anyone wishing to obtain a roster of members, agenda or minutes of the nonconfidential portions of these meetings should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Room 2038, Rockville, Maryland 20850, Telephone (301) 427–1554.

Agenda items for these meetings are subject to change as priorities dictate.

Dated: June 7, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–13293 Filed 6–10–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–63]

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Assessment of Healthcare-associated Adverse Events—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

CDC, National Center for Infectious Diseases, Division of Healthcare Quality Promotion (DHQP) disseminates notices and alerts through a voluntary electronic mail subscriber list (*i.e.,* Rapid Notification System) to inform healthcare personnel about healthcare-associated disease outbreaks and clusters or adverse events that may be

of national importance, and recommendations for preventing infections and antimicrobial resistance.

DHQP is occasionally involved in gathering information to determine if a recognized adverse event (*e.g.,* an infection following the use of a particular product, type of equipment, or with a microorganism that has rarely been reported) has occurred on a national level in healthcare facilities. The information gained would be used to target corrective actions or educational strategies to improve the public's health by preventing future adverse events.

To rapidly determine the scope of adverse events at the time soon after a public health notification or product recall, DHQP seeks to conduct short surveys using OMB approved questions among participants in the Rapid Notification System, National Nosocomial Infection Surveillance (NNIS), and other CDC networks. The survey will also be posted on the CDC website to reach additional healthcare professionals. The number of questions in each survey will range from five to 10. Data will be collected using a Web-based data collection form. There will be no costs to the respondents. The burden estimate is based on three surveys per year. The table below shows the estimated annual burden of hours to complete the survey.

Annualized Burden Table:

Title	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total burden hours
Assessment of healthcare-associated adverse events	2,500	1	10/60	417
Total	2,500			417

Dated: June 7, 2004.

Bill J. Atkinson,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–13262 Filed 6–10–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–64]

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 Sandra Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Comprehensive Cancer Control (CCC) Capacity Assessment—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

While much has been learned about the development of the Comprehensive Cancer Control (CCC) plans, little is known about: (1) CCC grantee activities; (2) organizational capacity to plan, implement, or evaluate CCC efforts; and (3) essential elements of implementing CCC plans. CDC, through an evaluation contract will assess these three components of the CCC Program. This assessment focuses on the second component of the evaluation. The purpose of the capacity assessment is to ascertain the capacity of states, territories and tribal organizations to plan, implement and evaluate CCC efforts.

A Web-based survey will be used to collect descriptive information from all 50 states, the District of Columbia, 8 territories, and 15 tribes on six critical areas of capacity (funding, staffing, data, partnerships, leadership and organizational support.) CCC Program Managers or chronic disease Directors will complete the survey, with assistance from other staff or partner organizations as needed. A total of 74 managers or directors will be asked to complete the survey, which is expected to take an average of 2 hours to complete. Other staff or partner organizations assisting respondents in completing the survey will spend 15 minutes, on average, providing information. Respondents who indicate that particular CCC activities are not in place will be contacted by telephone to explore issues, barriers, and future plans. We estimate that these telephone calls will be made to one-third of respondents and will take an average of 30 minutes to complete. The only cost to respondents is their time. This is a one-time data collection effort.

Form	Respondents	Number of respondents	Number of responses/respondents	Average burden per response (in hrs.)	Total burden hours
1	State and Territory managers or directors	66	1	2	132
1	State and Territory staff or partners	132	1	15/60	33
2	Tribal managers or directors	8	1	2	16
2	Tribal staff or partners	16	1	15/60	4