Reports Clearance Officer on (202) 690–6207.

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.

Proposed Projects 1. OCR Pre-grant Automation Project— New—The Office for Civil Rights (OCR) has developed a standardized automated review format for the conduct of civil rights compliance investigations of health care providers who have requested certification to participate in the Medicare program. Health care providers requesting certification must review their policies/practices and submit material to demonstrate compliance with the civil rights requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Respondents: Businesses or other for-profit, State, Local or Tribal Government; Annual Number of Respondents: 3,000; Frequency of Response: one time; Average Burden per Response: 16 hours; Annual Burden: 48,000 hours.

Send comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue S.W., Washington DC, 20201. Written comments should be received within 60 days of this notice.

Dated: April 18, 2000.

Dennis P. Williams,

Deputy Assistant Secretary, Budget.

[FR Doc. 00–11126 Filed 5–3–00; 8:45 am]

BILLING CODE 4150–04–V

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS) Executive Subcommittee.

Time and Date: 10:00 a.m.–3:00 p.m. EDT, May 9, 2000.

Place: Hubert H. Humphrey Building, Conference Room 425A, 200 Independence Avenue S.W., Washington, DC.

Status: Open.

Purpose: At this meeting, the Executive Subcommittee will discuss work plans for the year 2000, including future meetings, hearings, reports, and other projects. They will also begin to plan for a strategic planning retreat to be held later this year.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey building by non-government employees. Persons without a government identification card may need to have the guard call for an escort to the meeting.

CONTACT PERSON FOR MORE INFORMATION: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, 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 will be posted when available.

Dated: April 26, 2000.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 00–11125 Filed 5–3–00; 8:45 am]

BILLING CODE 4151–05–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 (AHRQ), formerly known as the Agency for Health Care Policy and Research (AHCPR), HHS.

ACTION: Notice.

SUMMARY: This notice announces the Agency for Healthcare Research and Quality (AHRQ) intention to request the Office of Management and Budget (OMB) to allow a proposed information collection project: ''Development and Implementation of National guideline Clearinghouse (NGC) Evaluation''. In accordance with the Paperwork Reduction Act of 1995, Public law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on February 25, 2000 and allowed 60 days for public comment. No public comments were received.

The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by June 5, 2000.

ADDRESSES: Written comments should be submitted to the OMB Desk Officer at following address: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, OMB, New Executive Office Building, Room 10235, Washington, DC 20503.

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.

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.

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

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ Reports Clearance Officer, (301) 594–3132.

SUPPLEMENTARY INFORMATION:

Proposed Project

Development and Implementation of National Guideline Clearinghouse (NGC) Evaluation

The NGC already reaches many individuals indicating its great potential to affect medical practice. In the nine months since it became available to the public, the NGC site has processed over 5 million requests guideline information with an average user visit lasting seven minutes. Over the last six months, the ''hit volume'' (*e.g.* connection to the Internet site) has been fairly constant with approximately 36,000 per day. The majority of users are within the United States, but the site is also utilized globally, indicating the potential for far reaching effects.

AS the NGC audience continues to grow and the field of best practices develops, the Web site will only be effective if it keeps pace with the needs of its users. A small study conducted by the American Medical Association (AMA) to gauge NGC awareness and satisfaction with the site among their members provides the only data to date on how the NGC is currently perceived by users. Although its conclusions were limited by a small sample size of physician respondents (*e.g.,* n=44), the AMA survey suggested that several functions of the NGC could be improved. These findings support the need for a further, more comprehensive evaluation of the site's quality and usefulness in order for AHRQ to meet users' needs and to promote implementation of guidelines by health care professionals. The results of this type of evaluation will assist AHRQ and others to understand what users want and need to utilize clinical guidelines in the provision of care. The timeliness and need for this evaluation effort are further underscored by the development of a customer satisfaction survey by the NGC Web site developer pursuant to its original contract in accordance with widely accepted management practices. This electronic survey is designed to capture NGC audience satisfaction with the interface and format of the Web site and will complement this proposed evaluation of the content, quality, and usefulness of information.

The NGC is intended to serve the needs of a diverse population of users. Not only are the user groups different, their expectations and uses of the NGC are unique. Moreover, no single sampling or data collection technique is sufficient to capture the needed information from these groups. A survey that attempted to capture the perspectives of all groups would be long, complicated, and burdensome.

Therefore, we propose using a three-tiered data collection scheme designed to get distinct types of information in a manner most useful to helping evaluate how well the Web site is serving its intended populations. The three proposed approaches are survey questionnaire, focus group discussions, and unstructured, informational discussions. Each will be applied to a subset of all users, as appropriate, to capture their unique needs and complement the overall data collection effort.

Data Confidentiality Provisions

Although no information on race, income, sexual behavior and attitudes, religious beliefs, or other matters commonly considered private will be requested, the contractor responsible for conducting the study will perform in accordance with the requirements of the Privacy Act, 5 USC 552a, and the Agency's confidentiality statute, 42 USC 299c–3(c), to protect respondents' privacy and the confidentiality of data collected. All results will be reported without attributing responses to any individual source. Information gained for the purposes of this data collection will only be used for the purposes of this project.

Data Products

The evaluation goals will be achieved through three types of data collection: (1) Written survey questionnaires, (2) focus groups, and (3) discussions with individuals working in health care who contribute to guideline development and use. Assignments of data collection modes to target audience groups are designed to reach the maximum number of respondents and the broadest range of groups. Participation will be minimally burdensome and is voluntary. Both qualitative and quantitative data will be collected to characterize the experiences and needs of users in a manner most likely to facilitate improvement activities by AHRQ.

The project will benefit AHRQ, the medical community, policymakers, health service researchers, and ultimately patients in the following ways:

- AHRQ will be able to monitor how their current format and content are serving their intended audiences;
- AHRQ will be able to assess how the Clearinghouse is affecting future development of guidelines and their implementation in clinical practices;
- AHRQ will be able to use the evaluation results to refine the site, thereby making it more useful for the medical community and other professionals who use guidelines in care management;
- Individual clinicians will be better able to obtain timely guidance about the management of complex clinical problems;
- Federal, State, and private purchasers will be better able to encourage contracted or prospective plans and providers to adopt clinical practices that are consistent with the best available standards of care; and
- Public policy experts will be better able to obtain unbiased, evidence-based guidelines and information for decisionmaking and policy purposes.

Method of Collection

Electronic mail will be used to transmit the written survey responses. The written survey will be also be linked to the NGC Website. Users can complete the survey on-line, and their responses will be automatically submitted. By using e-mail and the Web link to target our audience, we are ensuring that our respondents are Web-based users. This approach significantly reduces the burden to non-Web users who would be unable to contribute information useful to this data collection. Additionally, this use of information technology minimizes the burden on the targeted respondents by improving the ease with which they can submit their survey responses.

ESTIMATED ANNUAL RESPONDENT BURDEN

Annual number of respondents	Estimated time per respondent (hours)	Estimated total annual burden hours	Estimated annual cost to the government
1,359	0.25	408	$249,993

The survey instrument is short and poses minimal burden on the time of respondents. Estimates of time required to complete the survey during the pilot phase range from 7 to 20 minutes. The annual hour burden calculation assumes each survey will last 15 minutes, therefore the total of annualized hourly costs to participants is estimated to be $30,040.

John M. Eisenbert,

Director.

[FR Doc. 00–10983 Filed 5–3–00; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day–00–36]

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, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, 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 Projects

Youth Risk Behavior Survey—(0920–0258)—Renewal—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The proposed project is the 2001 national school-based Youth Risk Behavior Survey. The purpose of this request is to renew OMB clearance to continue an ongoing biennial survey among high school students attending regular public, private, and Catholic schools in grades 9–12. The survey assesses priority heath risk behaviors related to the major preventable causes of mortality, morbidity, and social problems among both youth and adults in the U.S. OMB clearance for the 1999 survey expired January 2000 (OMB No. 0920–0258, expiration 01/00). Data on the health risk behaviors of adolescents is the focus of approximately 40 national health objectives in Healthy People 2010. The Youth Risk Behavior Survey provides data to measure at least 10 of these health objectives and 3 of the 10 Leading Health Indicators. In addition, the Youth Risk Behavior Survey can identify racial and ethnic disparities in health risk behaviors. No other national source of data measures as many of the 2010 objectives that address behaviors of adolescents. The data also will have significant implications for policy and program development for school health programs nationwide.

The total estimated cost to student respondents is $47,250, which is calculated in terms of their time spent in responding to the survey and is based on an assumed minimum wage of $5.25/hour for the 1999–2000 school year. The total estimated cost to school administrators is $5,882 which is calculated in terms of their time spent in recruitment and is based on an assumed average hourly rate of $34. Thus, the total costs to respondents, based on the costs of their time, are $53,132.

Respondents	Number of respondents	Number of responses per respondent	Burden per response (in hours)	Total burden hours.
High school students	12,000	1	0.75	9,000
School administrators	345	1	0.50	173
Total	12,345			9,173

Dated: April 28, 2000.

Charles W. Gollmar,

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

[FR Doc. 00–11095 Filed 5–3–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Intent; Genetic Testing Under the Clinical Laboratory Improvement Amendments

SUMMARY: The Centers for Disease Control and Prevention (CDC) acts as a scientific advisor to the Health Care Financing Administration (HCFA) in development of requirements for clinical laboratories under the Clinical Laboratory Improvement Amendments (CLIA). The CDC is issuing this notice to advise the public that the Department of Health and Human Services (HHS) will be preparing a Notice of Proposed Rule Making (NPRM) to revise the CLIA regulations applicable to laboratories performing human genetic testing. Before issuing the NPRM, comments are being solicited on the recommendations of the Clinical Laboratory Improvement Advisory Committee (CLIAC) to change current CLIA requirements to specifically recognize a genetic testing specialty. This new speciality area will address unique testing issues in the pre-analytic, analytic, and post-analytic phases of testing that could affect the accuracy and reliability of test results, and related issues such as informed consent, confidentiality, counseling, and the clinical appropriateness of a genetic test. To ensure that a full range of issues relating to this proposed action are addressed and potential impacts are identified, comments and suggestions are invited from all interested parties. Comments or questions regarding this proposed action should be directed to CDC at the address below.

The Department has also established a Secretary's Advisory Committee on Genetic Testing (SACGT) to advise the Department on the medical, scientific, ethical, legal, and social issues raised by the development and use of genetic