availability, costs and scope of private health insurance benefits among Americans;

• Examining the effects of changes in how chronic care and disability are managed and financed;

• Evaluating the growing impact of managed care and of enrollment in different types of managed care plans; and

• Examining access to and costs of health care for common diseases and conditions, health care quality, prescription drug use, and other health issues.

Statisticians and researchers will use these data to make important generalizations on the civilian non-institutionalized population of the United States, as well as to conduct research in which the family is the unit of analysis.

Method of Collection

The data will be collected using a combination of modes. For example, the AHRQ intends to introduce study participants to the survey through advance mailings. The first contact will provide the household with information regarding the importance and uses of the information obtained. The AHRQ will then conduct five (in-person) interviews with each household to obtain health care use and expense data. Data will be collected using a computer-assisted personal interviewing method (CAPI). In certain cases, AHRQ will conduct interviews over the telephone, if necessary. Burden estimates follow:

Estimated Annual Respondent Burden Per Year

Each MEPS participant is asked to complete 5 interviews over two and one half years. Each interview averages 1.8 hours in length. Total burden is estimated in the following chart.

Survey period	Number of completes	Burden per complete (hours)	Total burden (hours)
Feb–July 2001	19,380	1.8	34,884
August–Dec 2001	13,280	1.8	23,904
Feb–July 2002	21,248	1.8	34,246
Aug–Dec 2002	16,239	1.8	29,230
Feb–July 2003	24,187	1.8	43,537
			148,291

Dated: September 27, 2000.

John M. Eisenberg,

Director.

[FR Doc. 00–25339 Filed 10–2–00; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–00–52]

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 (CDC) is providing an 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 Assistant Reports Clearance Officer at 404–639–7090.

Comments are invited on: (i) Whether the proposed collection of information is necessary for the proper performance of the functions of the CDC, including whether the information shall have a practical utility; (ii) the accuracy of the agency's estimate of the burden of the proposed collection of information; (iii) ways to enhance the quality, utility, and clarity of the information to be collected; and (iv) 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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, Georgia 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Survey to Determine the National Capacity to Provide Colorectal Cancer Screening and Follow-up Examinations—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, proposes to conduct a study to provide a national assessment of the current capacity to conduct colorectal cancer (CRC) screening and follow-up examinations for average risk persons aged 50 and older. Colorectal cancer is the second leading cause of cancer-related deaths in the United States. While there is strong scientific evidence that screening for CRC reduces incidence and mortality from this disease, rates of use of screening tests are currently low. Efforts to promote widespread screening for CRC are intensifying among local, state, and federal health agencies and professional organizations nationwide. However, limited information is available regarding the number of health care personnel currently trained and available to perform screening and follow-up examinations.

The proposed study will be conducted through the implementation of a survey which will be mailed to a random sample of 1,800 providers known to possess flexible sigmoidoscopes and colonoscopes, based upon lists provided by major endoscopic equipment manufacturers. The sampling frame will be designed to include providers from all regions of the country and all physician specialists who may be screening for CRC. The survey will provide information on the types of health care providers who are performing CRC screening and follow-up examinations, the equipment currently being used for screening and follow-up examinations, and current reimbursement rates for these tests. The results of the analysis will be used to (1) identify deficits in the medical infrastructure, (2) guide the development of training initiatives and educational programs for health care providers, and (3) provide critical baseline information for local, state and federal policy makers for the planning of national initiatives to increase colorectal cancer screening. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/ respondent	Average burden of response (in hrs.)	Total burden (in hrs.)
Health Care Providers	1800	1 D20/60	600	
Office Managers	1800	1	20/60	600
Totals				1200

Dated: September 27, 2000.

Nancy Cheal,

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

[FR Doc. 00–25321 Filed 10–2–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Availability of Government-Owned Trademark for Licensing

AGENCY: National Institute of Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

TITLE: Availability of a Government-owned Trademark for Licensing: The Registry of Toxic Effects of Chemical Substances (RTECS®).

ACTION: Notice and request for proposals. NIOSH is requesting proposals for the purpose of establishing a licensing agreement for the continuation of a trademarked product: RTECS®. (The NIOSH Trademark named in this notice is owned by the United States Government and is available or licensing in the United States (U.S.), in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally funded research and development.)

SUMMARY: From the 1971 initial release of the mandated *Toxic Substances List,* the National Institute for Occupational Safety and Health (NIOSH) has been systematically building and updating the Registry of Toxic Effects of Chemical Substances (RTECS®). RTECS® was originally published in book format, later a microfiche version was developed. Currently, RTECS® is available in a digital format for electronic delivery. RTECS® is recognized as the world's most extensive collection of numerical toxicological data. Because RTECS® identifies specific toxicological endpoints, it has a unique status among databases that provide toxicology information. RTECS® is used not only by the occupational safety and health community; it serves as a standard reference for life-science scientists and regulatory groups from all parts of the world. Both its content and design have contributed to its wild spread use, thus making RTECS® a commercially viable product. NIOSH is now soliciting proposals from organizations interested in assuming the responsibility for the continued operation and funding of RTECS®. This include the ongoing review of toxicological documents, extraction and updating of appropriate information as well as the marketing and distribution of the RTECS® database through a trademark licensing agreement.

DATES: Written licensing proposals can be sent to Thomas E. O'Toole, M.P.H., Deputy Director, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop E–67, 1600 Clifton Road, Atlanta, Georgia 30333 on or before December 4, 2000.

FOR FURTHER INFORMATION CONTACT: Doris Sweet, Education and Information Division, Information Resources Branch, NIOSH, CDC 4676 Columbia Parkway, Mailstop C–18, Cincinnati, Ohio 45226, telephone 513–533–8359, e-mail address: *dvs1@cdc.gov.*

SUPPLEMENTARY INFORMATION:

RTECS® Trademark License Proposal

1. Exclusive use of the RTECS® name for the production and marketing of the database. The Licensee will have unlimited right to the use of the RTECS® name for product identification and promotion as related to selling and marketing the production of the Database.

2. Control of the current RTECS® Master File. The Licensee will provided with a copy of the last NIOSH-produced RTECS® Master File and the CODEN File. The Licensee may reformat the data, provided the six toxicity fields remain intact. New fields may be added for the enhancement of the Database (*e.g.* physical and chemical properties, structural formulas, author names). Selected fields may be deleted if the worth or power of the Database is not diminished (*e.g.,* Wiswesser Line Notation).

3. Authority and responsibility for vendor agreements. Upon execution of this agreement, the National Technical Information Service (NTIS), currently serving as broker for NIOSH, will notify all current vendors that existing vendor agreements will terminate after ninety (90) days. Thereafter, vendor agreements become the responsibility of the Licensee, who may decide to extend existing agreements until the expiration date, or to negotiate new agreements with all vendors. The Licensee will not be bound by any previous agreements with NTIS, unless they chose to negotiate with that organization.

4. Access to comprehensive documentation. NIOSH will provide access to the collection of all source references cited in RTECS®. These are an essential tool in accessing the original documentation cited in the Database. In order to assure full historical information, NIOSH will also provide access to a complete collection of printed editions of RTECS®, from 1971 to 1985–86, and annual microfiche editions beyond 1987.

5. NIOSH consultation services. NIOSH will provide support to the Licensee through participation on any established Board/Committee empowered to modify the Database.

NIOSH Requirements To Be Addressed in the Proposal

1. Maintenance of RTECS® as a viable toxicological database. The Licensee must maintain the quality of the Database, making only such changes that will enhance its value and power, and those mandated by changing technologies. The adoption of alternate test methods will require an altered approach. The proposal should address plans for coverage of current toxicological literature on an international scale.

2. Preservation of international literature coverage. The proposal shall address the manner in which the continued coverage of international literature will be accomplished. Because much of the current data now originates from outside the United States, especially in the Orient and Eastern Europe, access to linguistic skills is vital.