

**ADDRESSES AND CONTACT:** Ms. Sally Jones, Administrative Officer, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Department of Health and Human Services, 200 Independence Avenue, SW., room 738-G, Washington, DC 20201; Telephone (202) 260-7654. An application for this award should be submitted by the ATPM and received by Ms. Jones no later than close of business September 28, 2001.

**SUPPLEMENTARY INFORMATION:** The Office of Disease Prevention and Health Promotion (ODPHP) uses cooperative agreements with national organizations to support its mandate to provide leadership to promote health and prevent disease among Americans through management and coordination of the implementation of Healthy People 2010, the nation's health objectives for this decade. Through cooperative agreements, ODPHP has forged public-private partnerships to extend the reach and effectiveness of its work. This program addresses especially the Healthy People 2010 Leading Health Indicators. For a copy of Healthy People 2010, visit the Internet site: <http://health.gov/healthypeople>.

ODPHP intends to provide financial assistance of about \$257,000 to the Assistance of Teachers of Preventive Medicine to: (a) Complete the process of managing the 2000-2002 Luther L. Terry Preventive Medicine Fellowship; (b) work with a consortium of societies of teachers and practitioners of primary health care and preventive medicine to complete the process of selecting the 2002-2004 Luther L. Terry Preventive Medicine Fellowship; (c) complete the management of an ODPHP/ATPM fellow in health promotion and disease prevention to facilitate implementation of the Leading Health Indicators; (d) complete support for 2001-2002 preventive medicine residents (and residents in other relevant specialties) to experience residence rotations in a health policy setting as part of their residency program; and (e) prepare a report on the process for recruitment, selection, and management of the Luther Terry fellowship and the preventive medicine residency rotations including suggestions for improvements and enhancements. These programs provide a link between ODPHP and the primary care and preventive medicine education community in the furtherance of Healthy People 2010 implementation.

#### Eligible Applicants

Assistance will be provided only to the Association of Teachers of Preventive Medicine (ATPM). No other

applications are solicited for this activity. ATPM is the most appropriate and qualified organization to conduct the activities under this cooperative agreement because:

1. The work involved is solely to complete activities already initiated through the current cooperative agreement. Transferring responsibility for the remaining tasks to a new organization at this point in time would be disruptive and unproductive.

2. ATPM has a documented ability to build and maintain effective fellowship and residency programs in collaboration with federal health agencies and more specialized medical societies. It has developed and maintains fellows and residency programs for the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Health care Financing Administration. The current Luther L. Terry Preventive Medicine Fellowship, begun in 1985 with ATPM management, continues to function effectively and with guidance from a consortium of specialized societies, including the Society of Teachers of Family Medicine, the Society of General Internal Medicine, and the Ambulatory Pediatric Association.

3. ATPM provides the structure and experience for institution programs that strengthen disease prevention and health promotion at all levels. Through its own membership and mission, ATPM has developed unique knowledge and understanding of the clinical preventive services and the Healthy People objectives. One of its major objectives is to advance preventive medicine and public health in the education of physicians and other health professionals. Thus, ATPM members will benefit directly from these post-graduate opportunities in health promotion and disease prevention.

**Availability of Funds:** Approximately \$257,000 will be available to fund one cooperative agreement. It is expected that this award will begin on or about September 30, 2001, and will be made for a 9-month budget period with a project period ending June 30, 2002. Funding estimates may change.

**Use of Funds:** Funds cannot be used for construction or renovation, to purchase or lease vehicles or vans, to purchase a facility to house project staff or carry out project activities, or to substitute new activities and expenditures for current ones.

#### Other Award Information

The Catalog of Federal Domestic Assistance number is 93.990. This program is not subject to the Intergovernmental Review of Federal

Programs as governed by Executive Order 12372. This program is not subject to the Public Health System Reporting Requirement. ODPHP strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children's Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to the children.

Dated: September 12, 2001.

**Mary Jo Deering,**

*Acting Deputy Director, Office of Disease Prevention and Health Promotion.*

[FR Doc. 01-23279 Filed 9-18-01; 8:45 am]

**BILLING CODE 4150-32-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[CMS-3075-N]

#### Medicare Program; Meeting of the Executive Committee of the Medicare Coverage Advisory Committee—October 17, 2001

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a public meeting of the Executive Committee of the Medicare Coverage Advisory Committee (the Committee). The Committee will act on the recommendation of the Diagnostic Imaging panel regarding FDG Positron Emission Tomography (PET) imaging for breast cancer diagnosis and staging, and the recommendation of the Drugs, Biologics and Therapeutics panel regarding use of levocarnitine in End Stage Renal Disease (ESRD) patients. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)).

**DATES:** *The Meeting:* October 17, 2001 from 8 a.m. until 4:30 p.m., E.D.T.

*Deadline for Presentations and Comments:* October 3, 2001, 5 p.m., E.D.T.

**Special Accommodations:** Persons attending the meeting who are hearing or visually impaired, and have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary by September 26, 2001 (see **FOR FURTHER INFORMATION CONTACT**).

**ADDRESSES:** *The Meeting:* The meeting will be held at the Centers for Medicare & Medicaid Services (CMS) headquarters, Multipurpose Room, 7500 Security Blvd, Baltimore, MD 21244.

*Presentations and Comments:* Submit formal presentations and written comments to Janet A. Anderson, Executive Secretary; Office of Clinical Standards and Quality; Centers for Medicare & Medicaid Services; 7500 Security Boulevard; Mail Stop C1-09-06; Baltimore, MD 21244.

*Web site:* You may access up-to-date information on this meeting at [www.hcfa.gov/coverage](http://www.hcfa.gov/coverage).

*Hotline:* You may access up-to-date information on this meeting on the CMS Medicare Advisory Committee Information Hotline, 1-877-449-5659 (toll free) or in the Baltimore area (410) 786-9379.

**FOR FURTHER INFORMATION CONTACT:** Janet A. Anderson, Executive Secretary, (410) 786-2700.

**SUPPLEMENTARY INFORMATION:** On August 13, 1999, we published a notice in the **Federal Register** (64 FR 44231) to describe the Medicare Coverage Advisory Committee (Committee), which provides advice and recommendations to us about clinical issues. This notice announces the following public meeting of the Committee.

**Current Panel Members**

Harold C. Sox, MD; Robert H. Brook, MD, ScD; Daisy Alford-Smith, PhD; Wade Aubry, MD; Linda Bergthold, PhD; Ronald M. Davis, MD; John H. Ferguson, MD; Leslie P. Francis, JD, PhD; Alan M. Garber, MD, PhD; Thomas V. Holohan, MA, MD, FACP; Joe W. Johnson, DC; Michael D. Maves, MD, MBA; Barbara McNeil, MD, PhD; Robert L. Murray, PhD; Frank Papatheofanis, MD, PhD; Randel E. Richner, MPH.

**Meeting Topic**

The Committee will act on the recommendation of the Diagnostic

Imaging panel regarding FDG Positron Emission Tomography (PET) imaging for breast cancer diagnosis and staging, and the recommendation of the Drugs, Biologics and Therapeutics panel regarding use of levocartine in End Stage Renal Disease (ESRD) patients.

**Procedure and Agenda**

This meeting is open to the public. The Committee will hear oral presentations for the public for approximately 90 minutes. The Committee may limit the number and duration of oral presentations to the time available. If you wish to make a formal presentation you must notify the Executive Secretary named in the **FOR FURTHER INFORMATION CONTACT** section of this notice. In addition, the Executive Secretary must receive, by the Deadline for Presentations and Comments date listed in the **DATES** section of this notice, the names and addresses of proposed participants; a brief statement of the general nature of the evidence or arguments you wish to present; and a written copy of your presentation. We will request that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and CMS presentations, the Committee will deliberate openly on the topic. Interested persons may observe the deliberations, but the Committee will not hear further comments during this time except at the request of the chairperson. The Committee will also allow approximately a 30-minute open public session for any attendee to address issues specific to the topic. At the conclusion of the day, the members will vote and the Committee will make its recommendation.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 5, 2001.

**Jeffrey L. Kang,**

*Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.*

[FR Doc. 01-23325 Filed 9-18-01; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Methodology for Determining If an Increase in a State's Child Poverty Rate Is the Result of TANF.

*OMB No.* 0970-0186.

*Description:* In accordance with Section 413(i) of the Social Security Act and 45 CFR part 284, DHHS intends to extend the following information collection requirements for instances when Census Bureau data show that a State's child poverty rate increased by 5% or more from 1 year to the next: (1) Optional submission of data on child poverty from an independent source; (2) if the increase in the State's child poverty rate is still determined to be 5% or more, an assessment of the impact of the TANF program(s) in the State on the child poverty rate; and (3) if DHHS determines from the assessment and other information that the child poverty rate in the State increased as a result of the TANF program(s) in the State, a corrective action plan.

*Respondents:* The respondents are the 50 States and the District of Columbia; and when reliable Census Bureau data become available for the Territories, additional respondents will be Guam, Puerto Rico, and the Virgin Islands.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Optional Submission of Data on Child Poverty from an Independent Source	54	1	8	432
Assessment of the Impact of TANF on the Increase in Child Poverty .....	54	1	120	6480
Corrective Action Plan .....	54	1	160	8640
<i>Estimated Total Annual Burden Hours .....</i>	.....	.....	.....	15552

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the

Administration for Children and Families is soliciting public comment on the specific aspects of the

information collection described above. Copies of the proposed collection of information can be obtained and