

organizations, and the Office of Management and Budget, although other representatives or individuals may be selected as well. All interested parties, including federal government agencies, federal employees or their representatives, contractors, industry groups, labor unions, and individuals are encouraged to submit suggestions on the composition of the panel. The Comptroller General will consider all submissions prior to appointing the panel. The formation of the panel will be announced in a subsequent **Federal Register** notice early in 2001. The authorization act requires the Comptroller General to submit the report of the panel on the results of the study to Congress by May 1, 2002.

DATES: Submit comments and submissions on or before January 2, 2001.

ADDRESSES: Send comments and submissions to the General Accounting Office, Office of General Counsel, Room 7476, 441 G St. NW., Washington, DC 20548, Attention: William T. Woods. Submit electronic comments via e-mail to: A76panel@gao.gov. See **SUPPLEMENTARY INFORMATION** for other information about electronic filing.

FOR FURTHER INFORMATION CONTACT: William T. Woods, Project Director, (202) 512-8214; e-mail: woodsw@gao.gov.

SUPPLEMENTARY INFORMATION: Section 832 of the National Defense Authorization Act for Fiscal Year 2001, Public Law 106-398, October 30, 2000, directs the Comptroller General of the United States to convene a panel of experts to study the policies and procedures governing the transfer of commercial activities for the federal government from government personnel to a federal contractor. The panel's study is to include a review of (1) procedures for determining whether functions should continue to be performed by government personnel, (2) procedures for comparing the costs of performing functions by government personnel with the costs of performing those functions by federal contractors, (3) implementation by the Department of Defense of the Federal Activities Inventory Reform Act of 1998 (Pub. L. 105-270, 112 Stat. 2382, 31 U.S.C. 501 note), and (4) procedures of the Department of Defense for public-private competitions under Office of Management and Budget Circular A-76. By May 1, 2002, the Comptroller General must submit to Congress a report of the panel on the results of the study, including recommended changes

with regard to implementing policies and enactment of legislation.

The Act requires the Comptroller General or a person within GAO designated by him to serve as the panel's chairman. The Comptroller General must appoint highly qualified and knowledgeable persons to serve on the panel and must ensure that the following entities receive fair representation on the panel: (1) The Department of Defense, (2) persons in private industry, (3) federal labor organizations, and (4) the Office of Management and Budget.

The GAO is in the initial stages of forming a panel to conduct this study. To ensure the entities specified in the Act and others receive fair representation on the panel, the GAO seeks public input on the panel's composition. The GAO invites interested parties to submit suggestions on who should serve on the panel, specific agencies and organizations that should be represented, and the qualifications of panel members. Nominations of particular individuals who should be considered for the panel also may be submitted. Please include the name and phone number of the person to be contacted for clarification or additional information. GAO anticipates that the panel, once formed, will solicit substantive comments on the issues to be reviewed through public hearings or other means. Therefore, substantive comments on the issues to be addressed are not solicited at this time.

Electronic Access and Filing

This notice is available on GAO's website at <http://www.gao.gov> under "Commercial Activities Panel." Comments and suggestions on the panel's composition may be submitted by sending e-mail to: A76panel@gao.gov.

Dated: November 27, 2000.

Jack L. Brock, Jr.,

Managing Director, Acquisition and Sourcing Management, General Accounting Office.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day-01-05]

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 Center 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 Anne O'Connor, 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 Project

Validation of Self-Reported Arthritis Case Definitions in a Managed Care Setting—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). It is difficult to estimate the burden of arthritis on the American public because many patients with arthritis do not seek treatment from a health care provider for the condition. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey that is being used by individual states and the CDC to measure the burden of arthritis. The BRFSS collects a wide variety of self-reported health information, including 6 questions on arthritis. A BRFSS case of arthritis is defined as any person who reports chronic joint symptoms or recalls a diagnosis of arthritis by a health care provider. However, the BRFSS case

definition has not been validated, meaning it is unclear if patients who report arthritis symptoms or a diagnosis of arthritis truly have arthritis based on a clinical evaluation by a health care provider. It is also not known if persons who deny chronic joint symptoms and do not recall a diagnosis of arthritis are free of the condition. It is essential to know the validity of the BRFSS case definition because this survey is currently being used to estimate the burden of arthritis on the population.

To assess whether the BRFSS case definition of arthritis is valid, patients aged 45 and older who are enrolled in the Fallon Clinic, (a health maintenance organization in central and eastern Massachusetts), and have an upcoming

annual physical examination with a primary care physician will be identified through the computerized appointment system. A letter will be sent to 2,100 patients aged 45 to 64 and 2,900 patients aged 65 and older two weeks prior to their scheduled visit informing them of this study and that a research assistant will be calling to conduct a 10 minute interview in the next few days. The telephone survey will identify patients in each age group (aged 45 to 64 and aged 65 and older), who fall into the four following categories: (1) Chronic joint symptoms without a diagnosis of arthritis from a health care provider; (2) a diagnosis of arthritis by a health care provider without chronic joint symptoms; (3)

both chronic joint symptoms and a diagnosis of arthritis by a health care provider; and (4) no chronic joint symptoms and no diagnosis of arthritis by a health care provider. A standardized history and physical examination will be performed on at least 50 persons in the two age groups who fall in the 4 categories described above. Those patients who complete the examination will receive a \$20.00 gift certificate. Results of this clinical evaluation will be compared to the telephone survey responses and also to data derived from ambulatory encounters to assess the validity of the arthritis case definition. There are no cost to respondents.

Respondents	Number of respondents	Responses per respondents	Average burden (in hours)	Total burden (in hours)
Patients—phone survey	3,000	1	10/60	500
Patients—physical exam	500	1	30/60	250
Total				750

Dated: November 27, 2000.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-07-01]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New

Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

Racial and Ethnic Approaches to Community Health (REACH)

Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The REACH 2010 Demonstration Program is a part of the Department of Health and Human Services' response to the President's Race Initiative and to the Healthy People 2010 goal to eliminate disparities in the health status of racial and ethnic minorities. The purpose of REACH 2010 is to demonstrate that adequately funded community-based programs which are designed and led by the communities they serve can reduce health disparities in infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular diseases, diabetes, HIV/AIDS, and deficits in childhood and adult immunizations. The communities served by REACH 2010 include: African

American, American Indian, Hispanic American, Asian American, and Pacific Islander. Thirty-two communities were funded in Phase I to construct Community Action Plans (CAP). In Phase II, seventeen of those communities will receive continued funding to implement their CAP.

As part of the President's Race Initiative, it is imperative that REACH 2010 demonstrate success in reducing health disparities among racial and ethnic minority populations. Toward that end, it is of critical importance that CDC collect uniform survey data from each of the seventeen communities funded for the Phase II REACH 2010 Demonstration Program. The same survey will be conducted in each community; it will contain questions that are standard public health performance measures for each health priority area. Surveys will be administered by either telephone or household interview. These surveys will be administered annually for four years using a different sample from each community.

The total annualized burden hours for this project is 5358 hours.

Respondents	Number of respondents	Responses per respondent	Hours per response
Introductory Call	31,058	1	1/60
Questionnaire	26,400	1	10/60