submitted by claimant under 45 CFR Part 35 and submits Acceptance of Offer of $300,000. In order to ensure that any personal injury settlement with claimant is binding and final and resolves all potential claims arising out of the alleged negligence, Department in its sole discretion determines that, in the event of a settlement, claimant's spouse and children will be required to execute the standard Stipulation, thereby waiving and releasing all past, present, and future claims, including any future claims for wrongful death. Because the children are minors, Department in its sole discretion determines that in the event of a settlement, claimant will be required to obtain, at claimant's expense, appropriate court approval of any settlement on behalf of the minor children to ensure that the waivers and releases by the children are enforceable. Department includes these conditions in its Acceptance of Offer submitted to SD. Claimant submits separate Early Offer of $250,000. SD finds the Early Offer is equal to or less than the Acceptance of Offer and informs claimant and Department that the claim has settled for $250,000, subject to claimant's fulfillment of the conditions stated by Department in its Acceptance of Offer.

(a) Claimant obtains, at claimant's expense, court approval of the settlement on behalf of the minor children, and claimant's spouse and children execute the standard Stipulation. The settlement becomes binding and final and is consummated.

(b) Claimant informs Department that she cannot obtain concurrence of her spouse or minor children, or that she cannot obtain court approval on behalf of the minor children. Because claimant cannot satisfy conditions of the settlement, the settlement does not become binding or final. Department may continue to process claimant's claim under Department's traditional procedures, and claimant may file lawsuit if appropriate under 28 U.S.C. 2675(a). The existence and terms of the unconsummated settlement will ordinarily be inadmissible in a subsequent lawsuit for the alleged medical negligence. *See* Fed. R. Evid. 408.

IV. Further Information

This notice is not intended to constitute, and does not constitute, a comprehensive notice pertaining to any provision of the FTCA except to the extent that procedures governing the Department's settlement of claims brought pursuant to the FTCA are described above. The decisions regarding whether to file an Acceptance of Offer, and the terms of any such Acceptance of Offer, are within the sole discretion of the United States. In particular, the determinations whether to require releases from persons in addition to the claimant or claimants, and whether to require court approval on behalf of any such persons, are within the sole discretion of the Department. This program gives rise to no cause of action, and claimants have no right to require the Department to make an Acceptance of Offer. Claimants' rights shall be determined solely by the terms of any settlement reached hereunder and applicable law.

Dated: September 20, 2004.

Alex M. Azar II,

General Counsel.

[FR Doc. 04–21450 Filed 9–21–04; 11:43 am]

BILLING CODE 4150–26–P

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, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request the Office of Management and Budget (OMB) to allow the proposed information collection project: ''AHRQ–HRSA Chemical, Biological, Radiological, Nuclear and Explosive (All Hazards) Preparedness Questionnaire for Healthcare Facilities for 2004 (CBRNE)''. In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ is submitting to OMB a request for Emergency Review.

This emergency review is requested because collection of this information is urgently needed. The information that will be generated by this survey is critical to the preparedness of the nation with respect to chemical, biological, radiological, nuclear and explosive hazards.

It is crucial for national security that we obtain a baseline assessment of the level of preparedness of our hospitals and health care facilities in order to plan Government program priorities, and to offer current and timely information to the Department of Health and Human Services, the Congress, and to the President in order to inform policy decisions relevant to emergency preparedness.

There has been extensive interest by Federal, State, and Local government offices in obtaining this information and frequent requests from Congress, the Congressional Research Service, Office of Management and Budget, Government Accounting Office, and Department of Homeland Security in order to monitor hospital(s) all hazards preparedness program, and the current level of preparedness in the nation, in order to plan for future all hazards preparedness program(s) and policymaking.

DATES: AHRQ is requesting that OMB provide a seven-day review for public comment period on these requirements.

ADDRESSES: Written comments for the proposed information collection should be submitted to the OMB Desk Officer at the following address: John Kraemer, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, OMB: New Executive Office Building, Room 10235, Washington, DC.

All comments will become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 427–1651.

SUPPLEMENTARY INFORMATION:

Proposed Project

''Chemical, Biological, Radiological, Nuclear and Explosive (All Hazards) Preparedness Questionnaire for Healthcare Facilities for 2004 (CBRNE)''

The Preparedness Questionnaire is an inventory of all U.S. hospitals, designed to measure national levels of preparedness for a chemical, biological, radiological, nuclear and explosive (CBRNE) event. One point of contact will be designated in each hospital to provide information on a range of topics that have been deemed essential by a panel of nationally-recognized experts on issues related to hospital preparedness for a CBRNE, i.e., an all-hazards event. These topics include facility planning and administration; training and education; communication and notification; patient capacity; staffing and support; isolation and decontamination; supplies, pharmaceuticals and laboratory support; and surveillance.

The inventory, which will be administered in 2004 and again in 2005, will provide national, state, and regional levels of preparedness by type of hospital, as well as estimates of bed capacity and emergency increase (surge) capacity. This information will establish a baseline measure of preparedness and readiness for a CBRNE event in hospitals, and will be used to assess the current national level of preparedness.

It will also be useful for national planning, program planning, setting priority areas in addressing current and future needs, as well as ensuring that scarce resources are being used in a way that achieves the most impact in preparedness. Future studies will be conducted to assess advances in preparedness levels.

Data Confidentiality Provisions

The data will be collected by an independent consulting firm under terms of its contract. The identifiable information about institutions will be kept confidential in accordance with 42 U.S.C. 299c–3(c). AHRQ and HRSA will revieve only state-level summary data, and not individual hospital responses.

Method of Collection

The 2004 preparedness questionnaire will be administered electronically to each hospital via electronic mail. The estimated annual burden is as follows:

ESTIMATED ANNUAL RESPONDENT BURDEN

Number of questionnaire recipients	Estimated burden/ respondent (minutes)	Total hours of burden
6000	60	6000

The estimate burden is based on the completion of a paper version of the questionnaire by a pilot hospital. The more efficient data collection effort enabled by the electronic format has been taken into account in this estimate. The annualized cost to all potential respondents is estimated at $209,040 Total ($34.84/hr [average staff time] × 1 hr. 6000 respondents). Percentage of capital costs, operating costs or maintenance costs are negligible. We propose a census information collection approach as appropriate data on which to develop a stratified, purposive sample is unavailable. Future studies will utilize statistical methods based on our baseline data to develop a sampling scheme.

Request for Comments

In accordance with the above cited Paperwork Reduction Act legislation, comments on the AHRQ's and HRSA's information collection 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 AHRQ and HRSA, 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.

Comments submitted in response to this notice will summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: September 17, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–21469 Filed 9–23–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Emerging Infections Programs

Announcement Type: Competing Continuation.

Funding Opportunity Number: CI05–026.

Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates:

Letter of Intent Deadline: October 11, 2004.

Application Deadline: November 1, 2004.

Executive Summary: The purpose of this program announcement is to provide continued support to existing Emerging Infections Programs (EIPs), or to develop new EIPs, as part of the national network. EIPs are population-based centers which assess the public health impact of and respond to emerging infections. Activities of the EIPs fall into these general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; and (3) implementation and evaluation of pilot prevention/intervention projects. The EIPs function as a collaborative network of public and private organizations that have an interest in addressing infectious diseases health issues; EIPs maintain sufficient flexibility to address infectious disease health issues as they emerge. EIPs are strategically located to serve a variety of geographical areas and diverse groups of people.

The following guiding principles motivate the work of the EIPs: (1) EIPs aim to be a national resource for surveillance, prevention, and control of emerging infectious diseases—EIP functions go beyond the routine functions of health departments in ways that allow important public health questions to be answered; (2) EIP activities address important issues in infectious diseases, selected with regard to what is appropriate for this population-based infrastructure; (3) EIPs maintain sufficient flexibility for emergency response and to address new problems as they arise; (4) training is a key function of the EIPs; (5) EIPs develop and evaluate public health practices and transfer what is learned to the public health community; and (6) EIPs give high priority to activities that lead directly to prevention of disease.

I. Funding Opportunity Description

Authority: This program is authorized under the Public Health Service Act Sections 301(a)[42 U.S.C. 241(a)], 317(k)(1)[42 U.S.C. 247b(k)(1)], and 317(k)(2)[42 U.S.C. 247b(k)(2)], as amended.

Purpose: The purpose of the program is to assist in local, state, and national efforts to conduct surveillance and public health epidemiologic and laboratory activities in emerging infectious diseases, and to pilot and evaluate methods for the prevention and control of emerging infectious diseases. This program addresses the ''Healthy People 2010'' focus area(s) of Immunization and Infectious Diseases.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Infectious Diseases (NCID): Protect Americans from infectious diseases.

Research Objectives: The overall objective of the EIP cooperative agreement is to assess the public health impact of and respond to emerging infections. Activities of the EIPs fall into these general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; and (3) implementation and evaluation of pilot prevention/intervention projects. Specific objectives for research and other activities supported by this cooperative agreement are outlined in the individual Activities, below.

Activities: Awardee activities for this program are as follows:

(a) Functions and structure for EIP—Establish and operate an EIP to further local, State, and national efforts to address emerging infectious diseases.

(1) Establish each EIP activity in a defined population, which could include either an entire State or a geographically defined area (or areas) within a State. The population base may vary for various activities. For certain activities, the population base may be defined by a healthcare delivery system such as a health maintenance organization (HMO). To accomplish the objectives of certain EIP activities, a minimum population base of approximately 1,500,000 may be necessary.