the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days of the date this notice appears in the **Federal Register**.

Agreement No.: 011223–027.

Title: Transpacific Stabilization Agreement.

Parties:

A.P. Moller-Maersk Sealand
American President Lines, Ltd.
APL Co. PTE Ltd.
CMA CGM, S.A.
COSCO Container Lines Company Limited
Evergreen Marine Corp. (Taiwan) Ltd.
Hanjin Shipping Co., Ltd.
Hapag-Lloyd Container Linie GmbH
Hyundai Merchant Marine Co., Ltd.
Kawasaki Kisen Kaisha, Ltd.
Mitsui O.S.K. Lines, Ltd.
Nippon Yusen Kaisha
Orient Overseas Container Line Limited
P&O Nedlloyd B.V.
P&O Nedlloyd Limited
Yangming Marine Transport Corporation

Synopsis: The modification deletes references to the discontinued capacity management program, transfers authority found in Appendix C to Article 5, updates names and addresses of member lines and reorganizes and republishes the agreement.

Dated: December 28, 2001.

By Order of the Federal Maritime Commission.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 02–151 Filed 1–3–02; 8:45 am]

BILLING CODE 6730–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Secretary's Advisory Committee on Regulatory Reform; Request for Public Input

ACTION: Request for public input.

SUMMARY: This notice seeks input from the public—including individuals and organizations—on ways to reduce current burdens imposed by existing regulations of the Department of Health and Human Services (HHS) that inhibit the delivery of high quality, timely, and efficient health care, inhibit the development of pharmaceuticals and other medical products, or inhibit biomedical research.

FOR FURTHER INFORMATION CONTACT: Christy Schmidt, Executive Coordinator, Secretary's Advisory Committee on Regulatory Reform, Office of the Assistant Secretary for Planning and Evaluation: (202) 401–5182.

SUPPLEMENTARY INFORMATION: On June 8, 2001, Health and Human Services Secretary Tommy G. Thompson announced a department-wide initiative to reduce regulatory burdens in health care and respond faster to the concerns of patients, health care providers, state and local governments, other institutions, and other individual Americans who are affected by HHS rules. On September 4, 2001, the Department published a Notice of Intent in the **Federal Register** announcing its plans to establish an Advisory Committee on Regulatory Reform to provide findings and recommendations to the Secretary regarding potential regulatory changes. The Advisory Committee will commence its activities early in 2002.

Regulations play an important role in implementing statutes. Regulations establish and communicate rules and procedures for participation in public programs, for approval of products, and for the awarding of grants and contracts. The regulatory process also allows for public examination of proposed rules, comment on those proposals, and an explanation of how those comments were factored into final decisions by government agencies.

At the same time, in accomplishing these important tasks, regulations may impose a burden on individuals and organizations participating in public programs or seeking government approval or support. Some or most of these burdens may be necessary to carry out the statutory requirements and quite reasonable and appropriate in governing the expenditure of public funds and protecting the health and safety of individuals and the nation as a whole. But some of these burdens may be unnecessary, excessive, or inappropriate because they interfere with the operation of the programs to which they relate, are unduly intrusive, or are inconsistent with other requirements and thus unduly reduce flexibility, inhibit innovation, or impede efforts to improve quality of health care and access to health services or other rights and benefits for patients and consumers that are provided by law.

The Advisory Committee's ultimate goal is to (a) identify and prioritize regulations that impose barriers to delivering high quality, safe and effective care services, products and research, and (b) to recommend improvements or other ways to remove these barriers. To help the Committee achieve this goal, we are inviting the public to provide us with written comments on regulatory burdens created by HHS regulations. Those interested in responding to this request are asked to focus their comments on regulatory burdens in one or more of the following areas:

- Health care delivery,
- Health care operations,
- Development of pharmaceuticals and other medical products, and
- Biomedical and health services research

We encourage individuals as well as organizations to respond to this invitation, including but not limited to consumers, patients, researchers, clinicians and other health care professionals, employers, health care administrators, professional societies, trade associations, state and local governments, and universities. We encourage those who wish to respond to consider ways in which regulations or program requirements interfere with the delivery or receipt of care, innovation in health care delivery operations, or research, or the development of new products and treatments. In this regard respondents may find it helpful to consider their most recent interactions with HHS programs in order identify specific issues.

Because of the broad nature of the Committee's charge, it will be essential that comments be as specific as possible and focus on concerns related to burdens imposed by regulations or regulatory processes rather than the underlying statutes enacted by the Congress.

We ask that responses be limited to no more than five (5) one-sided, single-spaced pages and be accompanied by and IBM-compatible 3.5 inch diskette in WordPerfect or MS Word format. Additional attachments can be included but the Committee cannot guarantee that all of these materials can be read and considered. Therefore, major points should be made in the letter.

The Committee would appreciate it if those who respond would consider some or all of the following matters:

1. Which HHS regulations in the above-cited areas impose an unnecessary or unreasonable burden on individuals, groups, or organizations because these regulations:

- Are confusing;
- Impose unnecessary or excessive costs;
- Require an excessive number of reports or unreasonable record keeping;
- Impose requirements on the wrong individual or group;
- Carry excessive penalties;
- Are conflicting (examples include but are not limited to conflicts between

HHS and State regulations, public and private sectors);

- Impede access to care or impede delivery of care;
- Impede efforts to innovate
- Are obsolete; and/or
- Interfere with the public or private sector's ability to respond to and prepare for emergencies.

2. What alternative approaches could be taken to achieve or accomplish the same goal with a lesser burden? For example, are there less burdensome approaches that are used by other entities such as state governments or private companies that could be adopted by HHS to achieve its goal with less burdensome requirements?

For each of the regulations discussed, the Committee asks you to include the following whenever possible:

- Citation of regulation involved or description of the regulation in as much detail as possible.
- Citation of relevant statute on which the regulation is based.
- A clear statement of the problem or concern.
- Identification of potential solutions to this problem or concern.
- A statement of how the proposed solutions would maintain the original intent of the statute (if possible, please provide citation of the original statute).

We recognize that many individuals may not be able to provide a full or accurate citation to particular regulations or statutes. That should not stop them from commenting. However, professional organizations and institutions, will probably have access to this information and are encouraged to provide specific citations.

We would also appreciate information on how you interact with the health care system (e.g., Are you a patient/consumer, physician, nurse, researcher, university, employer, health plan, hospital, nursing home, home health agency, pharmaceutical manufacturer, medical device, manufacturer?).

We will accept comments on regulatory reform if we receive them at the appropriate address, as provided below, by 5pm on March 5, 2002.

Individuals or organizations wishing to respond to this request may do so in writing by sending their comments to: Christy Schmidt, Executive Coordinator, Regulatory Reform Initiative, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Ave., SW., Washington, DC 20201. Responses also can be made electronically on the Committee's website: *www.regreform.hh.gov.* Those who respond should recognize that their comments would be part of the public record of the Committee and, under the Freedom of Information Act, available to anyone who wishes to read them. The Committee will make attempts to segregate those comments that are of a personal nature but cannot guarantee that all such comments will be recognized.

Comments will be available for public inspection by appointment as they are received, generally beginning approximately January 25, 2002 in Room 801 of the Department's offices at 200 Independence Avenue, SW., Washington, DC on Monday through Friday of each week from 8:30 am to 5 pm. Appointments may be made by telephoning 202–401–5182.

After the close of the comment period, comments that are technically able to convert will be posted on the Regulatory Reform web site specified above.

Dated: December 26, 2001.

Tommy G. Thompson,

Secretary.

[FR Doc. 02–239 Filed 1–3–02; 8:45 am]

BILLING CODE 4154–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–19]

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 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed 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 or other forms of information technology. NCID is requesting an emergency clearance from the Office of Management and Budget (OMB) to collect data under the Paperwork Reduction Act. Send comments to Seleda M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 14 days of this notice. We are requesting that OMB respond to CDC within 21 days after receipt of the package.

Proposed Project

Requirement for a Special Permit to Import Cynomolgus, African Green, or Rhesus Monkeys into the United States (0920–0263)—Renewal—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). To receive a special permit to import cynomolgus, African green and/or rhesus monkeys, a registered importer of nonhuman primates must submit to the Director, CDC, a written plan which specifies the steps that will be taken to prevent exposure of persons and animals during the entire importation and quarantine process for the arriving nonhuman primates.

Under the special permit arrangement, registered importers must submit a plan to CDC for the importation and quarantine if they wish to import the specific monkeys covered. The plan must address disease prevention procedures to be carried out in every step of the chain of custody of such monkeys, from embarkation in the country of origin to release from quarantine. Information such as species, origin and intended use for monkeys, transit information, isolation and quarantine procedures, and procedures for testing of quarantined animals is necessary for CDC to make public health decisions. This information enables CDC to evaluate compliance with the standards and determine whether the measures being taken to prevent exposure of persons and animals during importation are adequate. Once CDC is assured, through the monitoring of shipments (normally no more than 2), that the provisions of a special permit plan are being followed by a new permit holder and that the use of adequate disease control practices is being demonstrated, the special permit is extended to cover the receipt of additional shipments under the same plan for a period of 180 days, and may be renewed upon request. This eliminates the burden on importers to repeatedly report identical information, requiring only that specific shipment itineraries and information on changes