OFFICE OF INVESTIGATION, OFFICE OF INSPECTOR GENERAL—DHHS, CASE INVESTIGATION MANAGEMENT SYSTEM, FOR PRESS RELEASE—Continued

[From 01/01/2004-01/31/2004]

Subject name	Address	Effective date		
DEFAULT ON HEAL LOAN				
ARGUETA, MIGUEL CHEN, SYNG-FU HAGEN, WILLIAM HARRIS, DONA KAPLAN, DAVID SHEPHERD, STUART	PALM BEACH, FL	2/19/2004 2/19/2004 2/19/2004 12/10/2003 12/16/2003 12/10/2003 11/20/2003 2/19/2004		

Dated: January 5, 2004.

Kathleen Pettit,

Acting Director, Exclusions Staff, Office of Inspector General.

[FR Doc. 04-3097 Filed 2-11-04; 8:45 am] BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Research Resources; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Research Resources Special Emphasis Panel, Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities.

Date: February 17, 2004. Time: 2 p.m. to adjournment. Agenda: To review and evaluate grant applications.

Place: One Democracy Plaza, 6701 Democracy Blvd., Room 1084, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Mohan Viswanathan, PhD, Scientific Review Administrator, National Center for Research Resources, National Institutes of Health, One Democracy Plaza, 6701 Democracy Blvd., Room 1084, Bethesda, MD 20892-4874, 301-435-0829, mv10f@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Center for Research Resources Special Emphasis Panel, Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities.

Date: February 18, 2004. Time: 2 p.m. to adjournment. Agenda: To review and evaluate grant applications.

Place: One Democracy Plaza, 6701 Democracy Blvd., Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Mohan Viswanathan, PhD, Scientific Review Administrator, National Center for Research Resources, National Institutes of Health, One Democracy Plaza, 6701 Democracy Blvd., Room 1084, Bethesda, MD 20892-4874, 301-435-0829, mv10f@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Center for Research Resources Special Emphasis Panel, Scientific and Technical Review Board on Biomedical and Behavioral Research Facilities.

Date: February 19, 2004. Time: 2 p.m. to adjournment. Agenda: To review and evaluate grant applications.

Place: One Democracy Plaza, 6701 Democracy Blvd., Room 1084, Bethesda, MD 20892 (Telephone Conference Call).

Contact Person: Mohan Viswanathan, PhD, Scientific Review Administrator, National Center for Research Resources, National Institutes of Health, One Democracy Plaza, 6701 Democracy Blvd., Room 1084, Bethesda, MD 20892-4874, 301-435-0829, mv10f@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine: 93.333, Clinical Research; 93.371, Biomedical Technology; 93.389, Research Infrastructure, 93.306, 93.333, National Institutes of Health, HHS)

Dated: February 5, 2004.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04-3039 Filed 2-11-04; 8:45 am] BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND **HUMAN SERVICES**

National Institutes of Health

National Institute of Mental Health; **Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Mental Health Special Emphasis Panel, Cooperative Agreement Review 1.

Date: February 17, 2004. Time: 10 a.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Telephone Conference Call).

Contact Person: Martha Ann Carey, PhD, RN, Scientific Review Administrator, Division of Extramural Activities, National Institute of Mental Health, NIH, Neuroscience Center, 6001 Executive Blvd., Room 6151, MSC 9608, Bethesda, MD 20892-9608, 301-443-1606, mcarey@mail.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing

limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.242, Mental Health Research Grants; 93.281, Scientist Development Award, Scientists Development Award for Clinicians, and Research Scientists Award; 93.282, Mental Health National Research Service Awards for Research Training, National Institutes of Health, HHS)

Dated: February 5, 2004.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–3040 Filed 2–11–04; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Comments are invited on: (a) Whether the proposed collections of information are 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.

Proposed Project: The Evaluation of the Buprenorphine Waiver Program-Survey of Physicians with Waivers-New—The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapies, (DPT), is evaluating a program that permits officebased physicians to obtain Waivers from the requirements of the Narcotic Addict Treatment Act of 1974 (21 U.S.C. 823(g)). Under the Drug Addiction Treatment Act of 2000 (21 U.S.C. 823(g)(2)), the Waiver Program permits qualified physicians to dispense or prescribe schedule III, IV, and V narcotic drugs or combinations of such drugs approved by the Food and Drug Administration (FDA) for the treatment of addiction to opiates. Subutex and Suboxone, two formulations of buprenorphine, a schedule III narcotic drug, were approved by the FDA in October, 2002, for the treatment of opiate addiction and are now being used under the Waiver Program. The Drug Abuse Treatment Act (DATA) also specifies that the Secretary of the Department of Health and Human Services may make determinations concerning whether: (1) Treatments provided under the Waiver Program have been effective forms of maintenance treatment and detoxification treatment in clinical settings; (2) the Waiver Program has significantly increased (relative to the beginning of such period) the availability of maintenance treatment and detoxification treatment; and, (3) the Waiver Program has adverse consequences for the public health. This Evaluation will provide data to: inform the determinations listed in DATA; describe the impact of the Waiver-based treatment on the existing treatment system; guide and refine the processing/ monitoring system being developed and maintained by CSAT/DPT; and inform future research and policy concerning the mainstreaming of addiction treatment.

The evaluation by SAMHSA/CSAT of the Buprenorphine Waiver Program will

be accomplished using three survey efforts. The first survey, now completed, is a mail survey of addiction-specialist physicians from the American Society of Addiction Medicine (ASAM), the American Academy of Addiction Psychiatry (AAAP), and the American Osteopathic Academy of Addiction Medicine (AOAAM). The survey provided early data about the availability, effectiveness, and public health consequences associated with buprenorphine treatment under the Waiver Program. A second longitudinal telephone study, now in review by the Office of Management and Budget, focuses on patient responses to buprenorphine, including its effectiveness and availability.

The third survey, the subject of this Federal Register Notice, focuses on the clinical experience of waivered physicians who are currently prescribing buprenorphine and who represent a range of medical specialties. The survey is designed to identify broad clinical issues in providing buprenorphine treatment, particularly whether physicians (1) perceive it to be an effective treatment and (2) are aware of important moderators of treatment effectiveness, such as specific clinical subpopulations or particular clinical practices (e.g. detoxification appearing to be more effective than long-term maintenance). The survey is also designed to identify issues related to treatment availability and possible adverse public health consequences associated with the drug.

All Waivered physicians will first be screened using a postcard mailing to determine what individuals are actually prescribing the medication. The screening card will be sent to all physicians who have submitted a notification for a Waiver, estimated at about 2,800 individuals. The full survey instrument will then be sent to a sample of 1,000 individuals that are known to be prescribing or whose prescribing status is unknown (due to nonresponse on the screening card).

The estimated response burden over a period of one year is summarized below.

Respondents	Number of respondents	Responses per respondent	Hours per response	Total hour burden
All Physicians Who Have Submitted a Waiver	2,800 1,000	1 1	.05 .50	140 hrs. 500 hrs.
Total	3,800			640 hrs.

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Written comments should be received within 60 days of this notice.