DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Children's Hospitals Graduate Medical Education (CHGME) Program Conference

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of public hearing.

SUMMARY: This document announces a public hearing to receive information and views on the notice that proposed criteria for the Children's Hospitals Graduate Medical Education (CHGME) Payment Program, published in the **Federal Register** on March 1, 2001 (66 FR 12940–12954). The proposed criteria included the following: (1) The determination of full-time equivalency (FTE) resident count, (2) the treatment of new children's teaching hospitals, and (3) the methodology for indirect medical education (IME) payments. The notice also announced final eligibility, funding criteria, payment methodology and performance measures for the CHGME Program. This conference will brief the public on the above criteria and methodologies as well as also hear public comments on the above proposed criteria for the CHGME program. The public also may participate in the conference by telephone as described below.

DATES: The public hearing will be held on March 14, 2001, at 2:00 p.m. to 4:00 p.m. EST.

ADDRESSES: The public hearing will be held in Conference Room C in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Ayah E. Johnson, Ph.D., telephone: (301) 443–1058; Division of Medicine and Dentistry, Bureau of Health Professions, Room 9A–27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; or by e-mail at: *ajohnson@hrsa.gov*.

SUPPLEMENTARY INFORMATION: The CHGME Program, as authorized by section 340E of the Public Health Service (PHS) Act (the Act) (42 U.S.C. 256e), provides funds to children's hospitals to address disparity in the level of Federal funding for children's hospitals that result from Medicare funding for graduate medical education (GME). Pub. L. 106–310 amended the CHGME statute to extend the program through Federal fiscal year 2005.

On June 19, 2000, the Secretary published a notice in the **Federal Register** (65 FR 37985) setting forth proposed rules to implement the CHGME Program. The Department received 21 public comments and made numerous revisions and clarifications as reflected in the notice published March 1, 2001 in the **Federal Register**.

The conference will again provide information on the proposed criteria contained in the March 1, 2001, CHGME notice. The agenda for the briefing and hearings will include: (1) The determination of FTE resident count, (2) the treatment of new children's teaching hospitals, and (3) the methodology for IME payments. It also will include information on the Government Performance and Results Act (GPRA) and other laws applicable to the CHGME Payment Program. Time will also be available for a question and answer period. Information about the program can be found on the CHGME web site (*http://www.bhpr.hrsa.gov/childrenshospitalgme*).

In order for individuals to participate by telephone, they must dial: (888) 829–8672 and enter the corresponding pass code 55591. For security reasons, the pass code 55591 and Dr. Ayah Johnson's name, as call leader, are required to join the call. Telephone participants should call no later than 1:45 p.m. in order for the logistics to be set up.

Dated: March 7, 2001.

Claude Earl Fox,

Administrator.

[FR Doc. 01–6113 Filed 3–9–01; 8:45 am]

BILLING CODE 4160–15–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of March 2001:

Name: National Advisory Council on Migrant Health.

Date and Time: March 23, 2001; 9 a.m. to 5 p.m.; March 24, 2001; 9 a.m. to 5 p.m.

Place: Hilton Washington and Towers Hotel, 1919 Connecticut Avenue, NW., Washington, DC 20009, Phone: (202) 483–3000; Fax (202) 232–0428.

The meeting is open to the public.

Agenda: This will be a meeting of the Council. The agenda includes an overview of general Council business activities and priorities. Topics of discussion will include development of the Year 2001 recommendations and background statements, as well as Committee mission statements and action plans. In addition, the Council will explore Area Health Education Centers and opportunities for collaboration with Migrant Health, and will receive updates from a variety of Migrant Health advocacy organizations. Finally, the Council will be reviewing nominations for Council membership for terms beginning November 2001.

Anyone requiring information regarding the subject Council should contact Judy Rodgers, Migrant Health Program, staff support to the National Advisory Council on Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East West-Highway, Bethesda, Maryland 20814, Telephone (301) 594–4304.

Agenda items are subject to change as priorities indicate.

Dated: March 7, 2001.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 01–6114 Filed 3–9–01; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung and Blood Institute; Submission for OMB Review; Comment Request; The Cardiovascular Health Study

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on December 4, 2000, pages 75722–3 and allowed 60-days for public comment. No pubic comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: The Cardiovascular Health Study. *Type of Information Collection Request:* Revision (OMB No. 0925–0334). *Need and Use of Information Collection:* This study will quantify association between conventional and hypothetical risk factors and coronary heart disease

(CHD) and stroke in people age 65 years and older. The primary objectives include quantifying association of risk factors with subclinical disease; characterize the natural history of CHD and stroke; and identify factors associated with clinical course. The findings will provide important information on cardiovascular disease in an older U.S. population and lead to early treatment of risk factors associated with disease and identification of factors which may be important in disease prevention. *Frequency of Response:* Twice a year (participants) or once per cardiovascular disease event (proxies and physicians); *Affected Public:* Individuals. *Type of Respondents:* Individuals recruited for CHS and their selected proxies and physicians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 4,606; *Estimated Number of Responses Per Respondent:* 4.55; and *Estimated Total Annual Burden Hours Requested:* 1,719. There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent*	Average burden hours per response	Estimated Total annual burden hours requested
Participants	3,580	5.6	0.25	1,665
Physicians	606	1.0	0.10	20
Participants proxies	420	1.0	0.25	35
Total	4,606	4.55	0.246	1,719

*Total over 3-pear period.

Request for Comments: Written comments and/or suggestions from the pubic and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility, (2) the accuracy of the agency's estimated of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Diane Build, National Institutes of Health, Division of Epidemiology and Clinical Applications, Epidemiology and Biometry Program, NHLBI, II Rockledge Centre, 6701 Rockledge Drive, MSC # 7934, Bethesda, MD, 20892–7934, or call non-toll-free number (303) 435–0707, or e-mail your request, including your address to: bild@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before April 11, 2001.

Dated: March 1, 2001.

Peter J. Savage,

Acting Director, Division of Epidemiology and Clinical Applications, National Heart, Lung, and Blood Institute.

[FR Doc. 01–6009 Filed 3–9–01; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Survey of IRB Chairs Concerning the Implementation of Pediatric Research Regulations

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Clinical Center, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on October 17, 2000, page 61341 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Survey of IRB Chairs Concerning the Implementation of Pediatric Research Regulations. *Type of information Collection Request:* New. *Need for Use of Information Collection:* In order to assess the protection of children who are enrolled in clinical research, it is important to determine how Institutional Review Boards (IRBs) reviewing such research interpret and implement the Federal Regulations for research with children set forth in 45 CFR 45 subpart D. This study aims to gather this information through telephone interviews with chairpersons of IRBs that review clinical research with children. In addition, we will solicit background information on each IRB from the IRB chair. In particular, the survey aims to assess how IRBs assess risk/benefit levels of research with children, when IRBs permit children's assent to be waived, what information IRBs require children to be presented during the assent process, and which children are excluded from participation in riskier research. In addition, the survey will attempt to determine how the recent NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects has affected IRB review. *Frequency of Response:* Once. *Affected Public:* Individuals. *Type of Respondents:* IRB chairpersons. The annual reporting burden follows in the table below. The annualized cost to respondents is estimated at: $10,000. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.