

Dated: April 10, 2002.

Nancy E. Cheal,

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

[FR Doc. 02-9381 Filed 4-17-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-22-02]

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) 498-1210. 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: Statement in Support of Application For Waiver of Inadmissibility OMB No. 0920-0006—Extension—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Section 212(a)(1) of the Immigration and Nationality Act states that aliens

with specific health-related conditions are ineligible to receive visas and ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the consular office considering the application for a visa. The Division of Migration and Quarantine, NCID uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the Immigration and Naturalization Service when terms, conditions and controls imposed by waiver are not met. NCID is requesting the extension of this data for 3 years. There total estimated annualize burden is 167 hours.

Respondents or each section	Number respondents	Number of responses/ respondents	Avg. burden/ response (in hours)
Physicians Form CDC 4.422-1	200	1	10/60
Physicians Form CDC 4.422-1a	200	1	20/60
Physicians Form CDC 4.422.1b	200	1	20/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-02-41]

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. 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

The Canada/U.S. Joint Health Survey (CUJHS)—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). CUJHS is a one-time collaborative effort of Statistics Canada and the U.S. National Center for Health Statistics to conduct a telephone survey in both countries using the same questionnaire. Approximately 3,000 adults will be interviewed in Canada and 5,000 adults

in the U.S. The questionnaire will cover chronic health conditions, functional status and limitations, smoking, height and weight, cancer screening, access to health care, and demographics. The project will be jointly funded with each agency covering the costs of data collection of their own sample and the sharing of all other costs.

The purpose of the survey is to move the national health surveys of both countries toward closer comparability so the health status among residents of countries can be compared in a more concrete manner. This will allow researchers to study the effect of variations in health systems on health care, health status and functional status. This effort can also serve as a model for improving comparability among national health studies generally.

A need for such comparability has been noted by the World Health Organization, the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation who is funding the study in part.

The specific data from the CUJHS may well contribute toward meeting some of the research needs directly. Its longer term impact will be to demonstrate best practices for use in bi-national and multi-national health surveys. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)	Total response burden Burden (in hours)
United States	5000	1	20/60	1667
Total				1667

Dated: April 10, 2002.

Nancy E. 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

[60Day-02-42]

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. 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: Estimating the cost of sigmoidoscopy and colonoscopy for colorectal cancer screening in U.S. healthcare facilities: Are current reimbursement levels adequate?—NEW—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Despite strong scientific evidence that screening for colorectal cancer (CRC) reduces the incidence and mortality from this disease, current screening rates in the United States remain low. While lack of awareness about screening recommendation may explain the low demand for regular screening among average risk individuals, recent findings emphasize the supply side barriers to CRC screening. For example, given the size of the U.S. population greater than 50 years of age and the number of practicing gastroenterologists, there may

not be enough specialists to perform all recommended screening flexible sigmoidoscopies and colonoscopies, as well as follow-up colonoscopies. In the face of efforts by CDC and other public health agencies to promote CRC screening, it is necessary to determine that supply will be sufficient to meet the increased demand for these procedures. Primary care physicians could fill the gap if reimbursement levels are adequate to cover the costs of these procedures in office-based settings. However, currently there is little information available about the actual cost of providing these procedures in different medical practice settings. The purpose of this request is to obtain OMB clearance to conduct a survey of a nationally representative sample of medical practices providing these procedures in order to estimate the fixed and variable costs of sigmoidoscopy and colonoscopy for colorectal cancer screening and follow-up services.

The estimated procedure costs will be compared across settings and provider types to assess economies of scale and scope. Estimated average costs will be compared with Medicare and other reimbursement levels for these procedures to assess the financial incentives to providers to perform these procedures in an office-based setting. Results of this study will be used to better define the economics of colorectal cancer screening. There are no costs to respondents except for their time.

Form type	Number of respondents	Number of responses/respondent	Average burden/ response (in hours)	Total burden (in hours)
Telephone survey	3000	1	5/60	250
Mailed survey	2500	1	35/60	1458
Total				1708

Dated: April 10, 2002.

Nancy E. 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

CDC Advisory Committee on HIV and STD Prevention: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Public Law 92-463) of October 6, 1972, that the CDC Advisory Committee on HIV and STD Prevention of the Department of Health and Human Services, has been renewed for a 2-year period extending through May 11, 2004.

For further information, contact Ron Valdiserri, M.D., Executive Secretary, CDC Advisory Committee on HIV and STD Prevention, 1600 Clifton Road, NE, m/s E-07, Atlanta, Georgia 30333. Telephone 404/639-8002, or fax 404/639-3125.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: April 12, 2002.

Alvin Hall,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 02-9466 Filed 4-17-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following Federal advisory committee meeting.

Name: National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFASFAE).

Times and Dates: 8:30 a.m.-4:30 p.m., May 16, 2002. 8:30 a.m.-3 p.m., May 17, 2002.

Place: Doubletree Hotel Atlanta Buckhead, 3340 Peachtree Road, NE, Atlanta, Georgia 30326, telephone 404/231-1234, fax 404/231-5236.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 65 people.

Purpose: The Secretary is authorized by the Public Health Service Act, Section 399G, (42 U.S.C. Section 280f, as added by Public Law 105-392) to establish a National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect to: (1) foster coordination among all governmental agencies, academic bodies and community groups that conduct or support Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) research, programs and surveillance; and (2) to otherwise meet the general needs of populations actually or potentially impacted by FAS and FAE.

Matters To Be Discussed: Discussions will focus on ways the Task Force can collaborate with CDC on issues of diagnosis of FAS/FAE and to better equip health care providers to recognize the disorder; the special needs of birth mothers of children with FAS/FAE; a discussion of the Substance Abuse and Mental Health Services Administration FAS/FAE Center for Excellence on their initial "stakeholders" meetings and the interaction with the Task Force; an update on progress with the ICCFAS; new research items presented by the CDC; and a discussion of the implementation of the Task Force recommendations by various governmental agencies. Additional agenda items include: Working group updates; discussion of future topics, and scheduling the next meeting.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: R. Louise Floyd, DSN, RN, Designated Federal Official, National Center on Birth Defects and Developmental Disabilities, CDC, 4700 Buford Highway, NE, (F-49), Atlanta, Georgia 30333, telephone 770/488-7372, fax 770/488-7361.

The Director, Management Analysis and Services Office, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: April 9, 2002.

Alvin Hall,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: October 2001

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of October 2001, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by that excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
PROGRAM-RELATED CONVICTIONS	
ALFARO, ODALYS	04/18/2002
MIAMI, FL	
ANDERSON, MAY BERTHA	04/18/2002
ELLSWORTH, KS	
ANDRADA, MARIA CARMELA	04/18/2002
HAWTHORNE, CA	
ASATRIAN, VARTOUHI	04/18/2002
LAS VEGAS, NV	
BAHARIAN, KHACHATUR	04/18/2002
N HOLLYWOOD, CA	
BELLINGHAM ELDER NET- WORK, INC	04/18/2002
BELLINGHAM, MA	
BORIS, KAREN R	04/18/2002
POTTSVILLE, PA	
BRAUD, LYNETTE	04/18/2002
NEW ORLEANS, LA	
BROWN, LAVERNE	
MAYFIELD	06/12/2001
HOUSTON, TX	
CARMONA, ALICE YOLANDA	04/18/2002
FORT PIERCE, FL	
CARTER, GERALD WARREN	04/18/2002
LAKEWOOD, WA	
CHENTNIK, RICHARD M	04/18/2002
TERRE HAUTE, IN	
CHILDERS, ROGER L	04/18/2002
URBANA, OH	
CLARK, KENNETH H	04/18/2002