

developed and validated a communication strategy that could be adapted to other technology transfer problems.

First, NIOSH will develop a message-based intervention targeted toward American industrial hygienists. To do this, NIOSH will create and pretest the message, channel, and receiver variables that will compose the intervention. Pretesting of the intervention will occur via mailout surveys and on-site pretesting with industrial hygienists attending conferences sponsored by AIHA (the American Industrial Hygiene Association), ABIH (the American Board of Industrial Hygiene), and ACGIH. Pretesting will occur during the first two years of the project (2000–1), with a total of 1,000 industrial hygienists.

Second, NIOSH will implement the multi-channel, multi-exposure, message-based intervention that was created through pretesting. NIOSH intends to employ the following four channels of: (1) Trade print sources (journal and magazine); (2) web site; (3) direct personalized mailings; and (4) face-to-face interaction through trade show demonstrations. The entire population of American industrial hygienists (approximately 13,000) will be targeted by this intervention. The intervention will occur across four years, applying modifications as needed during the time period.

Finally, NIOSH will conduct annual surveys of randomly selected samples of American industrial hygienists on their self reported use of NIOSH developed

analytical methods for field portable exposure assessment through mail-in surveys based on standard HCRB communication and outcome protocols. During Year 1 (2000), a survey of 700 randomly selected industrial hygienists will be conducted to assess baseline levels of attitudes, knowledge and behaviors with regard to the use of the NIOSH developed analytical methods prior to receiving the intervention. During the next four years (2001–2004), an annual survey of 700 randomly selected industrial hygienists will be conducted to evaluate the impact of the message-based intervention on the use of NIOSH analytical methods (total across all years=2800 respondents).

The total cost to respondents is \$64,770.

Respondents	Number of respondents	Number of responses	Average hour burden per response	Total response burden
Industrial Hygienist	1000 pretesting	1	.33	330
	700 Baseline Survey	1	.25	175
	2800 Annual Survey	1	.5	1,400
Total	1,905

Dated: April 18, 2000.

Nancy Cheal,

Acting Associate Director for Policy, Planning, and Evaluation Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee (HICPAC): 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 meeting.

Name: Healthcare Infection Control Practices Advisory Committee (Formerly Hospital Infection Control Practices Advisory Committee).

Times and Dates: 8:30 a.m.–5 p.m., May 22, 2000. 8:30 a.m.–4 p.m., May 23, 2000.

Place: Atlanta Marriott Century Center, 2000 Century Boulevard, NE, Atlanta, Georgia 30345.

Status: Open to the public, limited only by the space available.

Purpose: The Committee is charged with providing advice and guidance to the Secretary, the Assistant Secretary for Health, the Director, CDC, and the Director, National

Center for Infectious Diseases (NCID), regarding (1) the practice of hospital infection control; (2) strategies for surveillance, prevention, and control of infections (e.g., nosocomial infections), antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating guidelines and other policy statements regarding prevention of healthcare associated infections and healthcare-related conditions.

Matters to be Discussed: Agenda items will include a review proposed revisions to the Guideline for Prevention of Intravascular Device-related Infections, the Guideline for Hand Hygiene, and the Recommendations for Preventing the Spread of Vancomycin Resistance in Hospitals; a discussion of strategies for evaluation of HICPAC guidelines; a review of the fourth draft of the Guideline for Environmental Controls in Healthcare Settings, 2001, and the first draft of the Guideline for Prevention of Nosocomial Pneumonia, 2001; and a review of CDC activities of interest to the Committee, including the Institute of Medicine Report on Medical Errors.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Michele L. Pearson, M.D., Medical Epidemiologist, Investigation and Prevention Branch, Hospital Infections Program, NCID, CDC, 1600 Clifton Road, NE, M/S E–69, Atlanta, Georgia 30333, telephone 404/639–6413.

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 18, 2000.

John Burckhardt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Information Collection Items in the Head Start Performance Standards (current rule).

OMB No.: 0970–0148.

Description: The Head Start Performance Standards are regulations which establish standards for Head Start grantee and delegate agencies to follow to administer quality programs as required by law. Local programs are monitored for compliance with these standards. The information collection aspects of the Performance Standards are one part of the many actions that local agencies must take to ensure they administer quality programs. Almost all these information collections items are

record keeping requirements such as recording: nutrition assessment data, family partnership development, and regular volunteer screening for tuberculosis. These records are intended

to act as a management tool for grantees to use in their daily operations. Such records are maintained by the grantees and are not information items which

must be collected and then forwarded to the Federal government.

Respondents: Head Start grantee and delegate agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Performance Standards	2,472	Once a year	594	1,468,626

Estimated Total Annual Burden Hours: 1,468,626.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW, Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: April 20, 2000.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 00-10276 Filed 4-24-00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-296]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. The proposed collections consist of uniform mandatory notices to be given to Medicare home health beneficiaries by home health agencies (HHAs) when the HHA believes that services may not or may no longer be covered. As a result of comments to the effect that the notices are poorly designed in that they are too long, complex, and overcrowded with symbols, the Home Health Advance Beneficiary Notices have been revised. These revisions consist of simplifications of the graphics, giving the notices a notably less cluttered look; reordering of the text and options, and elimination of some repetition in order to reduce complexity. As a result of comments suggesting a fourth option for billing another insurer and suggesting removal of the reference to the beneficiary's "need" for care in Option "A," the Home Health Advance Beneficiary Notices have been revised by adding clarifying language to Option "B" (now Option "1"), emphasizing that other insurers may be billed, and by rewording Option "A" (now Option "2"), removing the reference to the "need" for care. As a result of a comment that there was a lack of information in the notices about legal assistance for beneficiaries, the Home Health Advance Beneficiary Notices have been revised to include information about legal assistance for

beneficiaries and some other related access-to-assistance information, as a new page, and to include a brief notice about beneficiaries' right to have their personal health information kept confidential. Interested persons are invited to send comments regarding the revisions, and burden or any other aspect of these collections of information requirements. Comments may also be sent regarding the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Home Health Advance Beneficiary Notices (HHABNs) and Supporting Regulations in 42 CFR Section 411.404-.406, 484.10, and 484.12(a).

Form No.: HCFA-R-0296 (OMB# 0938-0781).

Use: Beneficiaries must receive timely, accurate, complete, and useful notices which will enable them to make informed consumer decisions, with a proper understanding of their rights to a Medicare initial determination, their appeal rights in the case of payment denial, and how these rights are waived if they refuse to allow their health information to be sent to Medicare. It is essential that such notice be timely, readable and comprehensible, provide clear directions, and provide accurate and complete information about the services affected and the reason that Medicare denial of payment for those services is expected by the HHA. For these reasons, uniform mandatory notices (the HHABNs) with very specific content and graphic design have been prepared, which are to be used by all