

Request for Comments

In accordance with the above cited Paperwork Reduction Act legislation, comments on this AHRQ information collection proposals are requested with regard to any of the following: (a) Whether the proposed collections of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer (see above).

Dated: December 7, 2001.

John M. Eisenberg,

Director.

[FR Doc. 01-30851 Filed 12-13-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-02-16]

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: Formative Research and Evaluation of Native American and Asian American Populations associated with CDC's Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with the Health Resources and Services Administration (HRSA), the National Center for Child Health and Human Development (NICHD), and the Substance Abuse and Mental Health Services Administration (SAMHSA), is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime. The Campaign will be based on principles that have been shown to enhance success, including: Designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the

involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, a thorough understanding of Native American and Asian American tweens (youth ages 9-13), the health behaviors promoted, and the barriers and motivations for adopting and sustaining them is essential. Additionally, a thorough understanding of those who can influence the health behaviors of Native American and Asian American tweens is important. This understanding will facilitate the development of messages, strategies, and tactics that resonate with Native American and Asian American tweens, parents and other influencers.

Research for the national and minority audience components of the Youth Media Campaign will identify the Native American and Asian American target audience(s) using standard market research techniques and will address geographic and demographic diversity to the extent necessary to assure appropriate audience representation. This Native American and Asian American audience research may include, but not be limited to, intercept interviews, theater testing, expert reviews, in-depth interviews, pilot/field tests/partial launches, telephone and/or face-to-face interviews, and mail questionnaires with various Native American and Asian American audiences (tweens, ages 9-13; parents; adult influencers; older teen influencers; and partners/alliances). In addition, panels or reoccurring focus groups of Native American and Asian American tweens and parents will convene to generate on-going feedback to the Campaign. The panels will suggest ideas, review creative executions, and provide feedback on what works and what does not work.

The intent of this Native American and Asian American audience research is to solicit input and feedback from audiences on a national level and from Native American and Asian American audiences within targeted populations. Information gathered from both Native American and Asian American audiences will be used to modify/refine and/or revise Campaign messages and strategies and evaluate Campaign effectiveness.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Tweens (ages 9-13)	5,000	1	15/60	1,250

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Reoccurring tween panel(s)	10	4	2	80
Parents	2,500	1	15/60	625
Reoccurring parent panel(s)	20	4	2	160
Adult influencers	1,000	1	15/60	250
Older teen influencers	500	1	15/60	125
Total				2,490

Dated: December 6, 2001.

Nancy E. Cheal,

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

[FR Doc. 01-30862 Filed 12-13-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[HCFA-1191-N]

Medicare Program; Meeting of the Advisory Panel on Ambulatory Payment Classification Groups

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. App. 2), this notice announces the second annual meeting of the Advisory Panel on Ambulatory Payment Classification Groups. The purpose of this panel is to review the ambulatory payment classification (APC) groups and provide technical advice to the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. This meeting is taking place at this time because the technical advice of the panel will be considered as CMS prepares its annual Notice of Proposed Rulemaking that will propose changes to the Outpatient Prospective Payment System (OPPS) that will be published in the spring of 2002. The next meeting of the panel will be in early calendar year 2003.

DATES: The meeting is scheduled for Tuesday, January 22, Wednesday, January 23, and Thursday, January 24, 2002 from 9 a.m. to 5 p.m. e.s.t.

ADDRESSES: The meeting will be held in the Multipurpose Room at the CMS

Central Office, 7500 Security Boulevard, Baltimore, MD 21244.

FOR FURTHER INFORMATION CONTACT:

Angela Mason (410) 786-7452 or Valerie Barton (410) 786-2803. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379 local), or the Internet at <http://www.hcfa.gov/fac/apcpage.htm> for additional information and updates on committee activities.

SUPPLEMENTARY INFORMATION: The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act), as added by section 201(h)(1)(B) and redesignated by section 202(a)(2) of the Balanced Budget Refinement Act of 1999, to consult with an APC advisory panel. The panel will meet once annually to review the APC groups and provide technical advice to the Secretary and the Administrator of CMS concerning the clinical integrity of the groups and their associated weights. The technical advice provided by the panel at its annual meeting will be considered as CMS prepares the annual Notice of Proposed Rulemaking that will propose changes to the OPPS for the next calendar year.

The panel consists of 15 representatives of Medicare providers that are subject to the OPPS. The members were selected by the Administrator of CMS based upon either self-nominations or nominations submitted by providers or organizations.

The current members of the panel are: Michelle Burke, R.N.; Leslie Jane Collins, R.N.; Geneva Craig, R.N.; Lora A. DeWald, M.Ed; Gretchen M. Evans, R.N.; Robert E. Henkin, M.D.; Lee H. Hilborne, M.D.; Stephen T. House, M.D.; Kathleen P. Kinslow, CRNA, Ed.D; Mike Metro, R.N.; Gerald V. Naccarelli, M.D.; Beverly K. Philip, M.D.; Karen L. Rutledge, B.S.; William A. Van Decker, M.D.; and Paul E. Wallner, D.O. The panel Chairperson is Paul M. Rudolf, M.D., J.D., a CMS medical officer.

The agenda will provide for discussion and comment on the following topics:

- Reconfiguration of APCs, such as splitting of an APC and moving CPT codes from one APC to another.
- Consideration of the effects of using single versus multiple claims in setting relative weights.
- Consideration of guidelines for hospital billing of clinic visits and evaluation and management visits.
- Other technical issues concerning APC structure.

The panel will not be discussing the incorporation of the estimated cost of the pass-through devices into the base APC rates at this meeting.

For more detailed information on the agenda topics see our web site at <http://www.hcfa.gov/fac/apcpage.htm>.

Comments relating to this meeting must be received no later than 5 p.m. on Tuesday, January 8, 2002. Send comments to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attn: Valerie Barton, Mail Stop C4-05-17, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Comments may also be sent via electronic mail to outpatientpps@cms.hhs.gov. Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission and cannot acknowledge or respond individually to comments we receive. Comments that are included in the agenda topics will be addressed in the proposed rule that will be published in the spring of 2002.

The meeting is open to the public, but attendance is limited to the space available. Individuals or organizations wishing to make oral presentations on the agenda items must submit a copy of the presentation and the name, address and telephone number of the proposed presenter. In addition, all presentations must contain, at a minimum, the following supporting information and data:

- Financial relationship(s), if any, with any company whose products, services, or procedures are under consideration;
- CPT codes involved;
- APC(s) affected;
- Description of the issue;