

network-defining surveys using a modified version of the 1999–2000 version of the National Ambulatory Medical Care Survey (NAMCS) instrument. We will be dropping a couple of items included in the NAMCS instrument.

Method of Collection

PRINS will provide a range of baseline data on the clinicians enrolled

in each network, the services provided, and characteristics of patients receiving those services. Data to be collected include the patients' demographic characteristics and reason(s) for visit, and the providers' diagnosis(es) and diagnostic services, medications and disposition.

These data may be used by the PBRN to define the network's capacity to study specific clinical conditions seen in

primary care, establish a denominator for epidemiological or surveillance studies, and stimulate further research on the use, organization and delivery of primary care. All identifiable data that is collected will be protected in accordance with the AHRQ confidentiality statute, 42 USC 299c–3(c).

The estimated annual hour burden is as follows:

	Number of respondents (clinicians)	Number of forms/ respondent	Avg. burden/ form (in hrs)	Response burden (hrs) = (1)*(2)*(3)* (for rows 1 and 2)
	(1)	(2)	(3)	
Intake Form	1,000	1	.25	250
Patient Form	1,000	30	.03	900
Total	1,000	31	.037	1.150

To calculate the burden hours, the number of respondents for PRINS is based on a sample of 1,000 clinicians who have agreed to advance to participate. Each clinician fills out an intake form (which requires about 15 minutes).

The same 1,000 then record (on separate forms) information about 30 consecutive patients seen in his/her practice (requiring less than 2 minutes per form to complete). The total cost to the volunteer respondents is estimated to be \$150,000 or \$150 each.

Request for Comments

Comments are invited on: (a) The necessity of the proposed collections; (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 these proposed collection plans and instruments can be obtained from the AHRQ Reports Clearance Officer (see above).

Dated: August 21, 2001.

John M. Eisenberg,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–01–57]

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: Implementation of Automated Management Information System (MIS) for Tobacco Control Programs—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention, (CDC). Tobacco use is the single most preventable cause of death and disease in the United States. Most people begin using tobacco in early adolescence. Annually, tobacco use causes more than 430,000 deaths in the nation and costs approximately \$50–70 billion in medical expenses alone. The Centers for Disease Control and Prevention Office on Smoking and Health (OSH) provides funding to health departments of states and territories to develop, implement and evaluate comprehensive Tobacco Control Programs (TCPs) based on CDC guidelines provided in *Best Practices for Comprehensive Tobacco Control Programs—August 1999* (Atlanta, GA, HHS). TCPs are population-based, public health programs that design, implement and evaluate public health prevention and control strategies to reduce disease, disability and death related to tobacco use and to reach those communities most impacted by the burden of tobacco use (e.g., racial/ethnic populations, rural dwellers, and the economically disadvantaged). Support for these programs is a cornerstone of the OSH strategy for reducing the burden of tobacco use throughout the nation. The Office on Smoking and Health is authorized under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. section 241 and 247b(k)].

Funding recipients are required to submit progress reports that are used by OSH managers and Project Officers (Pos) twice yearly to CDC to identify training

and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate the progress made in achieving national and program-specific goals; and respond to inquiries regarding program activities and effectiveness. Funding recipients currently have a wide latitude in the content of the information they report with some recipients providing extensive and detailed programmatic information and other recipients providing minimal detail regarding TCP operations. Historically, information has been collected and submitted via hard-copy paper document. The manual reporting system significantly impacts the OSH staff's ability to accomplish its responsibilities resulting from providing TCP funds, particularly with respect to compiling, summarizing and reporting aggregate TCP program information.

The proposed change in data collection methodology is being driven by OSH development of an automated management information system (MIS) to maintain individual TCP information and to normalize the information reported by these programs. The proposed data collection will utilize a more formal, systematic method of collecting information that has historically been requested from individual TCPs and will standardize the content of this information. This will facilitate OSH staff's ability to fulfill its obligations under the cooperative agreements; to monitor, evaluate and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of OSH National Tobacco Control Program (NTCP). It will also support OSH broader mission of

reducing the burden of tobacco use by enabling OSH staff to more effectively identify the strengths and weaknesses of individual TCPs; to identify the strength of national movement toward reaching the goals specified in *Healthy People 2010*; and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control the burden of tobacco use. The OSH anticipates that the state burden of providing hard-copy reports will be reduced with the introduction of the web-based progress reporting system. It is assumed that states will experience a learning curve in using this application, and the reported burden will be reduced once they have familiarized themselves with this system. The total costs to respondents are estimated at \$12,219.60.

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
States and Washington, DC	51	2	6	612
Totals	51	2	6	612

Dated: August 20, 2001.

Nancy 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 Medicare and Medicaid Services

[Document Identifier: CMS-R-273]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of 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:** Site Visit Assessment Tool (previously known as Community Mental Health Center Site Visit Assessment Tool) and Supporting Regulations in 42 CFR 410.2; **Form No.:** CMS-R-0273 (OMB# 0938-0770); **Use:** This information collection tool is essential for CMS to ensure that new and existing Community Mental Health Centers (CMHC) are in compliance with Medicare provider requirements, as well as applicable Federal and State requirements. This revision is requested to implement the collection of information required by the Benefit Improvement and Protection Act of 2000 regarding the CMHC's provision of pre-admission screening to State mental health facilities and to expand the collection tool's use into other program areas as a means to screen applicants, enrollees, and existing providers/suppliers to ensure their legitimacy to participate in the Medicare program.;

Frequency: Upon initial application or re-enrollment into the Medicare program; **Affected Public:** Business or other for profit, Not for profit institutions, and State, Local, or Tribal Government; **Number of Respondents:** 4,550; **Total Annual Responses:** 4,550; **Total Annual Hours:** 17,400.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards, Attention: Dawn Willingham, CMS-R-273, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.