SUPPLEMENTARY INFORMATION: This is a new data collection.

Respondent type	Activity	Number of respondents	Responses/ respondent	Time (hr)/ response	Total burden	Total cost to respondent
Program staff	HIV/AIDS Knowledge Form (pre and post)	6	240	0.25	360	
	HIV/AIDS Risk Behavior Form	6	240	0.33	475	
	Encounter Form	14	120	0.25	420	
	Client Background Form	6	120	0.17	122	
	Process Evaluation Form-Staff	18	2	1.00	36	
						$0.00
Clients of Funded programs.	Client Utilization Form (RS/INR)	210	1	0.33	70	
	Recruiting Script for Utilization survey	300	1	0.17	51	
						$0.00
Directors, Funded programs.	Protégé Utilization Form	8	1	0.50	4	
	Organizational Assessment Questionnaire (pre and post).	12	2	1.50	36	
	Process Evaluation Form-Director	18	2	1.00	36	
Stakeholders	Stakeholder Survey	24	1	1	24	$1,200.00
Total		552			1,635	$1,200.00

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the HHS Web site address at *http://www.hhs.gov/oirm/infocollect/pending/* or e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *naomi.cook@hhs.gov,* or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the Desk Officer at the address below: OMB Desk Officer: John Kraemer, OMB Human Resources and Housing Branch, Attention: (OMB #0990–NEW), New Executive Office Building, Room 10235, Washington DC 20503.

Dated: May 20, 2005.

Robert E. Polson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 05–10980 Filed 6–1–05; 8:45 am]

BILLING CODE 4168–17–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS–0990–0258]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), 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: Extension of Currently Approved Collection.

Title of Information Collection: National Study of Stroke Post Acute Care: Outcomes and Costs.

Form/OMB No.: OS–0990–0258.

Use: This study will provide information on Medicare outcomes and costs of care for Medicare beneficiaries who suffer a stroke and received treatment in a post acute care setting skilled nursing facility, home health, or rehabilitation hospital.

Frequency: Reporting on occasion.

Affected Public: Business or other for-profit, not-for-profit institutions; and individuals or households.

Annual Number of Respondents: 350.

Total Annual Responses: 350.

Average Burden Per Response: 1 hour.

Total Annual Hours: 298.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the HHS Web site address at *http://www.hhs.gov/oirm/infocollect/pending/* or e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *naomi.cook@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the OS Paperwork Clearance Officer designated at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Budget, Technology, and Finance, Office of Information and Resource Management, Attention: Naomi Cook (0990–0258), Room 531–H, 200 Independence Avenue, SW., Washington, DC 20201.

Dated: May 20, 2005.

Robert E. Polson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 05–10981 Filed 6–1–05; 8:45 am]

BILLING CODE 4168–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS).

Time and Date: June 29, 2005 9 a.m.–3:30 p.m., June 30, 2005 9 a.m.–3 p.m.

Place: Hubert H. Humphrey Building, 200 Independence Avenue, SW., Room 705A, Washington, DC 20201.

Status: Open.

Purpose: At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day the Committee will hear updates and status reports from the Department on topics including Clinical Data Standards, the Consolidated Health Informatics Initiative, and HIPAA Privacy Rule compliance. They will also discuss drafts of two Committee reports. In the afternoon the Committee will hear an update from the Office of the National Coordinator for Health Information Technology and briefings on the Federal Health Architecture initiative and the Commission on Systemic Interoperability.

On the morning of the second day the Committee will hear an update from the Certification Commission for Healthcare Information Technology (CCHIT) and a presentation by an American National Standards Institute's Healthcare Informatics Standards Board (ANSI HISB) panel. There will also be an update on the National Health Information Infrastructure and public health. In the afternoon, there will be reports from the subcommittees and a discussion of agendas for future Committee meetings.

The times shown above are for the full Committee meetings. Subcommittee breakout sessions are scheduled for late in the afternoon of the first day in the morning prior to the full Committee meeting on the second day. Agendas for these breakout sessions will be posted on the NCVHS Web site (URL below) when available.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: *http://www.ncvhs.hhs.gov/*, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: May 23, 2005.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 05–10965 Filed 6–1–05; 8:45 am]

BILLING CODE 4151–05–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–05CJ]

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 404–371–5983 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Colorectal Cancer Screening Demonstration Program ''New '' Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is requesting approval to collect individual patient-level screening, diagnostic, and treatment data in association with a new colorectal cancer screening demonstration program. CDC is planning to fund 3–5 cooperative agreements in fiscal year (FY) 2005 to implement new colorectal cancer (CRC) demonstration programs. These 3-year demonstration programs are designed to increase population-based CRC screening among persons 50 years and older in a geographically defined area, focusing screening efforts on persons age 50 years and older with low incomes and inadequate or no health insurance coverage for CRC screening (priority population).

Colorectal Cancer is the second leading cause of cancer-related deaths in the United States, following lung cancer. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for average-risk persons with one or a combination of the following tests: fecal occult blood testing (FOBT), flexible sigmoidoscopy, colonoscopy, and/or double-contrast barium enema (DCBE). Fecal immunochemical testing (FIT) is considered an acceptable alternative to FOBT. In the absence of evidence indicating a single most effective test, selected programs will be able to choose which screening test(s) they will use from the above list of recommended tests.

All funded programs will be required to submit patient-level data on CRC screening and diagnostic services provided as part of this demonstration project, which will be used to assess the quality and appropriateness of the services delivered.

Programs that receive CDC funding to provide screening and diagnostic services will collect individual patient-level data to capture demographic information and clinical services and outcomes, and submit these data to CDC on a quarterly basis. Some of the cooperative agreement recipients may receive funding for program components other than the provision of screening and diagnostic services. Programs that do not receive CDC funding to provide screening and diagnostic follow up services will still collect individual patient-level data but will only submit the data in aggregate to CDC, on a quarterly basis. Grantees may be asked by CDC to submit individualized data if aggregate data do not meet quality indicator standards. While CDC funds will not be used for treatment, programs will need to monitor treatment and document that patients are receiving appropriate treatment services. Submitted data must contain no patient identifiers.

All programs will additionally submit annual program-level data to CDC to be used to evaluate program effectiveness and monitor cost, funding sources, and an increase in population-based screening over the 3-year program period.