

Dated: February 20, 2001.

John Burckhardt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Runaway and Homeless Youth Management Information System.

OMB No.: 0970-0123.

Description: In the Runaway and Homeless Youth Act (42 U.S.C. 5701 et seq.) Congress mandated that the Department of Health and Human Services (HHS) report regularly on the status of HHS-funded programs serving Runaway and homeless youth in Basic Center programs (BC), Transitional Living programs (TLP) and Street Outreach programs. Organizations funded under the Runaway and Homeless Youth program are required by statute (42 U.S.C. 5712, 42 U.S.C. 5714-2) to meet several data collection and reporting requirements, including maintaining client statistical records and submitting annual program reports regarding the profile of the youth and

families served and the services provided to them. The RHYMIS data supports these organizations as they carry out a variety of integrated, ongoing responsibilities and projects, including legislative reporting requirements, planning and public policy development for runaway and homeless youth programs, accountability monitoring, program management, research, and evaluation. RHYMIS has been redesigned and streamlined to reduce the collection burden upon respondents and to capture key information previously not requested.

Respondents: Not-for-profit institutions.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
BC/TLP Youth Profile	400	185	.75	55,500
Street Outreach Report	140	2	.40	112
BC/TLP Brief Contacts	400	100	.10	4,000
BC/TLP Turnaways	400	50	.10	2,000
Data Transfer	400	2	.50	400

Estimated Total Annual Burden Hours: 62,012.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: Desk Officer for ACF.

Dated: February 20, 2001.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 01-4557 Filed 2-23-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-267]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration, HHS.

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. 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: Reinstatement, with change, of a previously approved collection for

which approval has expired; *Title of Information Collection:* Medicare Plus Choice Program Requirements Referenced in 42 CFR 422.000-422.700; *Form No.:* HCFA-R-0267 (OMB# 0938-0753); *Use:* Section 4001 of the Balanced Budget Act of 1997 added sections 1851 through 1859 to the Social Security Act to establish a new Part C of the Medicare Program, known as the Medicare+Choice program. Under this program, every individual entitled to Medicare Part A and enrolled under Part B may elect to receive benefits through either the existing Medicare fee-for-service program or a Part C M+C plan. The regulations implementing these sections was published on June 26, 1998. The regulations revising these sections was published on February 17, 1999 and June 29, 2000.; *Frequency:* Other: as needed; *Affected Public:* Business or other for-profit, Individuals or Households, Not-for-profit institutions, Federal Government, and State, Local, or Tribal Government; *Number of Respondents:* 2,450; *Total Annual Responses:* 7,657,534; *Total Annual Hours:* 2,120,006.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/reg/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to

Paperwork@hcfa.gov, or call the Reports Clearance Office at (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willingham (HCFA-R-267), Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 14, 2001.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 01-4568 Filed 2-23-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Study of Physician Researchers Concerning Research and Clinical Care Activities

SUMMARY: 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 Department of Clinical Bioethics, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Study of Physician Researchers Concerning Research and Clinical Care Activities. **Type of Information Collection Request:** New. **Need and Use of Information Collection:** In order to understand the sometimes-conflicting obligations of physicians involved in clinical research, it is important to study their own understanding of their work and responsibilities as researchers and as clinicians treating patients. This study aims to gather this information through

interviews with physicians involved in clinical research and other experts knowledgeable about their work. In particular, the study aims to identify and examine what physicians experience as the nature of the conflict between their roles as caregiver and researcher, physicians' most recent case of conflict between treatment and research, pressures on physicians involved in research and how they address or resolve them, conflict between caring for patients and gaining generalizable knowledge, and the influence of the work and institutional setting on physicians undertaking medical research. **Frequency of Response:** Once for the survey administration and for individuals interviewed and on occasion thereafter. **Affected Public:** Individuals. **Type of Respondents:** Physicians involved in clinical research and other interviewees knowledgeable about their practices. **Annual Reporting Burden:** The annual reporting burden follows in the table below. **Annualized Cost to Respondents:** The annualized cost to respondents is estimated at: \$11,000. **Capital Costs:** There are no capital costs to report. **Operating or Maintenance Costs:** There are no operating or maintenance costs to report.

RESPONDENT AND BURDEN ESTIMATE INFORMATION

Type of respondents	Estimated number of respondents	Estimated number of response per respondent	Average burden hours per response	Estimated total annual burden hours requested
Physician Researchers	250	1	.5	125
Physician Researchers	80	1	1	80
Non-Physician-Researcher Interviewees	20	1	1	20
Total				225

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological

collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Elaine Draper, Ph.D., J.D., Department of Clinical Bioethics, NIH, Building 10, Room 1C118F, 9000 Rockville Pike, Bethesda, MD 20892, or call non-toll-free number (301) 435-8715 or E-mail your request, including your address to: EDraper@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before April 27, 2001.

Dated: February 14, 2001.

David K. Henderson,

Deputy Director for Clinical Care.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for