Persons attending FDA advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Jody G. Sachs or Denise H. Royster at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: April 23, 2002.

Linda A. Suydam,

Senior Associate Commissioner for Communications and Constituent Relations.

[FR Doc. 02–10794 Filed 5–1–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer at (301) 443–1129.

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.

Proposed Project: Private Health Insurance Coverage of Immunosuppressive Drugs Survey—New

Public Law 106–310, Section 2101(b) of Title XXI of the Children's Health Act of 2000, states that the Secretary of Health and Human Services shall provide for a study to determine the costs of immunosuppressive drugs provided to children pursuant to organ transplants and to determine the extent to which health plans and health insurance cover such costs.

The Health Resources and Services Administration (HRSA) has determined the extent of government insurance coverage for immunosuppressive drugs given to children pursuant to organ transplantation. However, HRSA still does not know the extent of private health insurance coverage for immunosuppressive drugs. Analysis of the Organ Procurement and Transplantation Network (OPTN) database revealed that approximately 45% of pediatric organ transplant recipients list their primary insurer as being private health insurance—this category being the largest insurer of pediatric organ transplant recipients. Little is known about co-payments, limitation on drug usage, etc., in this category of patients.

In order to fulfill the requirements of Section 2101(b), the Division of Transplantation in the Office of Special Programs, HRSA, contracted with the EMMES Corporation to study the costs of immunosuppressive drugs and to conduct a survey to send to approximately 600 families of post-transplant liver and kidney patients who list private health insurance as their primary provider at the time of transplantation. Data collected and analyzed will be reported to Congress. The report will contain information about the extent to which private health insurance covers the cost of immunosuppressive drugs given pursuant to organ transplants and provide recommendations from the Secretary of Health and Human Services about the findings. Once information has been collected and the report to Congress submitted, the information will be incorporated into private databases maintained by the EMMES Corporation which are closely protected and not available to the public. Analytical requests can be made on the data, but requests are subject to an advisory board and the release in any type of personally-identifiable data or standard analytical file will not be available to the public. The Federal Government will not have access to any of the personally-identifiable data. All these measures will assure patient privacy.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Respondents	Number of respondents	Responses per respondents	Hours per response	Total hour burden
Guardians patients	600	1	.75	450
Transplant Centers	143	1	2.5	357.50
Total	743			807.50

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 11–05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 25, 2002.

Stephen R. Smith,

Acting Associate Administrator for Management and Program Support.

[FR Doc. 02–10840 Filed 5–1–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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.

Proposed Project: Cross-site Evaluation of the Effectiveness of the Infant Adoption Awareness Training Program (IAATP)—New

HRSA proposes to evaluate the Infant Adoption Awareness Program being implemented by adoption organizations. The IAATP is authorized under the Children's Health Act of 2000 (CHA), Title XII, Subtitle A to develop, implement and evaluate curricula to achieve the goal of providing adoption information and referrals on an equal basis with other courses of action included in non-directive counseling to pregnant women. National, regional and local organizations whose primary purpose includes adoption were funded under IAATP cooperative agreements to deliver adoption training to health care workers with a special focus on those working in health care facilities funded under section 1001 and section 330 and those receiving grants to provide health services in schools. The Children's Health Act mandates that the Secretary submit to Congress a report evaluating the effectiveness of training delivered under the IAATP and the extent to which it results in the provision of adoption information and referrals to pregnant women on an equal basis with other courses of action included in non-directive counseling to pregnant women.

To determine if the IAATP is effective in achieving the intent of the congressional mandate, the proposed study will assess the effect of IAATP training on knowledge, attitudes and self reported practices for health care workers who counsel pregnant women in health care settings. An estimated 690 health care workers who regularly counsel pregnant women and who completed IAATP training will be recruited into the study and will complete a 20 minute mail survey instrument covering the time and extent of their exposure to the IAATP training as well as knowledge, attitudes and self-reported practices in providing adoption information and referrals to pregnant women. A comparison group of 690 health care workers who perform pregnancy counseling but did not receive the IAATP training will receive a mail survey on their knowledge, attitudes and self-reported behaviors in providing adoption information and referrals to the pregnant women that they counsel.

In addition, staff of each of the four grantees, their trainers and trainees will participate in interviews and focus groups to document the program development and training processes and delivery of the IAATP. For each grantee, there will be one-hour individual interviews of grantee staff, one focus group of trainers from each of four grantees, and two focus groups of trainees from each of four grantee programs.

Respondents	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Health care workers completing IAATP training	690	1	.33	228
Health care workers not completing IAATP training	690	1	.25	173
Grantee staff interviews (8 from each of 4 grantees)	32	2	1	64
Focus groups with trainers	32	1	2	64
Focus groups with trainees	64	1	2	128
Total	1,508	.....	.....	657

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 11–05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 25, 2002.

Stephen R. Smith,

Acting Associate Administrator for Management and Program Support.

[FR Doc. 02–10841 Filed 5–1–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following National