

Dated: January 23, 2002.

Margaret M. Dotzel,

Associate Commissioner for Policy.

[FR Doc. 02-2321 Filed 1-30-02; 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 the Office of Management and Budget 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 the use of automated collection techniques or other forms of information technology.

Proposed Project: The National Health Service Corps (NHSC), Professional Training and Information Questionnaire (PTIQ), (OMB No. 0915-0208)—Revision

The National Health Service Corps (NHSC) of the HRSA's Bureau of Health Professions (BHP), is committed to improving the health of the Nation's underserved by uniting communities in need with caring health professionals

and by supporting communities' efforts to build better systems of care.

The National Health Service Corps (authorized by the Public Health Services Act, section 331) collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these objectives, the NHSC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends.

The PTIQ is used to collect data related to professional issues from NHSC obligated Scholarship Program Recipients including physicians, physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and other disciplines in the current year's placement cycle. This data is used to match an individual health care professional with the most appropriate clinical practice setting.

The PTIQ will be mailed twelve months in advance of the intended service availability date. Estimates of annualized reporting burden are as follows:

Type of respondent	Number of respondents	Responses per respondent	Hours per response (minutes)	Total burden hours
Health Care Professionals	311	1	5	26

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: January 25, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 02-2296 Filed 1-31-02; 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

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Proposed Project: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners: Regulations and Forms (OMB No. 0915-0126)—Revision

The National Practitioner Data Bank (NPDB) was established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended. Final regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for NPDB implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The NPDB began operation on September 1, 1990.

The intent of Title IV of Public Law 99-660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services, to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State

without disclosure of practitioner previous damaging or incompetent performance.

The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions adverse clinical privileging actions, adverse professional society actions, and Medicare/Medicaid exclusions is collected from, and disseminated to, eligible entities. It is intended that NPDB information should be considered with other relevant information in evaluating a practitioner's credentials.

This request is for a revision of reporting and querying forms previously approved on April 30, 1999. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the NPDB electronically through the NPDB website at www.npdb-hipdb.com. All reporting and querying is performed through this secure website.

This request also includes changes to the NPDB forms as a result of the potential implementation of section 1921 of the Social Security Act (section 1921), which is now being considered. Section 1921 expands the scope of the NPDB by permitting additional entities such as agencies administering Federal health care programs, State Medicaid

fraud control units, utilization and quality control peer review organizations, and certain law enforcement officials to query the NPDB for adverse licensure actions and other negative actions or findings on health care practitioners and entities licensed or otherwise authorized by a State (or a political subdivision) to provide health care services. Therefore, beginning with section 60.9, sections have been renumbered based on the possible implementation of section 1921. Additionally, due to overlap in requirements for the Healthcare Integrity and Protection Data Bank (HIPDB), some of the NPDB's burden has been subsumed under the HIPDB. Estimates of burden are as follows:

Regulation citation	Number of respondents	Responses per respondent	Hours per response (minutes)	Total burden hours
Reports				
60.6(a) Errors & Omissions	450	4.22	15	475
60.6(b) Revisions to Actions	110	1.45	30	80
60.7(b) Medical Malpractice Payment Reports	660	28.03	45	13,875
60.8(b) Adverse Action Reports—Licensure Actions by Boards of Medical Examiners	10	0	0	0
60.9(b) Adverse Action Reports—Licensure Actions: Submission by State Licensing Boards Reporting by State Licensing Authorities	20	0	0	0
60.10 Adverse Action Reports—Negative Actions or Findings: Submission by Peer Review Organization/Accreditation Entity	58	8.62	45	375
Reporting by State Licensing Authorities	50	10	15	125
60.11(a) Adverse Action Reports—Clinical Privileges & Professional Society	1,000	1.2	45	900
60.11(c) Requests for Hearings by Entities	1	1	480	8
Access to Data (Queries and Self Queries)				
60.12(a)(1) Queries by Hospital-Practitioner Applications	6,000	40	5	20,000
60.12(a)(2) Queries by Hospitals—Two Yr. Cycle	6,000	160	5	80,000
60.13(a)(1)(i) Disclosures to Hospitals	30	0	0	0
60.13(a)(1)(ii) Disclosure to Practitioners (Self Queries)	40	0	0	0
60.13(a)(1)(iii) Queries by Practitioner Licensure Boards	125	120	5	1,250
60.13(a)(1)(iv) Queries by Non-Hospital Health Care Entities	4,000	550	5	183,333
60.13(a)(1)(v) Queries by Plaintiffs' Attorneys	5	1	30	3
60.13(a)(1)(vi) Queries by Non-Hospital Health Care Entities—Peer Review	50	0	0	0
60.13(a)(1)(vii) Requests by Researchers for Aggregate Data	100	1	30	50
60.13(a)(2)(i) through (vi) Queries by section 1921—only Eligible Entities	6425	276.47	5	9,792
60.13(a)(2)(vii) Queries by Hospitals and other Health Care Entities	70	0	0	0
60.13(a)(2)(viii) Self Queries by Health Care Practitioners and Entities	80	0	0	0
60.13(a)(2)(ix) Requests by Researchers for Aggregate Data	90	0	0	0
Disputed Reports/Secretarial Reviews				
60.16(b) Practitioner Places a Report in Disputed Status	1,050	1	15	263
60.16(b) Practitioner Requests for Secretarial Review	115	1	480	920
60.16(b) Practitioner Statement	2,400	1	60	2,400
Access and Admin. Forms				
60.3 Entity Registration—Initial	2,000	1	60	2,000
60.3 Entity Registration—Update	1,225	1	5	102
60.13(a) Authorized Agent Designation—Initial	500	1	15	125
60.13(a) Authorized Agent Designation—Update	50	1	5	4
60.14(c) Account Discrepancy Report	300	1	15	75
60.14(c) Electronic Transfer of Funds Authorization	400	1	15	100
60.3 Entity Registration—Reactivation	100	1	60	100
Total				316,355

¹ Included in estimate for reporting of adverse licensure actions to the HIPDB in 45 CFR part 61.

² Included in estimate for reporting of adverse licensure actions to the HIPDB in 45 CFR part 61.

³ Included in estimate for 60.12(a)(1).

⁴ Included in estimate for self queries in the HIPDB in 45 CFR part 61.

⁵ Included in estimate for non-hospital health care entity queries under § 60.13(a)(1).

⁶ Estimate for queries of section 1921 information by boards that license health care practitioners is included in estimate for practitioner licensure boards under § 60.13(a)(1).

⁷ Estimate for queries of section 1921 information by hospitals and other health care entities is included in estimates for queries by hospitals under 60.12(a)(1) and non-hospital health care entities under 60.13(a)(1)(iv).

⁸ Estimate for self queries by health care practitioners and health care entities is included in estimate for self queries in the HIPDB in 45 CFR part 61.

⁹ Included in estimate for 60.13(a)(1)(vii).

Send comments to Susan Queen, Ph.D., HRSA Reports Clearance Officer, Room 11-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852, (301) 443-1129. Written comments should be received within 60 days of this notice.

Dated: January 24, 2002.

James J. Corrigan,

Associate Administrator for Operations and Management.

[FR Doc. 02-2297 Filed 1-30-02; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Special Volunteer and Guest Researcher Assignment

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 Office of the Director, 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:* Special Volunteer and Guest Researcher Assignment. *Type of Information Collection Request:* Extension of OMB No. 0925-0177; 07/31/02. *Need and Use*

of Information Collection: Form NIH-590 records, names, address, employer, education, and other information on prospective Special Volunteers and Guest Researchers, and is used by the responsible NIH approving official to determine the individual's qualifications and eligibility for such assignments. The form is the only official record of approved assignments. *Frequency of Response:* On occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Special Volunteer and Guest Researcher candidates. *Estimated Number of Respondents:* 1560. *Estimated Number of Responses Per Respondent:* 1. *Average Burden Hours Per Response:* .08. *Estimated Total Annual Burden Hours Requested:* 125.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Guest Researcher	370	1	.08	29.6
Special Volunteer	1190	1	.08	95.2
Total	1560	1	.08	124.8

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 will have practical utility; (2) The accuracy of the agency's estimate of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and the clarity of 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: Edie Bishop, HR Consultant, Office of Human Resource Management, Senior and Scientific Employment Division, Building 31,

Room B3C07, 31 Center Drive MSC 2203, Bethesda, MD 20892.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before April 1, 2002.

Dated: January 28, 2002.

Stephen C. Benowitz,

Director, Office of Human Resource Management.

[FR Doc. 02-2400 Filed 1-30-02; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; National Institutes of Health Construction Grants

SUMMARY: Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of Extramural Research (OER), Office of Extramural Programs (OEP), the

National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of a revision of the information collection listed below. This proposed revision was previously published in the **Federal Register** on August 7, 2001 (pages 41251-41252) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: *Title:* National Institutes of Health Construction Grants—42 CFR part 52b (Final Rule). *Type of Information Collection Request:* Revision of No. 0925-0424, expiration date 02/28/2002. *Need and Use of the Information Collection:* This request is