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]

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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.

The additional burden to these respondents will be small, since CDC will only select programs that are already performing some CRC screening, and will therefore already be collecting these types of data. Data collection for both patient-level and program-level data will continue over the 3 years of the demonstration programs. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Form	Number of respondents*	Number of responses per respondent	Number of times per year	Average burden per response (in hours)	Total burden (in hours)
Patient-level clinical data	3	70	4	25/60	350
Annual program-level data	3	1	1	25/60	1.25
Total					351.25

* Respondents are cooperative agreement recipients

Dated: May 26, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–10950 Filed 6–1–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-05–05CH)

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

Epidemiologic HIV/AIDS Research among African American and Hispanic Women at Risk for HIV Infection in the Southern United States and Puerto Rico—New—National Center for HIV/AIDS, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval to administer a questionnaire and test for HIV and other sexually transmitted infections (STI) in heterosexual African American and Hispanic women at four sites in the southern United States and Puerto Rico. This proposed data collection will occur over 3 years.

This study is designed to assess risk factors for HIV infection in these women and addresses goals of CDC's ''HIV Prevention Strategic Plan Through 2005''. CDC plans to meet specific goals by (1) decreasing the number of persons at high risk of acquiring or transmitting HIV infection; (2) increasing the proportion of HIV-infected persons who know they are infected; (3) increasing the number of HIV-infected persons who are linked to appropriate prevention, care, and treatment services; and (4) strengthening the capacity nationwide to monitor the HIV epidemic. In addition, project data will provide important epidemiologic information useful for the development and targeting of future HIV prevention activities.

A sample of 2000 female study participants (500 per site) will be recruited directly from specific venues (e.g health clinics, etc.), by word of mouth, and through other site designated strategies. They will receive HIV and STI counseling and testing and respond to a one-time computerized questionnaire capturing information on demographics, risk behaviors, attitudes and knowledge related to HIV/STD transmission and prevention. The testing and interview will take approximately 1 hour to complete for those who agree to participate in the study and 10 minutes to complete for those who decline to enroll. There is no cost to respondents except for their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of respondents per respondent	Burden per response	Total burden hours
Women—screening interview	3460	1	10/60	577
Women—completed interview	2000	1	1	2000
Total				2577