

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request the Office of Management and Budget (OMB) to allow the proposed information collection project: "Medical Expenditure Panel Survey—Medical Provider Component (MEPS—MPC) for 2001 and 2002." In accordance with the Paperwork Reduction Act as amended (see in particular 44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

The proposed information collection was previously published in the **Federal Register** on October 3, 2001 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.

DATES: Comments on this notice must be received by January 14, 2002.

ADDRESSES: Written comments should be submitted to: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs,

OMB: New Executive Office Building, Room 10235; Washington, DC 20503.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 594-3132.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Medical Expenditure Panel Survey—Medical Provider Component (MEPS—MPC) for 2001 and 2002"

The MEPS—MPC is a survey of hospitals, physicians and other medical providers. The purposes of this survey is to supplement and verify the information provided by household respondents in the household component of the MEPS (MEPS—HC) about the use of medical services in the United States based on a nationally representative sample. With the permission of members of the households surveyed in the MEPS—HC, AHRQ contractor will contract the medical providers of the HC Survey respondents to determine the actual dates of service, the diagnoses, the services provided, the amount that was charged, the amount that was paid and the source of payment. Thus, the MPC is derived from or is based upon the core survey, (MEPS—HC) and will improve the quality of the core survey data.

The Medical Expenditure Panel Survey Household Component (MEPS—HC) to be conducted in 2001 through 2003, will provide annual, nationally representative estimates of health care use, expenditures, sources of payment and insurance coverage, for the U.S. civilian non-institutionalized population for 2001 and 2002 respectively. MEPS is co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center For Health Statistics (NCHS).

Data from medical providers linked to household respondents in the MEPS Household component for calendar year 2001, will be collected beginning in 2002 and continuing into the year 2003, data for calendar year 2002 will be collected beginning in 2003 and continue into the year 2004.

Data Confidentiality Provisions

MEPS data confidentiality is protected under the NCHS and AHRQ confidentiality statutes, sections 308(d) and 924(c) of the Public Service Act [42 U.S.C. 242m(d) and 42 U.S.C. 299c-3(c) respectively].

Method of Collection

The medical provider survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent.

The *MPC for Calendar Year 2001* estimated annual hour burden is as follows:

Type of provider	Number of respondents	Average number of patients/providers	Average number of events/patient	Average burden/event (in minutes)	Total hours of burden
Hospital	5,000	2.15	3.2	5 (.083 hrs.)	2,867
Office-based Director	23,000	1.15	3.5	5	7,715
Separately Billing Doctor	11,200	1.22	1.3	5	1,480
Home Health	500	1.0	5.8	5	242
Pharmacy	9,000	1.75	10.3	3	8,111
Estimated Annual Burden Total					20,415

MPC for Calendar Year 2002

Type of provider	Number of respondents	Average number of patients/providers	Average number of events/patient	Average burden/event (in minutes)	Total hours of burden
Hospital	5,000	2.60	3.2	5 (.083 hrs.)	3,467
Office-based Doctor	24,000	1.15	3.5	5	8,050
Separately Billing Doctor	13,360	1.22	1.3	5	1,766
Home Health	600	1.00	5.8	5	290
Pharmacy	10,700	1.75	10.3	3	9,643
Estimated Annual Burden Total					23,216

Request for Comments

In accordance with the above cited Paperwork Reduction Act legislation, comments on this AHRQ information collection proposals are requested with regard to any of the following: (a) Whether the proposed collections of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer (see above).

Dated: December 7, 2001.

John M. Eisenberg,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-02-16]

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 the CDC Reports Clearance Officer on (404) 639-7090.

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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Formative Research and Evaluation of Native American and Asian American Populations associated with CDC's Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with the Health Resources and Services Administration (HRSA), the National Center for Child Health and Human Development (NICHD), and the Substance Abuse and Mental Health Services Administration (SAMHSA), is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime. The Campaign will be based on principles that have been shown to enhance success, including: Designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the

involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, a thorough understanding of Native American and Asian American tweens (youth ages 9-13), the health behaviors promoted, and the barriers and motivations for adopting and sustaining them is essential. Additionally, a thorough understanding of those who can influence the health behaviors of Native American and Asian American tweens is important. This understanding will facilitate the development of messages, strategies, and tactics that resonate with Native American and Asian American tweens, parents and other influencers.

Research for the national and minority audience components of the Youth Media Campaign will identify the Native American and Asian American target audience(s) using standard market research techniques and will address geographic and demographic diversity to the extent necessary to assure appropriate audience representation. This Native American and Asian American audience research may include, but not be limited to, intercept interviews, theater testing, expert reviews, in-depth interviews, pilot/field tests/partial launches, telephone and/or face-to-face interviews, and mail questionnaires with various Native American and Asian American audiences (tweens, ages 9-13; parents; adult influencers; older teen influencers; and partners/alliances). In addition, panels or reoccurring focus groups of Native American and Asian American tweens and parents will convene to generate on-going feedback to the Campaign. The panels will suggest ideas, review creative executions, and provide feedback on what works and what does not work.

The intent of this Native American and Asian American audience research is to solicit input and feedback from audiences on a national level and from Native American and Asian American audiences within targeted populations. Information gathered from both Native American and Asian American audiences will be used to modify/refine and/or revise Campaign messages and strategies and evaluate Campaign effectiveness.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Tweens (ages 9-13)	5,000	1	15/60	1,250