

- Some prescription drug coverage.
- Medicare Part B excess charges protection.

B. High Deductible Medigap Standard Policies

Section 4032 of the Balanced Budget Act of 1997 (BBA) added high deductible versions of two of the standard Medigap policies or their counterparts in the waived States. In the three waived States, high deductible versions of the plans that most closely approximate the benefits contained in Plans "F" and "J" are authorized by the Balanced Budget Act. Unlike the regular versions of Plans "F" and "J," the high deductible versions of these policies do not begin paying benefits until the deductible amount is met. Amounts included in this deductible are the expenses that would ordinarily be paid by the regular version of the policy, including Medicare deductibles for Parts A and B. The Plan "F" deductible does not include the separate foreign travel emergency deductible of \$250. The Plan "J" deductible does not include the plan's separate \$250 prescription drug deductible or the plan's separate \$250 deductible for foreign travel emergencies.

II. Provisions of This Notice

In 1998 and 1999, the high deductible amount was statutorily-defined as \$1,500 in section 1882(p)(11)(C)(i) of the Act. For 2000, the high deductible amount was increased to \$1,530, based on the percent increase in the Consumer Price Index (CPI) for all urban consumers for the 12-month period ending August 1999. For 2001, the high deductible amount is increased by the percent increase in the Consumer Price Index (CPI) for all urban consumers (all items, U.S. city average) for the 12-month period ending August 2000. The percent increase in the CPI for all urban consumers (all items, U.S. city average) for the 12-month period ending in August 2000 was 3.35 percent, according to the Division of Labor Statistics, Department of Labor. A 3.35 percent increase in \$1,530 is \$1,581.26. (This figure can also be found by dividing the August 2000 CPI (172.7) by the August 1999 CPI (167.1), which equals 1.0335129. Multiplying this number by the 2000 deductible (\$1,530) equals 1581.27 which, rounded to the nearest \$10 multiple, is \$1,580. Section 1882(p)(11)(C)(ii) of the Act stipulates that this amount (\$1,581.26) be rounded to the nearest multiple of \$10 to find the high deductible amount for the subsequent year. After rounding \$1,581.26 to the nearest \$10 multiple,

the 2001 deductible for the Medigap high deductible options is \$1,580. 2

Authority: Section 1882 of the Social Security Act.
(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance, and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

November 6, 2000.

Michael M. Hash

Acting Administrator, Health Care Financing Administration

[FR Doc. 00-32441 Filed 12-20-00; 8:45 am]

BILLING CODE 4120-01-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-1172-N]

Medicare Program; January 10, 2001, Meeting of the Advisory Panel on Medicare Education

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting on January 10, 2001 of the Advisory Panel on Medicare Education (the Panel). This Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Health Care Financing Administration (HCFA) on opportunities for HCFA to optimize the effectiveness of the National Medicare Education Program and other HCFA programs that help Medicare beneficiaries understand Medicare and the range of Medicare options available with the passage of the Medicare+Choice Program. The Panel meeting is open to the public.

DATES: The meeting is scheduled for Wednesday, January 10, 2001, from 8 a.m. e.s.t until 5:15 p.m. e.s.t.

ADDRESSES: The meeting will be held at the Madison Hotel, at 1177 15th Street, NW., Washington, DC 20005, Telephone: (202) 862-1600.

FOR FURTHER INFORMATION CONTACT: Ms. Nancy Caliman, Public Affairs Specialist, Partnership Development Group, Center for Beneficiary Services, Health Care Financing Administration, 7500 Security Boulevard, S2-23-05, Baltimore, MD, 21244-1850, (410) 786-5052. Please refer to the HCFA Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379

local) or the Internet (<http://www.hcfa.gov/events/apme/homepage.htm>) for additional information and updates on committee activities, or by contacting Ms. Caliman via E-mail at APME@hcfa.gov. Press inquiries are handled through the HCFA Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION: The Federal Advisory Committee Act (5 U.S.C. App. 2, Sec. 9(a)), Public Law 92-463, grants to the Secretary the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7899, February 17, 1999). The Advisory Panel on Medicare Education advises us on opportunities to enhance the effectiveness of consumer education materials serving the Medicare program.

The goals of the Panel are as follows:

- Developing and implementing a national Medicare education program that describes the options for selecting a health plan under Medicare.

- Enhancing the Federal Government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.

- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.

- Assembling an information base of best practices for helping consumers evaluate health plan options, and for building a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: Diane Archer, J.D., President, Medicare Rights Center; David Baldrige, Executive Director, National Indian Council on Aging; Bruce Bradley, M.B.A., Director, Managed Care Plans, General Motors Corporation; Carol Cronin, Chairperson, Advisory Panel on Medicare Education; Joyce Dubow, M.U.P., Senior Policy Advisor, Public Policy Institute, AARP; Jennie Chin Hansen, Executive Director, On Lok Senior Services; Elmer Huerta, M.D., M.P.H., Director, Cancer Risk and Assessment Center, Washington Hospital Center; Bonita Kallestad, J.D., M.S., Western Minnesota Legal Services, Mid Minnesota Legal Assistance; Steven Larsen, J.D., M.A., Maryland Insurance Commissioner, Maryland Insurance Administration; Brian Lindberg, M.M.H.S., Executive Director, Consumer Coalition for Quality Health Care; Heidi Margulis, B.A., Vice President, Government Affairs, Humana, Inc.; Patricia Neuman, Sc.D., Director,

Medicare Policy Project, Henry J. Kaiser Family Foundation; Elena Rios, M.D., M.S.P.H., President, National Hispanic Medical Association; Samuel Simmons, B.A., President and CEO, The National Caucus and Center on Black Aged, Inc.; Nina Weinberg, M.A., President, National Health Council; and Edward Zesk, B.A., Executive Director, Aging 2000.

The agenda for the January 10, 2001, meeting will include the following:

- Recap of the previous (September 21, 2000) meeting.
- Legislative and agency update.
- Presentation on the Federal agency budget process.
- Medicare education budget and priorities for the 2000/2001 and 2001/2002 budget periods.
- Panel discussion and examination of model programs that provide culturally and linguistically appropriate education and information services to the Medicare population.
- Public comment.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact Nancy Caliman by 12 noon, Wednesday, January 3, 2001, to be scheduled. The number of oral presentations may be limited by the time available. A written copy of the oral remarks should be submitted to Ms. Caliman no later than 12 noon, Wednesday, January 3, 2001. Anyone who is not scheduled to speak may submit written comments to Ms. Caliman by 12 noon, Wednesday, January 3, 2001. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodations should contact Ms. Caliman at least 15 days before the meeting.

(Section 222 of the Public Health Service Act (42 U.S.C. 217(a)) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)); 41 CFR 101-6.1015)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 12, 2000.

Michael M. Hash,

Acting Administrator, Health Care Financing Administration.

[FR Doc. 00-32440 Filed 12-20-00; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Data Collection; Comment Request; Health Information National Trends Survey (HINTS)

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 National Institutes of Health (NIH), National Cancer Institute (NCI) 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: Health Information National Trends Survey (HINTS). *Type of Information Collection Request:* New. *Need and Use of Information Collection:* As a result of the ongoing and rapidly expanding communication revolution (e.g., the development of the Internet), there is an unprecedented opportunity to rapidly communicate information about cancer and other health topics to the general public. Developing appropriate messages for the public about cancer prevention, detection, diagnosis, treatment, and survivorship requires an understanding of individuals' sources and access to cancer-related information, their knowledge about cancer and other

health information, or the factors that enhance or may hinder access, use, or knowledge of health information.

The HINTS is a new telephone survey designed to provide nationally representative, population-based standardized data on health knowledge and health information for the United States. The survey will establish important baseline data about cancer communication practices, preferences for information, and cancer knowledge across the country. This survey will provide data on the public's perceived needs for cancer information, sources and access to health information (e.g., health care providers, Internet, mass media), current knowledge and understanding about cancer prevention and detection, and the barriers to more effectively understanding and utilizing cancer-related information. The HINTS is intended to be conducted every 2 years to measure progress in improving cancer knowledge and communication among the general public. The survey will be administered to one sample adult in 12,000 households, and is intended to have an adequate sample size to produce stable estimates for racial and ethnic minority populations.

Data from this survey are essential for NCI to develop improved cancer-related messages and materials and to tailor these messages for different audiences, especially for cancer prevention and detection. Data will be used to help selecting the best means of communicating cancer-related messages to different audiences (communication channels) to reach the diverse audiences in the United States. Finally, information obtained in this survey data will be used to identify research gaps and to guide the direction and decisions about NCI's research efforts in health promotion and health communication.

Frequency of response: One-time. *Affected public:* Individuals. *Type of Respondents:* U.S. adults. The annual reporting burden is as follows:

TABLE X.—ANNUALIZED BURDEN ESTIMATES FOR HINTS DATA COLLECTION

Data collection	Estimated number of respondents	Frequency of response	Average time per response	Annual burden hours
Pilot Survey	150	1	0.333	50
HINTS	12,000	1	0.333	4,000
Totals	12,150	4,050

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

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 proposed performance of the functions

of the agency, including whether the information shall have practical utility; (2) The accuracy of the estimate of the burden of the proposed collection of information including the validity of the