

AHRQ website. These tables will contain descriptive statistics, such as, numbers of establishments offering health insurance, average premiums, average contributions, total enrollments, numbers of self insured establishments and other related statistics for a large number of population subsets defined by firm size, state, industry and establishment characteristics, such as, age, profit/nonprofit status and union/nonunion.

The data are intended to be used for purposes such as:

- Generating national and State estimates of employer health care offerings;
- Producing estimates to support the Bureau of Economic Analysis and the Center for Medicare and Medicaid Services in their production of health care expenditure estimates for the

National Health Accounts and the Gross Domestic Product;

- Producing national and State estimates of spending on employer-sponsored health insurance to study the results of national and State health care policies;
- Supplying data for modeling the demand for health insurance; and
- Providing data on health plan choices, costs, and benefits that can be linked back to households' use of health care resources in the MEPS-HC for studies of the consumer health care selection process.

These data provide the basis for researchers to address important questions for employers and policymakers alike.

**Method of Collection**

The data will be collected using a combination of modes. The Census

Bureau's first contact with employers will be made by telephone. This contact will provide information on the availability of health insurance from that employer and essential persons to contact. Based upon this information, Census will mail a questionnaire to the employer. In order to assure high response rates, Census will follow-up with a second mailing at an acceptable interval, followed by a telephone call to collect data from those who have not responded by mail.

As part of this process, for larger respondents with high burdens, such as State employers and very large firms, we will, if needed, perform personal visits and do customized collection, such as, acceptance of data in computerized formats and use of special forms.

**ESTIMATED ANNUAL RESPONDENT BURDEN**

Survey years	Annual number of respondents	Estimated time per respondent	Estimated total annual burden hours	Estimated annual cost to the Government
2001 .....	33,855	.6	20,307	\$8,250,000
2002 .....	35,769	.6	21,663	8,840,000
2003 .....	33,855	.6	20,307	8,810,000

**Request for Comments**

In accordance with the above cited legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection 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 the burden (including hours and costs) 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.

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.

Dated: August 21, 2001.

**John M. Eisenberg,**

*Director.*

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**BILLING CODE 4160-90-M**

**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 a proposed information collection project: "Primary Care Network Survey (PRINS)". 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 request to allow AHRQ to conduct research in primary care settings.

This proposed information collection was previously published in the Federal Register on June 19, 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 September 27, 2001.

**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:**

**Primary Care Network Survey (PRINS)**

As directed in its reauthorization legislation, AHRQ supports activities designated to improve the capacity of practice-based research networks (PBRNs) to conduct research in primary care settings. A PBRN is a group of ambulatory practices devoted principally to the primary care of patients, affiliated with each other in order to investigate questions related to community-based practice. AHRQ has recently established cooperative agreements with 19 PBRNs who have specifically been asked to conduct

network-defining surveys using a modified version of the 1999–2000 version of the National Ambulatory Medical Care Survey (NAMCS) instrument. We will be dropping a couple of items included in the NAMCS instrument.

**Method of Collection**

PRINS will provide a range of baseline data on the clinicians enrolled

in each network, the services provided, and characteristics of patients receiving those services. Data to be collected include the patients' demographic characteristics and reason(s) for visit, and the providers' diagnosis(es) and diagnostic services, medications and disposition.

These data may be used by the PBRN to define the network's capacity to study specific clinical conditions seen in

primary care, establish a denominator for epidemiological or surveillance studies, and stimulate further research on the use, organization and delivery of primary care. All identifiable data that is collected will be protected in accordance with the AHRQ confidentiality statute, 42 USC 299c–3(c).

The estimated annual hour burden is as follows:

	Number of respondents (clinicians) (1)	Number of forms/respondent (2)	Avg. burden/form (in hrs) (3)	Response burden (hrs) = (1)*(2)*(3)* (for rows 1 and 2)
Intake Form .....	1,000	1	.25	250
Patient Form .....	1,000	30	.03	900
Total .....	1,000	31	.037	1.150

To calculate the burden hours, the number of respondents for PRINS is based on a sample of 1,000 clinicians who have agreed to advance to participate. Each clinician fills out an intake form (which requires about 15 minutes).

The same 1,000 then record (on separate forms) information about 30 consecutive patients seen in his/her practice (requiring less than 2 minutes per form to complete). The total cost to the volunteer respondents is estimated to be \$150,000 or \$150 each.

**Request for Comments**

Comments are invited on: (a) The necessity of the proposed collections; (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 these proposed collection plans and instruments can be obtained from the AHRQ Reports Clearance Officer (see above).

Dated: August 21, 2001.

**John M. Eisenberg,**  
Director.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60 Day–01–57]

**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:* Implementation of Automated Management Information System (MIS) for Tobacco Control Programs—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention, (CDC). Tobacco use is the single most preventable cause of death and disease in the United States. Most people begin using tobacco in early adolescence. Annually, tobacco use causes more than 430,000 deaths in the nation and costs approximately \$50–70 billion in medical expenses alone. The Centers for Disease Control and Prevention Office on Smoking and Health (OSH) provides funding to health departments of states and territories to develop, implement and evaluate comprehensive Tobacco Control Programs (TCPs) based on CDC guidelines provided in *Best Practices for Comprehensive Tobacco Control Programs—August 1999* (Atlanta, GA, HHS). TCPs are population-based, public health programs that design, implement and evaluate public health prevention and control strategies to reduce disease, disability and death related to tobacco use and to reach those communities most impacted by the burden of tobacco use (e.g., racial/ethnic populations, rural dwellers, and the economically disadvantaged). Support for these programs is a cornerstone of the OSH strategy for reducing the burden of tobacco use throughout the nation. The Office on Smoking and Health is authorized under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. section 241 and 247b(k)].

Funding recipients are required to submit progress reports that are used by OSH managers and Project Officers (Pos) twice yearly to CDC to identify training