consider in good faith any request for correction or amendment. The proposed rule establishes a policy that allows a covered entity to use information to affect the rights, benefits, or treatment of an individual but it does not require the entity to even consider a request for amendment in some circumstances. It is not necessary to require a covered entity to change a record that it did not create in some circumstances, but the covered entity must be required to consider the request in good faith if it is using the information to make decisions about the record subject.

Relationship to State Laws

While a State may submit a written request to the Secretary to except a provision of State law from preemption, it is recommended that the Secretary prior to granting the waiver give notice to the citizens of the State.

Definition of Protected Health Information (Sec. 164.504)

The definition of protected health information excludes individually identifiable health information of inmates of correctional facilities and detainees in detention facilities. The NCVHS is opposed to exempting inmates and detainees from the proposed rule. Information about this vulnerable population should be protected to the extent possible without jeopardizing the safety of the facilities or inmates. For example, access to schedules that would jeopardize security would not be provided.

We appreciate the opportunity to offer these comments and again congratulate the Department on a comprehensive regulation.

Sincerely,

John R. Lumpkin,

Chairman, National Committee on Vital and Health Statistics.

CONTACT PERSON FOR MORE INFORMATION:

Information about the Committee as well as the text of the HIPAA recommendations is available on the NCVHS website (http://ncvhs/hhs/gov or from Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458–7245.

Dated: June 28, 2000.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation, Executive Staff Director, National Committee on Vital and Health Statistics.

[FR Doc. 00–17339 Filed 7–7–00; 8:45 am]

BILLING CODE 4151–05–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the National Advisory Council for Healthcare Research Quality

AGENCY: Agency for Healthcare Research and Quality.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

DATES: The meeting will be held on Friday, July 28, 2000, from 8:30 a.m. to 4 p.m. and is open to the public.

ADDRESSES: The meeting will be held at 6010 Executive Boulevard, Fourth Floor, Rockville, Maryland, 20852.

FOR GENERAL INFORMATION CONTACT: Anne Lebbon, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 2101 East Jefferson Street, Suite 600, Rockville, Maryland, 20852, (301) 594–7216. For press-related information, please contact Karen Migdail at 301–594–6120.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Linda Reeves, Assistant Administrator for Equal Opportunity, AHCPR, on (301) 594–6662 no later than March 10, 2000.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) established the National Council for Healthcare Research and Quality. In accordance with its statutory mandate, the Council is to advise the Secretary and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve outcomes, reduce costs of health care services, improve access to such services through scientific research, the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of members of the public appointed by the Secretary and Federal ex-officio members. Donald M. Berwick, M.D., the Council chairman, will preside.

II Agenda

On Friday, July 28, 2000, the meeting will begin at 8:30 a.m., with the call to order by the Council Chairman. The Director, AHRQ, will present the status of the Agency's current research, programs and initiatives. Tentative agenda items include technology assessment, international health, research on health insurance and costs, and the Agency's grant process. The official agenda will be available on AHCPR's website at *www.ahrq.gov* no later than July 10, 2000. The meeting will adjourn at 4 p.m.

Dated: June 27, 2000.

John M. Eisenberg,

Director.

[FR Doc. 00–17370 Filed 7–7–00; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Community/Tribal Subcommittee to the Board of Scientific Counselors, Agency for Toxic Substances and Disease Registry: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Agency for Toxic Substances and Disease Registry (ATSDR) announces the following subcommittee meeting.

Name: Community/Tribal Subcommittee (CTS).

Times and Dates: 9 a.m.–4:30 p.m., July 26, 2000; 9 a.m.–3 p.m., July 27, 2000.

Place: Tulane University, School of Public Health, CAEPH, Suite 800, 1440 Canal Street, New Orleans, Louisiana 70112

Status: Open to the public, limited by the space available. The meeting room accommodates approximately 35 people.

Purpose: This subcommittee brings to the Board of Scientific Counselors advice and citizen input, as well as recommendations on community and tribal programs, practices, and policies of the Agency. The subcommittee reports directly to the Board of Scientific Counselors.

Matters To Be Discussed: Issues and concerns of the Community/Tribal Subcommittee as related to ATSDR's community and tribal programs. ATSDR will provide an update on the Environmental Health Research Agenda, initiate a discussion on how recently finalized Public Health Assessments (PHAs) have addressed community concerns (more extensive discussion of this topic will occur at a future meeting); the process for conducting an evaluation of PHAs; and, the CTS will give an update on cultural sensitivity training.

Contact Person for More Information: Sandra Coulberson, Principal ATSDR

Contact, ATSDR, M/S E–56, 1600 Clifton Road, NE, Atlanta, GA 30333, telephone 404/639–6002.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: July 3, 2000.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 00–17292 Filed 7–7–00; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–47–00]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Projects

AIDS Prevention and Surveillance Project Reports (0920–0208)—extension—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC)—proposes to continue data collection for the AIDS Prevention and Surveillance Project Reports, previously approved under OMB No. 9020–0208. This request is for a 3-year extension of clearance. CDC funds cooperative agreements for 65 HIV Prevention Projects (50 states, 6 cities, 7 territories, Washington, D.C., and Puerto Rico). The cooperative agreements support counseling, testing, referral, and partner notification programs conducted by official public health agencies of states, territories, and localities (project areas). HIV counseling and testing in STD clinics, Women's Health Centers, Drug Treatment Centers, and other health agencies has been described as a primary prevention strategy of the national HIV Prevention Program. These project areas have increased HIV counseling and testing activities to specifically reach more minorities and women of child bearing age.

CDC is responsible for monitoring and evaluating HIV prevention activities conducted under the cooperative agreement. Counseling and testing programs are a major component of the HIV Prevention Program. Without data to measure the impact of counseling and testing programs, priorities cannot be assessed and redirected to prevent further spread of the virus in the general population. CDC needs information from all project areas on the number of at-risk persons tested and the number positive for HIV. The HIV Counseling and Testing Report Form provides a simple yet complete means to collect this information.

Respondents will be able to use either a manual or an electronic scan form. Seventeen respondents (project areas) will use the manual data collection tool. It takes approximately 2 hours to complete the form. The respondents will complete the form 4 times each year for a total burden of 8 hours per year per project area. Forty-eight (48) respondents (project areas) will use the scan form or client record format. It will take approximately 15 minutes for each project area to transfer data electronically on a quarterly basis for a total burden per project area of 1 hour per year. Therefore, the total annualized burden hours are 184. This request is for a 3 year extension.

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hrs.)
Manual Form Project Areas	17	4	2
Scan Form Project Areas	48	4	.25

Dated: June 30, 2000.

Kathy Cahill,

Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 00–17177 Filed 7–7–00; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00006]

Intervention Epidemiologic Research Study of HIV/AIDS; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program to support a prospective study to develop and evaluate the role of different levels of assistance with and observation of the administration of antiretroviral (ARV) therapy for the treatment of HIV–1 infection. This program addresses the ''Healthy People 2010'' focus area of HIV.

The purpose of the program is to investigate whether different levels of support have an impact on: improving virologic, immunologic, and clinical outcomes of HIV disease; on the development of HIV–1 ARV drug resistance; and on therapeutic plasma drug concentrations. Innovative applications are invited that assess the impact of three different levels of administration and oversight of antiretroviral treatment: (1) Directly observed antiretroviral therapy (DART), the relative ''gold standard'' of what is achievable with maximum adherence support—any setting or system in which antiretroviral medications are routinely dispensed by dose and per-dose medication record is kept. Possible examples of such settings include but