NCID on policy matters concerning American Indians and Alaska Natives and on Arctic health issues in general; (6) responsible for budget planning, formulation, program budget execution, monitoring, and response to budget audits and reviews; (7) responsible for facility management, security, and employee safety; (8) responsible for the editing, clearance, and tracking of manuscripts for publication, abstracts for presentation, and protocols for Institutional Review Board (IRB) and human subjects review; (9) provides technical aid, consultation, and training to AIP staff on health education, behavioral science, distance education, community organization, and electronic, print, and oral communications; and sponsors and participates in national and international meetings and conferences.

Epidemiology Activity (CRJ2). (1) Conducts epidemic investigations, surveillance, and special studies to investigate the causes, risk factors, and prevention of infection diseases among residents of the Arctic and sub-Arctic; (2) analyzes demographic and disease information and other risk factors that contribute to disease morbidity and mortality; (3) develops, evaluates, and implements prevention and control strategies; (4) provides consultation and technical assistance on surveillance and epidemiologic investigations to other agencies and public and private health-care providers; (5) together with the Laboratory and the Biostatistics and Information Branches develops study protocols and coordinates collaborative research projects involving other agencies, universities, and outside researchers; (6) provides training for Epidemic Intelligence Service Officers, visiting fellows and students; (7) advises AIP staff on health education/communication strategies; and (8) prepares reports and manuscripts for publication.

Laboratory Research Activity (CRJ3). (1) Conducts microbiologic, immunologic, and molecular-based studies directed toward the detection, identification, characterization, tracking, and understanding of the pathogenic mechanisms of infectious agents causing diseases of high incidence among residence of the circumpolar regions; (2) establishes and maintains laboratory surveillance and quality assurance procedures for microbial agents targeted for prevention and control; (3) responsible for the safety and security of the laboratory, and maintenance of the security and integrity of a computerized specimen bank; (4) evaluates existing laboratory assays, or develops new assays for the detection or measurement of antibodies, antigens, nucleic acids, or other markers of microbial agents responsible for infectious diseases and chronic diseases with known or possible infectious etiology; (5) provides laboratory support for epidemiologic studies and outbreak investigations initiated by the Epidemiology Branch and serves as a resource laboratory for the State of Alaska, Section of Laboratories, the Alaska Native Medical Center, and laboratories of other Alaska Native Health Corporations; (6) responsible for maintaining the necessary licensures (NRC, CLIA and Select Agents) required for laboratory studies conducted at AIP; (7) Provides training for visiting fellows, graduate, and undergraduate students pursuing careers in public health laboratory practice; (8) prepares reports, abstracts, and manuscripts for publication; and (9) provides general laboratory consultation to other agencies, public and private health care providers, and researchers conducting studies in Arctic regions.

Biostatistics and Information Management Activity (CRJ4). (1) Develops and maintains computerized database of information gathered as part of AIP's epidemiologic and laboratory studies; (2) provides statistical methodology, participates in the design and analysis, and performs data entry for Program's epidemiologic investigations and surveillance systems; (3) together with the Epidemiology and the Laboratory Branches, designs disease reporting systems for ongoing surveillance; (4) provides statistical consultation for Program staff and other CDC and public health officials; (5) is responsible for the integrity, security, and maintenance of computerized database for a serum bank consisting of 500,000 aliquots of serum from 100,000 Alaskan Natives; (6) is responsible for the operation, maintenance, and upgrading of all computer systems; (7) provides computer training and user support for all program staff; (8) assists in acquisition, translation, and analysis of computerized data from external sources; and (9) prepares reports and manuscripts for publication and provides consultation to other agencies, public and private health-care providers, and researchers.

Dated: July 13, 2001.

Jeffrey P. Koplan,

Director.

[FR Doc. 01–18851 Filed 7–26–01; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Arthritis Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Arthritis Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on August 16 and 17, 2001, from 8 a.m. to 5 p.m.

Location: Holiday Inn, Whetstone and Walker Rooms, Two Montgomery Village Ave., Gaithersburg, MD.

Contact: Kathleen Reedy or LaNise Giles, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301–827–7001, or e-mail reedyk@cder.fda.gov, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12532. Please call the Information Line for up-to-date information on this meeting.

Agenda: On August 16, 2001, the committee will discuss the efficacy and safety of submission tracking number (STN) 103950 Kineret™ (anakinra), Amgen, Inc., for reduction in signs and symptoms of active rheumatoid arthritis. On August 17, 2001, the committee will discuss safety updates for Enbrel™ (etanercept), Immunex, and Remicade™ (infliximab), Centocor, for the treatment of rheumatoid arthritis.

Procedure: On August 16, 2001, from 8 a.m. to 5 p.m. and on August 17, 2001, from 10 a.m. to 5 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by August 10, 2001. Oral presentations from the public will be scheduled between approximately 11 a.m. and 11:30 a.m. both days. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before August 10, 2001,

and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed Committee Deliberations: On August 17, 2001, from 8 a.m. to 9:30 a.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information (5 U.S.C. 552b(c)(4)).

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: July 20, 2001.

Linda A. Suydam,

Senior Associate Commissioner.

[FR Doc. 01–18753 Filed 7–26–01; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: CMS–10044]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New Collection;

Title of Information Collection: Medicare Lifestyle Modification Program Demonstration; Form No.: CMS–10044 (OMB# 0938–NEW);

Use: This demonstration will focus on two Medicare sponsored, lifestyle modification programs designed to reverse, reduce or ameliorate the progression of coronary artery disease (CAD) at risk for significant morbidity and mortality. This demonstration will test the cost-effectiveness and feasibility of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries.;

Frequency: Baseline Enrollment, 12 and 24 months; Affected Public: Individuals or Households;

Number of Respondents: 2,240;

Total Annual Responses: 1,680;

Total Annual Hours: 1,106.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at *http://www.hcfa.gov/regs/prdact95.htm,* or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to *Paperwork@hcfa.gov,* or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Melissa Musotto, Room N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: July 13, 2001.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 01–18785 Filed 7–26–01; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Ricky Ray Hemophilia Relief Fund Program; Notice of Upcoming Deadline

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice; announcement of November 13, 2001, deadline for filing new petitions under the Ricky Ray Hemophilia Relief Fund Program.

SUMMARY: This notice announces the November 13, 2001, deadline for the filing of new petitions under the Ricky Ray Hemophilia Relief Fund Program. This Program implements the Ricky Ray Hemophilia Relief Fund Act of 1998 (the Act), Pub. Law 105–369. The Act provides for compassionate payments to certain individuals with blood-clotting disorders, such as hemophilia, who were treated with antihemophilic factor within a specified time period and contracted human immunodeficiency virus (HIV), as well as to certain persons who contracted HIV from these individuals. In the event individuals eligible for payment are deceased, the Act also provides for payments to certain survivors of these individuals.

The November 13, 2001, deadline is governed by section 105 of the Act, which states that the Secretary may not pay a petition unless it is filed within 3 years after the date of enactment of the Act, November 12, 1998.

ADDRESSES: All petitions must be submitted to the Ricky Ray Program Office, Bureau of Health Professions, Health Resources and Services Administration, Room 8A–54, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Paul T. Clark, Program Director, Bureau of Health Professions, Health Resources and Services Administration, (301) 443–2330.

SUPPLEMENTARY INFORMATION: As stated in the Interim final rule for the Ricky Ray Hemophilia Relief Fund Program (65 FR 34860), the statute was enacted on November 12, 1998; thus, the statutory filing deadline is November 11, 2001. However, since that date falls on a Sunday and is the Veteran's Day holiday, and since November 12, 2001, is the day on which the Veteran's Day holiday is observed by the Federal Government, the deadline for filing a new petition is Tuesday, November 13, 2001. Any new petition postmarked after November 13, 2001, will not be accepted for review, and will be returned to the petitioner as ineligible for payment.

This deadline applies to petitions that have not yet been filed, as well as to petitions that have been submitted previously, but denied payment. In the latter case, the petitioner may file a new petition and submit documentation that was not included in the original petition. The deadline for filing this new petition is also November 13, 2001.

Determination of Postmark Date

To be eligible for review, a petition must be postmarked by a postal service meter by the deadline date. A legibly dated receipt from a commercial carrier or from the U.S. Postal Service accompanying the petition will be accepted in lieu of a postmark. Petitions that are postmarked by a private meter