

implementing an injury prevention program in the states; training needs and issues to build capacity in state health departments for injury prevention and control; broadening the focus of injury prevention programs in the areas of intentional and unintentional injury; a presentation on how NCIPC is moving forward; discussion and recommendations from the Committee; progress report on the research agenda; update on NCIPC's Tenth Anniversary Events; and recommendations for presentation to the Committee.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Ms. Louise Galaska, Executive Secretary, ACIPC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K02, Atlanta, Georgia 30341-3724, telephone 770/488-4694.

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: March 15, 2002.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 66 FR 56562-63, dated November 8, 2001) is amended to establish the organizational structure within the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

After the mission statement for the *National Center on Birth Defects and Developmental Disabilities (CF)*, insert the following:

Office of the Director (CF1). (1) Directs, manages, and coordinates the activities of the National Center on Birth Defects and Developmental Disabilities

(NCBDDD); (2) develops goals and objectives; provides leadership, policy formulation, scientific oversight, and guidance in program planning and development; (3) coordinates NCBDDD program activities with other CDC components, Federal agencies, international organizations, State and local health agencies, business and industry, voluntary organizations, and community-based organizations; (4) coordinates technical assistance to states, other nations and international organizations; (5) coordinates with medical, scientific, and other professional organizations interested in birth defects prevention, pediatric genetics, developmental disabilities prevention, and disabilities and health; (6) advises the Director, CDC, on policy matters concerning NCBDDD activities.

Resource Management Office (CF12). (1) Plans, coordinates, and provides administrative and management advice and guidance for NCBDDD; (2) provides and coordinates Center-wide administrative, management, and support services in the areas of fiscal management, personnel, travel, procurement, facility management, and other administrative services; (3) prepares annual budget plans and budget justifications; (4) coordinates NCBDDD requirements relating to contracts, grants, cooperative agreements, and reimbursable agreements; (5) develops and implements administrative policies, procedures, and operations, as appropriate, for NCBDDD, and prepares special reports and studies, as required, in the administrative management areas; (6) maintains liaison with related staff offices and other officials of CDC.

Division of Birth Defects and Developmental Disabilities (CF2). (1) Conducts research to determine the causes and prevention of birth defects and developmental disabilities; (2) maintains and expands support for state-based surveillance; (3) evaluates the effectiveness of efforts to prevent birth defects and developmental disabilities; (4) conducts and disseminates findings of epidemiologic research, investigations, demonstrations, and programs directed toward the prevention of selected adverse reproductive outcomes that are environmentally related; (5) provides assistance to State and local health departments on community exposures to teratogenic, mutagenic, embryotoxic, other environmental agents, and genetic influences adversely interfering with normal growth and development; (6) conducts research and develops programs to identify women at high risk of an alcohol-exposed pregnancy and to

fund epidemiologic and clinical research studies aimed at early identification and intervention of children affected by prenatal alcohol exposure; (7) works closely with international organizations and entities in developing strategies and programs for reducing the number of birth defects and developmental disabilities; (8) develops and evaluates prevention strategies and provides training, technical consultation, and assistance to States and localities in developing their capacity for planning, establishing, and maintaining surveillance and prevention programs; (9) maintains and oversees funding and technical assistance to state-based institutions (e.g., the Centers for Birth Defects Research and Prevention that seek causes and promotes prevention of birth defects; (10) plans, develops, establishes, and maintains systems of surveillance including registries for monitoring, evaluating and disseminating information; (11) assists in increasing the capacity of States to prevent and control birth defects and developmental disabilities through training, technology transfer, grants, cooperative agreements, contracts, and other means; (12) provides information and education to the public; (13) provides services, consultation, technical assistance, and information to States, localities, other Federal agencies, international organizations, and other public and private organizations; (14) provides training in the epidemiology to professionals throughout the U.S. and abroad; and (15) collaborates and coordinates activities with other CIOs and HHS agencies.

Division of Human Development and Disability (CF3). (1) Conducts, analyzes, and disseminates disability surveillance data to identify: the distribution of disabilities in state populations; health conditions that occur with greater frequency among people with disabilities relative to those without disability; and risk and protective behaviors compared to people without disabilities; (2) assists States and localities with the development, monitoring and evaluation of blood spot screening and early hearing detection and intervention (EHDI) tracking and surveillance systems; (3) plans, establishes, and maintains systems of surveillance, including registries, for monitoring, evaluating, and disseminating information on disability and related conditions and detrimental child outcomes; (4) oversees and manages grants, cooperative agreements, contracts, and other funding instruments related to Division

programs; (5) assists States and localities in developing their capacity for serving individuals with disabilities and secondary conditions (e.g., developing prevention strategies, providing training and technical consultation); (6) collaborates with universities, Federal, national, and State organizations to identify and address knowledge and research gaps in disability, hearing and vision loss, child development, and blood spot screening; (7) collaborates with universities and other organizations to investigate environmental, social, and technological supports to promote social participation and human development; (8) conducts applied research on public health aspects of normal and abnormal child development (e.g., early childhood, behavior problems in children); (9) conducts research on etiology of hearing loss and associated disabilities, cost and effectiveness of EHDI programs, family issues related to the EHDI programs and long-term benefits of early identification and intervention; (10) conducts research on interventions to prevent adverse child developmental outcomes; (11) conducts and disseminates research findings about people with disabilities, with special emphasis on women, children, and older persons; (12) develops and disseminates information on public health aspects of normal and abnormal child development (e.g., early childhood, hearing loss, behavior problems in children); (13) provides information and education to the public on disabilities; and (14) develops programs that seek to identify health risks, protective factors and measure the effectiveness of health promotion activities for prevention of conditions related to disability.

Dated: March 15, 2002.

Jeffrey P. Koplan,

Director.

[FR Doc. 02-7157 Filed 3-25-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS-P-0015SPA]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. Due to the events of September 11, 2001, the timing of this proposed information collection has been negatively affected. We are requesting Emergency OMB review for this supplement since this is a beneficial survey and it can do no harm if OMB acted upon this sooner than the normal timeframe. The 60-day **Federal Register** notice was published on January 8, 2002, for which we solicited public comment. CMS is requesting OMB review and approval of this collection by April 25, 2002, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by April 22, 2002.

Type of Information Collection Request: New collection; *Title of Information Collection:* Medicare Current Beneficiary Survey—Supplement on Patient Activation; *Form No.:* CMS-P-0015SPA (OMB# 0938-NEW); *Use:* A primary theme of the NMEP education efforts has been to help Medicare beneficiaries make choices. Simply providing uniform information to an undifferentiated audience is not sufficient. CMS needs to know whether beneficiaries have the

communication skills, motivation and basic knowledge of their own health status to be partners in their own health care. The purpose of this survey supplement is to assess the degree to which Medicare beneficiaries participate actively in their own health care decisions.; *Frequency:* One-time; *Affected Public:* Individuals or households; *Number of Respondents:* 16,000; *Total Annual Responses:* 16,000; *Total Annual Hours:* 2,666.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS'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 CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, by April 22, 2002: Centers for Medicare and Medicaid Services, Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards, Room N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850. Fax Number: (410) 786-0262. Attn: Dawn Willingham, CMS-P-0015SPA; and, Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Allison Eydt, CMS Desk Officer.

Dated: March 20, 2002.

Julie Brown,

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

[FR Doc. 02-7209 Filed 3-25-02; 8:45 am]

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