CFR 401.33; *Form No.:* HCFA–R–214 (OMB# 0938–0721); *Use:* The information collection requirements associated with an Independent Diagnostic Testing Facilities involve documentation of proficiency of medical personnel and of resources; *Frequency:* Annually; *Affected Public:* Business or other for-profit, Federal Government and State, local and tribal government; *Number of Respondents:* 500; *Total Annual Responses:* 500; *Total Annual Hours:* 42.

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 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: May 22, 2001.

John P. Burke III,

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

[FR Doc. 01–14542 Filed 6–8–01; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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.

Proposed Project: Study To Evaluate a Healthy Start Campaign To Increase Awareness of the Importance of Prenatal Care—(NEW)

The Health Resources and Services Administration (HRSA) proposes to conduct a study to evaluate the impact of a Healthy Start public awareness campaign designed by The Advertising Council, Inc., that is using public service announcements (PSAs) to increase awareness of the importance of prenatal care. The study will employ a survey methodology developed by the Advertising Council to monitor changes in awareness of, and attitudes toward, prenatal care over the course of one year, and relate those changes to advertising exposure on the issue of interest and other activities in the marketplace. The study will utilize a standardized questionnaire previously developed by the Advertising Council for this project, and will be implemented as part of a larger multi-agency study covering multiple Advertising Council campaigns on a variety of themes. Information from this study will be used to evaluate the effectiveness of using PSAs to reduce infant mortality by getting more pregnant women into prenatal care. HRSA's Maternal and Child Health Bureau (MCHB) is administering this project. HRSA has included national performance measures for infant mortality reduction for this project, in accordance with the requirements of the ''Government Performance and Results Act (GPRA) of 1993'' (Public Law 103–62). This act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance.

The estimated response burden is as follows:

Type of form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Tracking questionnaire	4,650	1	.25	1,163

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 4, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 01–14590 Filed 6–8–01; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Healthcare Integrity and Protection Data Bank: Change in User Fees

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: In accordance with final regulations implementing the Healthcare Integrity and Protection Data Bank (HIPDB) published in the **Federal Register** on October 26, 1999 (64 FR 57740), the Department is authorized to assess a fee on all requests for information, except requests from Federal agencies. In accordance with § 61.13 of the HIPDB regulations, the Department is announcing a one dollar increase—from $4 to $5—in the fee charged for queries submitted by authorized entities to query the data bank.

EFFECTIVE DATE: This increase will be effective on October 1, 2001.

SUPPLEMENTARY INFORMATION:

User Fee Amount

Section 1128E(d)(2) of the Social Security Act (the Act), as added by section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, specifically authorizes the establishment of fees for the costs of processing requests for disclosure and for providing such information, and the final regulations at 45 CFR part 61 set forth the criteria and procedures for information to be reported to and disclosed by the HIPDB. The Act requires that the Department recover the full costs of operating the HIPDB through user fees. In determining any changes in the amount of the user fee, the Department is employing the criteria set forth in § 61.13(b) of the HIPDB regulations.

Specifically, § 61.13(b) states that the amount of each fee will be determined based on the following criteria:

- Direct and indirect personnel costs;
- Physical overhead, consulting, and other indirect costs including rent and depreciation on land, buildings and equipment;
- Agency management and supervisory costs;
- Costs of enforcement, research and establishment of regulations and guidance;
- Use of electronic data processing equipment to collect and maintain information, *i.e.*, the actual cost of the service, including computer search time, runs and printouts; and
- Any other direct or indirect costs related to the provision of services.

The current fee structure of $4 for each separate query submitted by authorized entities was announced in a **Federal Register** notice on March 3, 2000 (65 FR 11589). Based on the above criteria and our analysis of the comparative costs of the various methods for filing and paying for queries, the Department is now increasing the fee for each query submitted by authorized entities by one dollar—from $4 to $5.[1]

When an authorized entity query is submitted for information on one or more health care practitioners, providers or suppliers, the appropriate total fee will be $5 multiplied by the number of individuals or organizations about whom information is being requested.

In order to minimize administrative costs, the Department will accept queries submitted by authorized entities by credit card or electronic funds transfer. The Department will continue to accept payment for self-queries only by credit card. The HIPDB accepts Visa, MasterCard, and Discover. To submit queries, registered entities (including law enforcement agencies) must use the HIPDB web site at www.npdb-hipdb.com.

The Department will continue to review the user fee periodically, and will revise it as necessary. Any future changes in the fee and its effective date will be announced through notice in the **Federal Register**.

Examples

Query method	Fee per name in query, by method of payment	Examples
Authorized Entity query	$5.00	10 names in query: 10 × $5 = $50.00.
Self-query	$10.00	10 self-queries 10 × 10 = $100.

Dated: May 31, 2001.

Michael F. Mangano,

Acting Inspector General.

[FR Doc. 01–14599 Filed 6–8–01; 8:45 am]

BILLING CODE 4152–01–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Solicitation of Information and Recommendations for Developing a Compliance Program Guidance for the Pharmaceutical Industry

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This **Federal Register** notice seeks the input and recommendations of interested parties as the OIG develops a compliance program guidance for the pharmaceutical industry, especially those segments of the industry related to manufacturing, marketing or providing goods or services to Medicare, Medicaid and other Federal health care program beneficiaries. The pharmaceutical industry has experienced a number of instances of fraud and abuse and has expressed interest in increasing the awareness of the industry to assist in protecting against such conduct. In response to the industry's concerns, the OIG has written Advisory Opinions on a variety of industry-related issues and, in 1994, published a Special Fraud Alert relating to Prescription Drug Marketing Schemes.[1] Also, in the early 1990s, the OIG's Office of Evaluation and Inspections issued reports relating to prescription drug promotional practices.[2]

In an effort to provide further guidance, the OIG is soliciting comments, recommendations and other suggestions from concerned parties and organizations on how best to develop a compliance program guidance for the pharmaceutical industry to reduce the potential for fraud and abuse.

DATES: To assure consideration, comments must be delivered to the address provided below by no later than 5 p.m. on August 10, 2001.

ADDRESSES: Please mail or deliver your written comments, recommendations and suggestions to the following address:Department of Health and Human Services,Office of Inspector General,Attention: OIG–8–CPG,Room 5527 A, Cohen Building,330 Independence Avenue, SW.,Washington, DC 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to the file code OIG–8–CPG. Timely-filed comments will be available for public inspection as they are received, generally beginning approximately 3 weeks after receipt of a document, in Room 5541 of the Office of Inspector General at 330 Independence Avenue, S.W., Washington, D.C. 20201 on Monday

[1] As part of its obligations under the Privacy Act, the Department previously announced a $10 fee for health care practitioners, providers or suppliers to self-query (64 FR 58851; November 1, 1999).

[1] The Advisory Opinions and the Special Fraud Alert can be found on the OIG web site at *http://www.hhs.gov/oig.*

[2] The reports issued by the Office of Evaluation and Inspections also can be found on the OIG web site.