

without disabilities. It is important for providers, payers, purchasers and other stakeholders to understand what these needs are so that they can be met more appropriately.

- Information about health plan and health care deficits is an important step in quality improvement for all consumers. Because they are on average higher users of care and often use a large variety of services, persons with mobility impairments are likely to identify important plan deficits that may be evident to consumers without disabilities.

- More persons with mobility impairments are being offered complex choices about both health plan options and health care quality.

In CAHPS II, we are focusing on a single type of impairment, specifically mobility impairments, which can be used as a starting point for development. We define "mobility impairment" as a functional impairment of the lower limbs. Some health care needs of people with and without mobility impairments are similar; for example, everyone needs preventive screening services and counseling about healthy behaviors. Mobility impairments severe enough to require an assistive device usually stem from a condition requiring additional preventive and specialized health care needs such as examining tables that can be adjusted for easy transfer, and accessible diagnostic equipment and rest rooms. The mobility impairment may be accompanied by upper limb mobility impairments, chronic pain, impaired cognition, and/or behavioral co-impairments such as anxiety or depression. Consequently even though initially we are directly addressing the specific needs of people with mobility impairments, we will also be indirectly addressing the needs of people with other types of impairments.

Dated: March 10, 2005.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC-INFO Contact Center; Announcement

AGENCY: Centers for Disease Control and Prevention.

ACTION: Public notice.

SUMMARY: The Centers for Disease Control and Prevention announces a new consolidated consumer response service for health information inquiries called the CDC-INFO Contact Center and is phasing out of numerous existing hotlines and clearinghouses serving those purposes.

SUPPLEMENTARY INFORMATION: This notice is being published pursuant to The Office of Management and Budget (OMB) Circular A-130, "Management of Federal Information Resources," Section 8.a.6.(j) which requires federal agencies to provide adequate notice when initiating, substantially modifying, or terminating significant information dissemination products.

CDC is transitioning to a new consumer response service (CRS) offering that will consolidate virtually all of CDC's existing hotlines, clearinghouses, and other information fulfillment services for the public and health professionals seeking health information from CDC. Beginning in February 2005 and extending over the following 2-3 years, the breadth of CDC's health topics will be transitioned into the new consolidated service.

The CRS will handle incoming calls, fax transmissions, postal mail, e-mails, and web inquiries, 24 hours a day, every day. Responses will be provided verbally, via fax, e-mail, interactive web, or postal mail based on the nature of the information request and the caller's preferred response method. The service will be multilingual (Spanish initially) and include services for the hearing impaired.

As the current services are transitioned, existing hotlines and clearinghouses will be phased out. Targeted notifications will be disseminated to the particular communities of interest as each health topic is transitioned. Similarly, the CDC voice/fax information service, (CDC VIS) which is an interactive voice response system will be phased out when the majority of health topics have been transitioned.

The overall objective of the CDC-INFO Contact Center is to ensure the dissemination of consistent, timely, reliable health information to a variety of consumers, and to address variations in the number of inquiries related to public health emergencies, news events, and dynamic, shifting public health priorities. Specific objectives are to bring CDC closer to citizens and improve their ability to access health information from CDC. The CDC-INFO Contact Center will provide service at the first level of contact to give citizens the health information they want, when

they want it, and how they want it. In addition to optimizing customer interactions, the CDC-INFO Contact Center will reduce the unit cost of providing health information, support accountability, and employ performance-based metrics to meet customer satisfaction goals.

FOR FURTHER INFORMATION CONTACT:

Dottie Knight, CDC, telephone 404-498-3208 (dsnknight@cdc.gov) or Suzi Gates, CDC, telephone 404-639-7829 (sgates@cdc.gov).

Dated: March 14, 2005.

James Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry

The Community and Tribal Subcommittee of the Board of Scientific Counselors (BSC), National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC): Teleconference.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), The Centers for Disease Control and Prevention, NCEH/ATSDR announces the following subcommittee meeting:

Name: Community and Tribal Subcommittee (CTS).

Time and Date: 3 p.m.-4:30 p.m., April 4, 2005.

Place: The teleconference will originate at the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry in Atlanta, Georgia. Please see "Supplementary Information" for details on accessing the teleconference.

Status: Open to the public, teleconference access limited only by availability of telephone ports.

Purpose: Under the charge of the Board of Scientific Counselors, NCEH/ATSDR, the Community and Tribal Subcommittee will provide the Board with a forum for community and tribal first-hand perspectives on the interactions and impacts of the NCEH/ATSDR's national and regional policies, practices and programs.

Matters to be Discussed: The teleconference agenda will include continuing discussions from the last teleconference of January 8, 2005, on obtaining directions from the Board on their