

will not be sufficient. Extensions of time to submit briefs will not be granted.

*Format:* All briefs shall be captioned "Social Security Administration, Baltimore, Maryland, Case No. WA-RP-90035." Parties must submit five copies, one of which must contain an original signature, of each amicus brief, on 8½ by 11 inch paper. Briefs must include a signed and dated statement of service that complies with the Authority's regulations showing service of one copy of the brief on all counsel of record or other designated representatives. 5 CFR 2429.27(a) and (c).

The designated representatives in *Social Security Administration, Baltimore, Maryland, Case No. WA-RP-90035* are Cathy Six, Agency Representative, Office of Labor-Management and Employee Relations, Social Security Administration, 6401 Security Boulevard, Room G-F-10, WHR, Baltimore, MD 21235-6401; Michael J. Snider, Union Representative, AFGE, Local 1923, Room 1-J-21, Operations Building 6401 Security Boulevard, Baltimore, MD 21235; Barbara S. Liggett, Acting Regional Director, Federal Labor Relations Authority, 800 K Street, NW., Suite 910, Washington, DC 20001.

**ADDRESSES:** Mail or deliver briefs to Gail D. Reinhart, Director, Case Control Office, Federal Labor Relations Authority, 607 14th St. NW., Room 415, Washington, DC 20424-0001.

**FOR FURTHER INFORMATION CONTACT:** Gail D. Reinhart, Director, Case Control Office, Federal Labor Relations Authority, (202) 482-6540.

**SUPPLEMENTARY INFORMATION:** On November 1, 2002, in 58 FLRA No. 42, the Authority granted, in part, an application for review of the Acting Regional Director's Decision and Order in *Social Security Administration, Baltimore, Maryland*. A summary of the case follows. Copies of the Authority's complete decision may be obtained by telephoning Gail D. Reinhart at the number listed above.

#### A. Background

American Federation of Government Employees, AFL-CIO (Union), filed a petition seeking to clarify the bargaining unit to include certain employees of the Social Security Administration, Baltimore, MD (the Agency) who work as Physical Security Specialists and Electronics Technicians. During the processing of this petition, the Agency asserted that the employees should be excluded from the bargaining unit under section 7112(b)(6) of the Statute. The employees develop and implement security operation procedures for the

Agency's facilities. Section 7112(b)(6) provides, as relevant here, that a bargaining unit is not appropriate if it includes any employee engaged in "security work which directly affects national security[.]"

#### B. The Acting Regional Director's Decision

The Acting Regional Director determined that the disputed positions were not excluded from the proposed unit under section 7112(b)(6) of the Statute because, although the employees were engaged in "security work" within the meaning of section 7112(b)(6) of the Statute, the security work performed by them does not "directly affect[] national security" within the meaning of section 7112(b)(6) of the Statute. Therefore, she concluded that the employees in the disputed positions were not excluded from the bargaining unit.

#### C. The Application for Review

The Agency filed the application for review, contending that review of the Acting Regional Director's decision is warranted under 5 CFR 2422.31(c), because the decision raises an issue for which there is an absence of precedent.

#### D. Question on Which Briefs Are Solicited

In *Social Security Administration, Baltimore, Maryland*, the Authority granted the application for review under 5 CFR 2422.31(c) and directed the parties to file briefs addressing whether, and how, the security work performed by the incumbents of the (1) Physical Security Specialist, GS-080-11 (Position Description #8B349); (2) Physical Security Specialist, GS-080-11 (Position Description #8B356); and (3) Electronics Technician, GS-856-11 positions "directly affects national security" as that phrase is defined in *Dep't of Energy, Oak Ridge Operations, Oak Ridge, Tenn.*, 4 FLRA 644, 655-56 (1980). (To better comport with the terms of the Statute, this question is slightly modified from the questions asked in the original decision.)

Because this issue is likely to be of concern to the federal sector labor-management relations community in general, the Authority finds it appropriate to provide for the filing of amicus briefs addressing this question.

Dated: November 25, 2002.

For the Authority.

**Gail D. Reinhart,**

*Director, Case Control Office.*

[FR Doc. 02-30313 Filed 11-27-02; 8:45 am]

**BILLING CODE 6227-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-03-15]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498-1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Data collection on Attention Deficit Hyperactivity Disorder (ADHD)—New—National Center for Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC). This project will collect data from proxy respondents on children ages 4 to 10 with and without ADHD. This program addresses the Healthy People 2010 focus area of Mental Health and Mental Disorders, and describes the prevalence, treated prevalence, select co-morbid conditions, secondary conditions, and health risk behavior of ADHD.

#### Background

The purpose of this program is to support research in ADHD and the exploration of other health conditions and health risk behaviors to children with the disorder. The main objectives of the project are to determine the prevalence or treated prevalence of

children with ADHD in a defined community; to identify rates of select co-morbid or secondary conditions in children with ADHD in a defined

community; to identify types and rates of health risk behaviors in children with ADHD; and to describe current and previous receipt of treatment in children

with ADHD. There is no cost to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Backpack Survey .....	22,000	1	15/60	5,500
Teacher Survey .....	734	1	8/60	98
Parent Phone Interview .....	2324	1	105/60	4,067
Case Validity .....	100	1	3	300
Health Risk Behavior .....	2324	1	30/60	1,162
Total .....	.....	.....	.....	11,127

Dated: November 18, 2002.

**Nancy E. Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

[FR Doc. 02-30200 Filed 11-27-02; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Request for Nominations of Candidates To Serve on the National Vaccine Advisory Committee, Department of Health and Human Services**

The Public Health Service (PHS) is soliciting nominations for possible membership on the National Vaccine Advisory Committee (NVAC). This committee studies and recommends ways to encourage the availability of an adequate supply of safe and effective vaccination products in the States; recommends research priorities and other measures the Director of the National Vaccine Program should take to enhance the safety and efficacy of vaccines; advises the Director of the Program in the implementation of sections 2102, 2103, and 2104, of the PHS Act; and identifies annually for the Director of the Program the most important areas of government and non-government cooperation that should be considered in implementing sections 2102, 2103, and 2104, of the PHS Act.

Nominations are being sought for individuals engaged in vaccine research or the manufacture of vaccines or who are physicians, members of parent organizations concerned with immunizations, or representatives of State or local health agencies, or public health organizations. Federal employees will not be considered for membership.

Members may be invited to serve a four-year term.

Close attention will be given to minority and female representation; therefore nominations from these groups are encouraged.

The following information is requested: Name, affiliation, address, telephone number, and a current curriculum vitae. Nominations should be sent, in writing, and postmarked by December 31, 2002, to: Gloria Sagar, Committee Management Specialist, NVAC, National Vaccine Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, M/S K-77, Chamblee, Georgia 30341. Telephone and facsimile submission cannot be accepted.

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: November 21, 2002.

**John Burckhardt,**

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

[FR Doc. 02-30159 Filed 11-27-02; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Center for Medicare and Medicaid Services**

[Document Identifier: CMS-10076]

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

**AGENCY:** Center 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 Center for Medicare and Medicaid Services (CMS), 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. This is necessary to ensure compliance with an initiative of the Administration. We cannot reasonably comply with the normal clearance procedures because of an unanticipated event and possible public harm.

The Administration identified that Medicare program authority to assist beneficiaries could be linked to emerging opportunities in the private sector to make prescription drugs more affordable to consumers. Through educating Medicare beneficiaries about