

and Quality Act of 1999, Public Law 106–129. The specific organizational amendment is as follows:

Under *Section E–20, Functions*, after the statement for the Office of Health Care Information (EAF), insert the following title and statement:

*Office of Priority Populations Research (EAG).* Coordinates, supports, manages and conducts health services research on priority populations. Specifically, the Office: (1) Advises the Agency leadership on matters pertaining to the health needs and health care of priority populations, including scientific, ethical, legal and policy issues; (2) prepares the agenda for priority populations research through the Agency’s strategic planning process, needs assessment, and user input; (3) serves as an expert resource within the Agency on priority populations to assist program development and participates in the development of policies and programs to implement the Agency’s priority populations agenda; (4) fosters new knowledge, tool, and talent development related to priority populations by recommending, leading, coordinating and conducting new initiatives; (5) assists in the translation, dissemination, and application of Agency initiatives and programs to improve health care for priority populations; (6) evaluates the degree to which the Agency is meeting its goals for priority populations research; (7) provides national expertise to Agency staff and Agency partners on priority populations issues, establishing and maintaining liaison with other knowledgeable or concerned agencies, governments and organizations; (8) establishes new contacts and cultivates present ones with external groups (a) to spur increased awareness and emphasis on priority populations within the health services research community, (b) to partner with organizations and

agencies to expand research on priority populations, thereby securing additional resources for these activities, and (c) to build the research capacity on priority populations; and (9) enhances the visibility of the Agency in priority populations research.

These changes are effective upon date of signature.

Dated: July 12, 2001.  
**Tommy G. Thompson,**  
*Secretary.*  
[FR Doc. 01–21144 Filed 8–21–01; 8:45 am]  
**BILLING CODE 4160–90–M**

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: Web-based Semi Annual Report (SAR): NEW

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) plans to collect the annual reporting requirements for the primary care grantees funded by BPHC using a web-based Semi Annual Report (SAR). The SAR includes reporting requirements for grantees of the following primary care programs: State Primary Care Associations and State Primary Care Offices. Authorizing legislation is found in Public Law 104–299, Health Center Consolidation Act of 1996, enacting Section 330 of the Public Health Service Act.

BPHC collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these objectives, BPHC requires a core set of information collected semi-annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. The SAR, completed by all grantees, provides data on services, characteristics of populations, leveraged funds, and services that fall within the scope of the grant.

The pilot test for the first web-based SAR was conducted in December 2000, and analysis of the data indicates that the SAR is an invaluable tool for collecting data from our grantees.

The estimated burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total burden hours
SAR .....	103	1	18	1854

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–22, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 15, 2001.  
**Jane M. Harrison,**  
*Director, Division of Policy Review and Coordination.*  
[FR Doc. 01–21095 Filed 8–21–01; 8:45 am]  
**BILLING CODE 4165–15–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National