constraints, or is federal jurisdiction necessary? How do the rationales for federal jurisdiction over electric power transmission siting compare to the reasons underlying federal jurisdiction over the siting of natural gas pipelines?

7. How have state siting regulations for new generation and transmission facilities been affected by the onset of retail competition? Has new generation siting kept pace with demand growth in the state? If not, why not? Is federal jurisdiction necessary for siting of electric power generation facilities? Has the state actively monitored and reported the relationship between in-state capacity and peak demand in the state? What incentives do suppliers have to maintain adequate reserve capacity? What are the ways to value capacity in competitive markets? Is reserve sharing still important in competitive markets? Do other institutions/market processes provide a reasonable substitute for reserve sharing?

8. Since the start of retail competition, what has been the rate of generation plant outages (scheduled and unscheduled)? To what extent has the state monitored these outages and examined their causes?

Other Issues

1. What measures has the state taken to make customer demand responsive to changes in available supply? Has the state provided utilities incentives to make customers more price responsive? Has the state moved away from average cost pricing? What effect have these measures had on demand and on demand elasticity?

2. Has the state provided mechanisms and incentives for owners of co-generation capacity to offer power during peak demand periods? Has the state identified, reported, and facilitated development of pumped storage facilities or other approaches to arbitraging between peak and off-peak wholesale electricity prices?

3. What issues have arisen under retail competition that have required cooperation or coordination with other states? What approach was taken to securing this cooperation or coordination? Are there other issues requiring cooperation that have not yet been addressed? Which of these issues are the most significant?

4. How prevalent is the use of distributed resources (*e.g.*, distributed generation) within the state? What barriers do customers face to implementing distributed resources?

5. Which specific jurisdictional issues prevent state retail competition programs from being as successful as they might be?

6. Which specific technological developments are likely to substantially affect retail or wholesale competition in the electric power industry that may alter the manner in which states structure retail competition plans? Why? What time frame is associated with these developments?

7. What are the lessons to be learned from the retail electricity competition efforts of other countries? Are there other formerly-regulated industries in the U.S. (*e.g.*, natural gas) that allow customer choice and provide useful comparisons to retail electricity competition? If so, what are the relevant insights or lessons to be learned?

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 01–5429 Filed 3–5–01; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Guideline for Environmental Infection Control in Healthcare Facilities, 2001

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice of availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the ''Draft Guideline for Environmental Infection Control in Healthcare Facilities, 2001.'' The guideline consists of two parts, references, and appendices. Part I is entitled ''Background Information: Environmental Infection Control in Healthcare Facilities,'' and Part II is entitled ''Recommendations for Environmental Infection Control in Healthcare Facilities.'' The document was prepared by the Healthcare Infection Control Practices Advisory Committee (HICPAC), the Division of Healthcare Quality Promotion (formerly Hospital Infections Program), the Division of Bacterial and Mycotic Diseases, and the Division of Parasitic Diseases, National Center for Infectious Diseases (NCID), and the Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

DATES: Comments on the draft document must be submitted in writing on or before April 20, 2001.

ADDRESSES: Comments on the Draft Guideline for Environmental Infection Control in Healthcare Facilities, 2001 should be submitted to the Resource Center, *Attention:* EnviroGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E–68, 1600 Clifton Road, NE., Atlanta, Georgia 30333; fax: 404–639–6459; e-mail: *envirocomments@cdc.gov;* or Internet URL: *http://www.cdc.gov/ncidod/hip/enviro/guide.htm.*

FOR FURTHER INFORMATION CONTACT: Requests for copies of the Draft Guideline for Environmental Infection Control in Healthcare Facilities, 2001 should be submitted to the Resource Center, Division of Healthcare Quality Promotion, CDC, Mailstop E–68, 1600 Clifton Road, NE., Atlanta, Georgia 30333; fax: 404–639–6459; e-mail: *enviroequests@cdc.gov;* or Internet URL: *http://www.cdc.gov/ncidod/hip/enviro/guide.htm.*

SUPPLEMENTARY INFORMATION: This 2-part document updates and replaces portions of the previously published CDC Guideline for Handwashing and Hospital Environmental Control and the Environmental Infection Control portions of the CDC Guideline for Prevention of Nosocomial Pneumonia, 1994. Part I, ''Background Information: Environmental Infection Control in Healthcare Facilities,'' serves as the background for the consensus recommendations of HICPAC that are contained in Part II, ''Recommendations for Environmental Infection Control in Healthcare Facilities.'' This guideline also identifies key process management elements to assist facilities in monitoring compliance with the evidence-based Category IA or IB recommendations provided in Part II. These include: (1) Conducting risk assessment prior to construction, renovation, demolition, or major repair projects; (2) conducting ventilation assessments related to construction barrier installation; (3) establishing and maintaining appropriate pressure differentials for special care areas [*e.g.,* operating rooms, airborne infection isolation, protective environments]; (4) evaluating non-tuberculous mycobacteria culture results for possible environmental sources; and (5) implementing infection control procedures to prevent environmental spread of antibiotic-resistant gram-positive cocci and assuring compliance with these procedures.

HICPAC was established in 1991 to provide advice and guidance to the Secretary and the Assistant Secretary for Health, DHHS; the Director, CDC, and the Director, NCID, regarding the

practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections in U.S. healthcare facilities. The committee advises CDC on guidelines and other policy statements regarding prevention of healthcare-associated infections and related adverse events.

Dated: February 28, 2001.

Joseph R. Carter,

Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–5376 Filed 3–5–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Proposed Vaccine Information Materials for Pneumococcal Conjugate, Diphtheria, Tetanus, Acellular Pertussis (DTaP/DT) and Hepatitis B Vaccines

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: Under the National Childhood Vaccine Injury Act (42 U.S.C. 300aa–26), the CDC must develop vaccine information materials that all health care providers are required to give to patients/parents prior to administration of specific vaccines. CDC seeks written comment on proposed new vaccine information materials for pneumococcal conjugate vaccine, and revised vaccine information materials for diphtheria, tetanus, acellular pertussis (DTaP/DT) vaccines and hepatitis B vaccine.

DATES: Written comments are invited and must be received on or before May 7, 2001.

ADDRESSES: Written comments should be addressed to Walter A. Orenstein, M.D., Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E–05, 1600 Clifton Road, NE., Atlanta, Georgia 30333.

FOR FURTHER INFORMATION CONTACT: Walter A. Orenstein, M.D., Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E–05, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639–8200.

SUPPLEMENTARY INFORMATION: The National Childhood Vaccine Injury Act of 1986 (Pub. L. 99–660), as amended by section 708 of Public Law 103–183, added section 2126 to the Public Health Service Act. Section 2126, codified at 42 U.S.C. 300aa-26, requires the Secretary of Health and Human Services to develop and disseminate vaccine information materials for distribution by all health care providers in the United States to any patient (or to the parent or legal representative in the case of a child) receiving vaccines covered under the National Vaccine Injury Compensation Program.

Development and revision of the vaccine information materials have been delegated by the Secretary to the Centers for Disease Control and Prevention (CDC). Section 2126 requires that the materials be developed, or revised, after notice to the public, with a 60-day comment period, and in consultation with the Advisory Commission on Childhood Vaccines, appropriate health care provider and parent organizations, and the Food and Drug Administration. The law also requires that the information contained in the materials be based on available data and information, be presented in understandable terms, and include:

(1) A concise description of the benefits of the vaccine,

(2) A concise description of the risks associated with the vaccine,

(3) A statement of the availability of the National Vaccine Injury Compensation Program, and

(4) Such other relevant information as may be determined by the Secretary.

The vaccines initially covered under the National Vaccine Injury Compensation Program were diphtheria, tetanus, pertussis, measles, mumps, rubella, and poliomyelitis vaccines. Since April 15, 1992, any health care provider in the United States who intends to administer one of these covered vaccines is required to provide copies of the relevant vaccine information materials prior to administration of any of these vaccines. Since June 1, 1999, health care providers are also required to provide copies of vaccine information materials for the following vaccines that were added to the National Vaccine Injury Compensation Program: hepatitis B, haemophilus influenzae type b (Hib), and varicella (chickenpox) vaccines. Instructions for use of the vaccine information materials and copies of the materials can be found on the CDC website at: http://www.cdc.gov/nip/publications/VIS/. In addition, single camera-ready copies are available from State health departments. A list of State health department contacts for obtaining copies of these materials is included in a December 17, 1999 **Federal Register** notice (64 FR 70914).

Pneumococcal Conjugate Vaccine Information Materials

With the December 18, 1999, addition of pneumococcal conjugate vaccine to the National Vaccine Injury Compensation Program, CDC, as required under 42 U.S.C. 300aa-26, is proposing vaccine information materials covering that vaccine, which are included in this notice.

Revised Vaccine Information Materials for Diphtheria, Tetanus, Acellular Pertussis (DTaP/DT) Vaccines and Hepatitis B Vaccine

This notice also includes proposed revised vaccine information materials for diphtheria, tetanus and acellular pertussis vaccines (other than Td vaccine) and hepatitis B vaccine.

The DTaP/DT materials are being revised to remove references to DTP (whole cell pertussis-containing vaccine) because this vaccine is no longer used in the United States. In addition, these proposed revised materials reflect a new adverse event profile for DTaP, including updated adverse event information on acellular pertussis vaccine.

The hepatitis B materials are being revised to note a recently approved two dose schedule for administration to adolescents 11 to 15 years of age as an alternative to the three dose schedule. Interim revised hepatitis B vaccine information materials were published in a September 1, 2000 **Federal Register** notice (65 FR 53316) for use pending completion of the formal revision process.

Development of New/Revised Vaccine Information Materials

The proposed vaccine information materials included in this notice were drafted in consultation with the Advisory Commission on Childhood Vaccines, the Food and Drug Administration, the American Academy of Pediatrics, American Pharmaceutical Association, Association of American Indian Physicians, Every Child by Two, Immunization Action Coalition, Immunization, Education and Action Committee, Infectious Disease Society of America, National Association for Pediatric Nurse Associates and Practitioners and the National Vaccine Advisory Committee. Also, CDC provided copies of the draft materials to other organizations and sought their consultation; however, those organizations did not provide comments. Comments provided by the consultants were considered in drafting