incidents of acute stress. This is particularly important among healthcare workers, as research indicates that they are increasingly being exposed to incidents of violence and trauma on the job. As a result, healthcare workers have a significantly increased risk of developing posttraumatic stress disorder. Given the many occupationally related stress risk factors experienced by healthcare workers, the development of effective occupational stress interventions for health care workers is of the utmost importance. Therefore, this study will investigate ways to increase the effectiveness of occupational stress interventions targeted at nurses, the single largest healthcare worker group.

Through the use of message tailoring, the proposed project aims to increase health care workers' adherence to recommendations suggested by NIOSH to prevent and reduce the effects of occupational stress. In study 1, attitudinal predictors of occupational stress prevention/reduction behaviors will be assessed for registered nurses who view this issue as a wellness (health maintenance) issue versus an illness prevention issue. This data will be obtained from a sample of 500 registered nurses who will be asked to complete a mail survey assessing their attitudes and behaviors with regard to preventing and reducing workplace stress. In a second study, a web-based ''occupational stress'' document will be adapted from the NIOSH document ''Stress* * * at Work '' Two formats of this web-based document will be created that are tailored to nurses who construe the issue of workplace stress as a wellness issue, or as an illness issue. The impact of tailoring the message format to the nurse's construal of the issue of occupational stress will be examined in a laboratory setting where 300 participants will indicate whether they construe this issue in terms of maintaining wellness (positively) or in terms of illness prevention (negatively), and will then be randomly assigned to gain or loss frame web communications. The impact of the tailored messages on participants' attitudes and behavioral intentions with regard to occupational stress prevention and reduction will be assessed.

The results of this project should provide NIOSH with information about how to develop effective Web-based communication strategies using message tailoring. This should have the consequence of enhancing occupational safety and health attitudes and behaviors among at-risk workers.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden per response (in hours)	Total burden (in hours)
Nurses (Data collection #1)	500	1	20/60	167
Nurses (Data Collection #2):.				
Survey 1	300	1	30/60	150
Follow-up	300	1	5/60	25
Total				342

Dated: October 25, 2001.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–06]

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) 639–7090.

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 Anne O'Connor, 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: Annual Submission of the Quantity of Nicotine Contained in Smokeless Tobacco Products Manufactured, Imported, or Packaged in the United States—Renewal—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). Oral use of smokeless tobacco represents a significant health risk, which can cause cancer and a number of noncancerous oral conditions, and can lead to nicotine addiction and dependence. The Office on Smoking and Health (OSH) within the National Center for Chronic Disease Prevention and Health Promotion, CDC has been delegated the authority for implementing major components of the Department of Health and Human Services' (HHS) tobacco and health program, including collection of tobacco ingredients information. HHS overall goal is to reduce death and disability resulting from cigarette smoking and other forms of tobacco use through programs of information, education and research.

The Comprehensive Smokeless Tobacco Health Education Act of 1986 (15 U.S.C. 4401 *et seq.*, Pub. L. 99–252) requires that each person who manufactures, packages, or imports smokeless tobacco provide the Secretary of HHS annually with a report on the quantity of nicotine contained in smokeless tobacco products. This notice implements this nicotine reporting requirement. CDC is requesting OMB clearance to collect this information for three years. All companies are required to submit this information for all brands. A standard methodology for measurement of quantity of nicotine in smokeless tobacco has been developed.

The methodology (''Protocol for Analysis of Nicotine, Total Moisture, and pH in Smokeless Tobacco Products'') is intended to provide standardized measurement of nicotine, total moisture, and pH in smokeless tobacco products. This information should be submitted in the prescribed format. In addition, we ask that companies provide an electronic copy of this information on a floppy disk or CD–ROM.

Background

In 1989, the smokeless industry submitted a business review letter to the Department of Justice (DOJ), in accordance with 28 CFR 50.6. This letter requested approval of a collaborative industry effort to determine standard nicotine reporting. In January 1993, DOJ extended permission to the smokeless industry to begin the development of uniform methods for analyzing smokeless tobacco products for nicotine or moisture content. The first meeting of the work group, which represented the ten major domestic manufacturers of smokeless tobacco, was convened on July 7, 1993. After a series of meetings of the joint industry work group, a standard methodology was approved by the work group and submitted to OSH for approval. The protocol was revised by OSH based on individual comments received from peer reviewers and the Division of Environmental Health Laboratory Sciences, National Center for Environmental Health, CDC. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Tobacco Manufacturers	11	1	1,706	18,766
Total				18,766

Dated: October 25, 2001.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9012–NC]

Medicare and Medicaid Programs; Plan to Create an Open and Responsive Federal Agency

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice with comment period.

SUMMARY: This notice announces our efforts to enhance our openness and responsiveness to all of our constituencies including Medicare and Medicaid beneficiaries and other individuals involved in their care, physicians, nurses, other health care providers, advocacy associations, and industry trade associations. We are making structural changes in the way we do business to build in processes that will enhance our ability to be responsive. This notice invites comments on our efforts to create an open and responsive agency.

We are proposing to issue quarterly provider updates that list provider-oriented regulatory documents and program instructions. We plan to release the quarterly provider update to provider associations first as a pilot and, at a later time, publish subsequent provider updates on our Web site on the first business day of each calendar quarter.

We are accepting comments about concerns or suggestions for improving our agency. We are particularly interested in specific suggestions on how we can improve our efforts to create an open responsiveness to better address the needs and concerns of all of our constituencies. We are not placing any time constraints for receipt of public comments.

ADDRESSES: In commenting, please refer to file code CMS–9012–NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (one original and three copies) to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–9012–NC, P.O. Box 8013, Baltimore, MD 21244–8013.

If you prefer, you may deliver (by hand or courier) your written comments (one original and three copies) to one of the following addresses: Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–14–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Anthony Mazzarella, (410) 786–7501.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. In order to review public comments, you *must* schedule an appointment by calling (410) 786–7197. To obtain entry to our facility, you *must* have a photo identification (preferably a driver's license).

I. Background

Our mission is to serve Medicare and Medicaid beneficiaries by assuring quality health care security for beneficiaries. In keeping with our mission, we are committed to reforming and strengthening our agency by creating an open responsiveness to the needs and concerns of all of our constituencies including Medicare and Medicaid beneficiaries and individuals involved in their care, physicians, nurses, other health care providers, advocacy associations, and industry trade associations.

II. Plan To Create an Open, Responsive Agency

We want to be a reliable Federal agency; one that is open and responsive to the needs of all of our constituencies. In our effort to enhance our responsiveness to Medicare and Medicaid beneficiaries and their health care providers, we are making structural changes in the way we do business to build in processes that enhance our ability to create an open and responsive Agency. We plan to focus on working openly with our stakeholders, soliciting their individual input and feedback, responding to requests for information in a more timely manner, and issuing a