

AHRQ website. These tables will contain descriptive statistics, such as, numbers of establishments offering health insurance, average premiums, average contributions, total enrollments, numbers of self insured establishments and other related statistics for a large number of population subsets defined by firm size, state, industry and establishment characteristics, such as, age, profit/nonprofit status and union/nonunion.

The data are intended to be used for purposes such as:

- Generating national and State estimates of employer health care offerings;
- Producing estimates to support the Bureau of Economic Analysis and the Center for Medicare and Medicaid Services in their production of health care expenditure estimates for the

National Health Accounts and the Gross Domestic Product;

- Producing national and State estimates of spending on employer-sponsored health insurance to study the results of national and State health care policies;
- Supplying data for modeling the demand for health insurance; and
- Providing data on health plan choices, costs, and benefits that can be linked back to households' use of health care resources in the MEPS-HC for studies of the consumer health care selection process.

These data provide the basis for researchers to address important questions for employers and policymakers alike.

**Method of Collection**

The data will be collected using a combination of modes. The Census

Bureau's first contact with employers will be made by telephone. This contact will provide information on the availability of health insurance from the employer and essential persons to contact. Based upon this information, the Census Bureau will mail a questionnaire to the employer. In order to assure high response rates, the Census Bureau will follow-up with a second mailing after an interval of approximately 30 working days, followed by a telephone call to collect data from those who have not responded by mail.

As part of this process, for larger respondents with high burdens, such as State employers and very large firms, the Census Bureau will, if needed, perform personal visits and do customized collection, such as, acceptance of data in computerized formats and use of special forms.

**ESTIMATED ANNUAL RESPONDENT BURDEN**

Survey years	Annual number of respondents	Estimated time per respondent in hours	Estimated total annual burden hours	Estimated annual cost to the government
2001 .....	33,855	.6	20,307	\$8,250,000
2002 .....	35,769	.6	21,663	8,840,000
2003 .....	33,855	.6	20,307	8,810,000

**Request for Comments**

In accordance with the above cited Paperwork Reduction Act legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden (including hours and costs) 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 the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 18, 2001.

**John M. Eisenberg,**

*Director.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Toxic Substances and Disease Registry**

[ATSDR-176]

**Notice of the Revised Priority List of Hazardous Substances That Will Be the Subject of Toxicological Profiles**

**AGENCY:** Agency for Toxic Substances and Disease Registry (ATSDR), U.S. Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund), as amended by the Superfund Amendments and Reauthorization Act (SARA), requires that ATSDR and the Environmental Protection Agency (EPA) revise the Priority List of Hazardous Substances. This list includes substances most commonly found at facilities on the CERCLA National Priorities List (NPL) which have been determined to be of greatest concern to public health at or around these NPL hazardous waste sites. This announcement provides notice that the agencies have developed and are making available a revised

CERCLA Priority List of 275 Hazardous Substances, based on the most recent information available. Each substance on the priority list is a candidate to become the subject of a toxicological profile prepared by ATSDR and subsequently a candidate for the identification of priority data needs.

In addition to the Priority List of Hazardous Substances, ATSDR has developed a Completed Exposure Pathway Site Count Report. This report lists the number of sites or events with ATSDR activities where a substance has been found in a completed exposure pathway (CEP). This report is included in the Support Document of the Priority List.

**ADDRESSES:** Requests for a copy of the report, the 2001 CERCLA Priority List of Hazardous Substances That Will Be The Subject of Toxicological Profiles and Support Document, including the CEP report, should bear the docket control number ATSDR-176, and should be submitted to: ATSDR Information Center, Division of Toxicology, Mail Stop E-29, 1600 Clifton Rd., NE., Atlanta, GA 30333. Requests must be in writing.

*Electronic Availability:* The 2001 Priority List of Hazardous Substances will be posted on ATSDR's World-Wide Web server on the Internet located at <http://www.atsdr.cdc.gov.clist.html>.

The CEP Report will also be posted at <http://www.atsdr.cdc.gov.cep.html>.

This is an informational notice only, and comments are not being solicited at this time. However, any comments received will be considered for inclusion in the next revision of the list and placed in a publicly accessible docket; therefore, please do not submit confidential business or other confidential information.

**FOR FURTHER INFORMATION CONTACT:**

ATSDR, Division of Toxicology, Emergency Response and Scientific Assessment Branch, 1600 Clifton Road N.E., Mail Stop E-29, Atlanta, GA 30333, telephone 888-422-8737.

**SUPPLEMENTARY INFORMATION:** CERCLA establishes certain requirements for ATSDR and EPA with regard to hazardous substances that are most commonly found at facilities on the CERCLA NPL. Section 104(i)(2) of CERCLA, as amended [42 U.S.C. 9604(i)(2)], required that the two agencies prepare a list, in order of priority, of at least 100 hazardous substances that are most commonly found at facilities on the NPL and which, in their sole discretion, have been determined to pose the most significant potential threat to human health (see 52 FR 12866, April 17, 1987). CERCLA also required the agencies to revise the priority list to include 100 or more additional hazardous substances (see 53 FR 41280, October 20, 1988), and to include at least 25 additional hazardous substances in each of the three successive years following the 1988 revision (see 54 FR 43619, October 26, 1989; 55 FR 42067, October 17, 1990; 56 FR 52166, October 17, 1991). CERCLA also requires that ATSDR and EPA shall, at least annually thereafter, revise the list to include additional hazardous substances that have been determined to pose the most significant potential threat to human health. In 1995, the agencies altered the publication schedule of the priority list by moving to a 2-year publication schedule, reflecting the stability of this listing activity (60 FR 16478, March 30, 1995). As a result, the priority list is now on a 2-year publication schedule with a yearly informal review and revision. Each substance on the CERCLA Priority List of Hazardous Substances is a candidate to become the subject of a toxicological profile prepared by ATSDR and subsequently a candidate for the identification of priority data needs.

The initial priority lists of hazardous substances (1987-1990) were based on the most comprehensive and relevant

information available when the lists were developed. More comprehensive sources of information on the frequency of occurrence and the potential for human exposure to substances at NPL sites became available for use in the 1991 priority list with the development of ATSDR's HazDat database. Utilizing this database, a revised approach and algorithm for ranking substances was developed in 1991, and a notice announcing the intention of ATSDR and EPA to revise and rerank the Priority List of Hazardous Substances was published on June 27, 1991 (56 FR 29485). The subsequent 1991 Priority List and revised approach used for its compilation was summarized in the "Revised Priority List of Hazardous Substances" **Federal Register** notice published October 17, 1991 (56 FR 52166). The same approach and the same basic algorithm have been used in all subsequent activities, including the 2001 listing activity. The algorithm used in ranking hazardous substances on the priority list consists of three criteria, which are combined to result in the total score. The three criteria are: frequency of occurrence at NPL sites; toxicity; and potential for human exposure.

Since HazDat is a dynamic database with ongoing data collection, additional information from the HazDat database became available for the 2001 listing activity. This additional information has been entered into HazDat since the development of the 1999 Priority List of Hazardous Substances. The site-specific information from HazDat that is used in the listing activity has been collected from ATSDR public health assessments, health consultations, and from site file data packages that are used to develop these public health assessments. The new information may include more recent NPL frequency of occurrence data, additional concentration data, and more information on exposure to substances at NPL sites. With these additional data and with a refinement made in assigning toxicity scores to radionuclides for this listing purpose, 18 substances have been replaced on the list of 275 substances since the 1999 publication. Of the 18 replacement substances, 5 are new candidate substances, and 13 are substances that were previously under consideration. These replacement substances and changes in the order of substances appearing on the CERCLA Priority List of Hazardous Substances will be reflected in the program activities that rely on the list for future direction.

The 2001 Priority List of Hazardous Substances includes 275 substances that have been determined to be of greatest

concern to public health based on the criteria of CERCLA section 104(i)(2) [42 U.S.C. 9604(i)(2)]. A total of 840 candidate substances have been analyzed and ranked with the current algorithm. Of these candidates, the 275 substances on the priority list may become the subject of toxicological profiles in the future. The top 25 substances on the 2001 Priority List of Hazardous Substances are listed below.

Rank	Substance name
1 .....	Arsenic
2 .....	Lead
3 .....	Mercury
4 .....	Vinyl Chloride
5 .....	Polychlorinated Biphenyls
6 .....	Benzene
7 .....	Cadmium
8 .....	Benzo (A) Pyrene
9 .....	Polycyclic Aromatic HYDRO-CARBONS
10 .....	Benzo (B) Fluoranthene
11 .....	Chloroform
12 .....	DDT, P,P'-
13 .....	Aroclor 1254
14 .....	Aroclor 1260
15 .....	Trichloroethylene
16 .....	Dibenzo (A,H) Anthracene
17 .....	Dieldrin
18 .....	Chromium, Hexavalent
19 .....	Chlordane
20 .....	Hexachlorobutadiene
21 .....	DDE, P,P'-
22 .....	Coal Tar Creosote
23 .....	Aldrin
24 .....	Phosphorus, White
25 .....	Benzidine

ATSDR and EPA intend to publish the next revised list of hazardous substances in two years, with an informal review and revision performed in one year. These revisions will reflect changes and improvements in data collection and availability. Additional information on the existing methodology used in the development of the CERCLA Priority List of Hazardous Substances can be found in the Support Document to the List and in the **Federal Register** notices mentioned above.

In addition to the revised priority list, ATSDR is also releasing a Completed Exposure Pathway Site Count Report. A completed exposure pathway (CEP) is an exposure pathway that links a contaminant source to a receptor population. The CEP ranking is very similar to a sub-component of the potential-for-human-exposure component of the listing algorithm. The CEP ranking is based on a site frequency count, and thus lists the number of sites at which a substance has been found in a CEP. ATSDR's HazDat database contains this information which is derived from ATSDR public health assessments and health consultations.

Because exposure to hazardous substances is of significant concern, ATSDR has been tabulating the substances to which people have been exposed at hazardous waste sites. Much interest has been focused on this tabulation. Therefore, ATSDR is announcing the publishing of this CEP report along with the CERCLA Priority List of Hazardous Substances. Since this CEP report focuses on documented exposure, it provides an important prioritization based on substances to which people are exposed.

The substances on the CEP report are similar to the substances on the CERCLA Priority List of Hazardous Substances. However, there are some substances that are on the CEP report, because they are frequently found in completed exposure pathways, but are not on the CERCLA Priority List because they have a very low toxicity (e.g., sodium). Since the CERCLA Priority List incorporates three different components (toxicity, frequency of occurrence, and potential for human exposure) to determine its priority substances,

substances with very low toxicity are not on the CERCLA Priority List and consequently are not the subject of toxicological profiles. In addition, since the Priority List is mandated by CERCLA, it only uses data from sites on the CERCLA National Priorities List, whereas the CEP report uses data from all sites with ATSDR activities that have a CEP. Of the 100 substances on the CEP report, the 25 substances found at the most number of sites in a CEP are presented below.

NUMBER OF SITES WITH SUBSTANCE IN A CEP

Substance name	All sites	NPL sites
Lead	359	238
Trichloroethylene	319	271
Arsenic	267	176
Tetrachloroethylene	236	190
Cadmium	176	123
Benzene	174	128
Chromium	169	113
Volatile Organic Compounds, Unspecified	162	118
Polychlorinated Biphenyls	152	104
Mercury	136	82
Zinc	134	83
Manganese	134	80
1,1,1-Trichloroethane	125	106
Copper	118	67
Chloroform	113	88
1,1-Dichloroethene	105	91
Methylene Chloride	103	72
Toluene	102	68
Vinyl Chloride	99	84
Nickel	98	63
Benzo (A) Pyrene	98	54
Polycyclic Aromatic Hydrocarbons	97	68
Barium	96	54
Antimony	88	57
1,2-Dichloroethane	86	71

**Note:** Sorted by the All Sites column. All Sites = all sites with ATSDR activities that have a CEP; NPL Sites = current and former sites on the National Priorities List, as mandated.

Dated: October 18, 2001.

**Donna Garland,**

*Deputy Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Center for Environmental Health; Meeting**

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and

Prevention (CDC) announces the following meeting:

*Name:* Applying Genetics and Public Health Strategies to Primary Immunodeficiency Diseases.

*Times and Dates:*

8 a.m.—6 p.m., November 8, 2001

8 a.m.—1 p.m., November 9, 2001

*Place:* Hyatt Regency, 285 Peachtree Street, Atlanta, Georgia 30309, Phone: 404-577-1234.

*Status:* Open to the public for observation and comment, limited only by the space available. The meeting room accommodates approximately 60 people.

*Purpose:* The purpose of the meeting is to identify a public health strategy for Primary Immunodeficiency (PI) Disease, including a public health assessment, examine laboratory issues including uses of genetic tests, to identify public health interventions to increase early recognition, to review efforts to increase awareness about these diseases among providers and the public, and to identify future public health strategies for assessment, intervention, and education.

*Matters to be Discussed:* The meeting objectives, although focused specifically on PI, also establish a framework useful for developing public health strategies for other common complex diseases. The objectives are: (1) To make a public health assessment of primary immunodeficiency diseases; (2) To examine uses of genetic tests and role in clinical practice; (3) To identify public health interventions to enhance early identification and intervention; (4) To review efforts to educate providers, patients and the public about primary immunodeficiency; and (5) To identify next steps for public health, including research priorities and workshop recommendations.

Agenda items are tentative and subject to change.

**CONTACT PERSON FOR MORE INFORMATION:**

Mary Lou Lindegren, M.D., Designated Federal Official, CDC, 4770 Buford Highway, NE, MS K-28, Atlanta, Georgia 30341-3724; telephone 770-488-3235, fax 770-488-3236; e-mail: mll3@cdc.gov.