available, plan enrollments, total plan costs and costs to employees.

Data Confidentiality Provisions

MEPS–IC List Sample data confidentiality is protected under the U.S. Census Bureau confidentiality statute, Section 9 of Title 13, United States Code. MEPS–IC Household Sample data confidentiality is protected under Sections 308(d) and 924(c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C.299c–3(c)).

Section 308(d), the confidentiality statute of the National Center for Health Statistics, is applicable because the MEPS–HC sample is derived from respondents of an earlier NCHS survey. Section 924(c), the confidentiality statute of AHRQ, applies to all data collected for research that is supported by AHRQ. All data products listed below must fully comply with the data confidentiality statute under which the raw data was collected as well as any additional confidentiality provisions that apply.

Data Products

Data will be produced in three forms: (1) Files derived from the Household Sample, which can be linked back to other information from household respondents in the MEPS–HC, will be available to researchers at the AHRQ Research Data Center; (2) files containing employer information from the List Sample will be available for use by researchers at the Census Bureau's Research Data Centers; and (3) a large compendium of tables of estimates, also based on List Sample data, will be produced and made available on the AHRQ website. These tables will contain descriptive, but non-identifiable 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/non-union.

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

- Generating national and State estimates of employer health insurance 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 insurance 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 that employer and essential persons to contact. Based upon this information, Census will mail a questionnaire to the employer. In order to assure high response rates, Census 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, we 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
2004	34,507	.6	19,708	$8,800,000
2005	34,507	.6	19,708	9,138,000
2006	39,791	.6	23,550	10,660,000

Request for Comments: In accordance with the above cited Paperwork Reduction Act legislation, comments on AHRQ's information collection 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 AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ'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: August 6, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–19897 Filed 8–31–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Opportunity for Businesses To Partner With NIOSH To Incorporate Electronic Sensors Into Respirator Filter Cartridges; Correction

In the notice document appearing on page 48498 in the **Federal Register** Vol. 69, No. 153, Tuesday, August 10, 2004, make the following correction:

On page 48498 under the **DATES** heading, it should read: Submit letters of interest within 30 days after the date of publication of this correction notice in the **Federal Register**. Also, on this same page under the heading **ADDRESSES**

should read: Interested manufacturers should submit a letter of interest with information about their capabilities to the following e-mail address: *esli@cdc.gov.*

On page 48499 under the heading **FOR FURTHER INFORMATION CONTACT** change to read: *esli@cdc.gov.*

Dated: August 25, 2004.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention (CDC).

[FR Doc. 04–19931 Filed 8–31–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, Announces the Following Meeting

Name: ICD–9–CM Coordination and Maintenance Committee meeting.

Times and Dates: 9 a.m.–4 p.m., October 7–8, 2004.

Place: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

Status: Open to the public.

Purpose: The ICD–9–CM Coordination and Maintenance (C&M) Committee will hold its final meeting of the 2004 calendar year cycle on Thursday and Friday, October 7–8, 2004. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

Matters To Be Discussed: Agenda items include:

Diabetic peripheral neuropathy, diabetic retinopathy and diabetic macular edema.

Renal failure, continued.

At-risk for perioperative myocardial ischemia.

Mechanical complication of joint prosthesis.

Metabolic disorders.

Refractory anemia.

Insomnia and hypersomnia.

ICD–10–Procedure Classification System (PCS)—Update.

Revision of hip replacement.

Revision of knee replacement.

Sublingual Capnometry.

Implantation of prosthetic cardiac support device.

Multiple vessel drug-eluting stent.

Revision of CRT–D pocket.

Insertion of rechargeable neurostimulator pulse generator.

Infusion of liquid radioisotope for treatment of malignant brain tumor.

Addenda.

Contact Person for Additional Information: Amy Blum, Medical Classification Specialist, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone 301–458–4106 (diagnosis), Amy Gruber, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Blvd., Room C4–07–07, Baltimore, Maryland, 21244, telephone 410–786–1542 (procedures).

Notice: In the interest of security, CMS has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Because of increased security requirements, those who wish to attend a specific ICD–9–CM C&M meeting in the CMS auditorium must submit their name and organization for addition to the meeting visitor list. Those wishing to attend the October 7–8, 2004 meeting must submit their name and organization by October 4, 2004 for inclusion on the visitor list. This visitor list will be maintained at the front desk of the CMS building and used by the guards to admit visitors to the meeting. Those who attended previous ICD–9–CM C&M meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you attend.

Send your name and organization to one of the following by October 4, 2004 in order to attend the October 7–8, 2004 meeting: Pat Brooks, *pbrooks1@cms.hhs.gov*, 410–786–5318. Ann Fagan, *afagan@cms.hhs.gov*, 410–786–5662. Amy Gruber, *agruber@cms.hhs.gov*, 410–786–1542.

Notice: This is a public meeting. However, because of fire code requirements, should the number of attendants meet the capacity of the room, the meeting will be closed.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: August 25, 2004.

Alvin Hall,

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

[FR Doc. 04–19945 Filed 8–31–04; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003N–0455]

Training Program for Regulatory Project Managers; Information Available to Industry

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) Center for Drug Evaluation and Research (CDER) is announcing the continuation of the Regulatory Project Management Site Tours and Regulatory Interaction Program (the Site Tours Program). This training program was initiated in 1999, and it is intended to give CDER regulatory project managers an opportunity to tour pharmaceutical facilities and to exchange regulatory experiences with their industry counterparts. The Site Tours Program is intended to enhance review efficiency and quality by providing CDER staff with a better understanding of the pharmaceutical industry and its operations. Further, this program is intended to improve communication and cooperation between CDER staff and industry. The purpose of this notice is to invite pharmaceutical companies interested in participating in these programs to contact CDER.

DATES: Pharmaceutical companies may submit proposed agendas to the agency by November 1, 2004.

FOR FURTHER INFORMATION CONTACT: Beth Duvall-Miller, Office of New Drugs (HFD–020), Center for Drug Evaluation and Research, Food and Drug Administration, 5515 Security Lane, rm. 7219, Rockville, MD 20852, 301–594–3937, FAX: 301–480–8329.

SUPPLEMENTARY INFORMATION:

I. Background

An important part of CDER's commitment to make safe and effective drugs available to all Americans is optimizing the efficiency and quality of the drug review process. To support this primary goal, the center has initiated various training and development programs to promote high performance