

related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than December 19, 2003.

A. Federal Reserve Bank of Kansas City (James Hunter, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Exchange Company*, Gibbon, Nebraska; to acquire 100 percent of the voting shares of *Ace Sales, Inc.*, Deshler, Nebraska, and thereby engage in lending activities, pursuant to Section 225.28(b)(1) of Regulation Y.

Board of Governors of the Federal Reserve System, December 1, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc.03-30214 Filed 12-4-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-10]

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) 498-1210.

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: Jail STD Prevalence Monitoring System, OMB No. 0920-0499—Revision—National Center for HIV, STD's and Tuberculosis (NCHSTP), Centers for Disease Control and Prevention (CDC).

CDC is requesting from Office of Management and Budget (OMB) a 3-year approval for the standardized record layout for the Jail STD Prevalence Monitoring System. The Jail STD Prevalence Monitoring System consists of test data compiled for persons entering corrections facilities. The standard data elements were created in response to the need to systematically assess morbidity in persons entering corrections facilities, who are at high risk for STDs or sexually transmitted diseases and who often do not seek

medical care in mainstream medical settings. Use of these standard data elements will improve surveillance of STDs by allowing for systematic assessment of a high risk population, taking advantage of already computerized data.

States that compile data from corrections facilities are encouraged to participate in the system. In most places, STD test results for persons in corrections facilities are computerized by the laboratory or by the health department. The burden of compiling data in the standardized format involves running a computer program to convert the data to the specified format. This involves an initial investment of time by a programmer but afterwards involves only running the program once a quarter (average of 3 hours per quarter). Therefore, the respondent burden is approximately 12 hours per year.

If a respondent does not have computerized test results for persons in corrections facilities, and must enter the data, the burden of data-entry is approximately 1.5 minute per record. On an average a respondent will enter approximately 1250 records per quarter, which will result in a total burden of 1875 minutes or 31 hours per quarter.

During the next 3 years, CDC expects approximately 20 project areas per year to participate. Approximately 15 will have already computerized data for a burden of 180 hours (15x12hrs) per year and five respondents will have to enter data into a computerized database which will result in a burden of 620 additional hours (5x124 hrs) per year. The total estimated annualized burden is 880 hours per year.

Respondents	No. of respondents (STD project areas)	No. of responses/respondent (datasets/yr approx 5000 total records)	Average burden/response (in hours)	Total burden (in hours)
State/local health departments with computerized data	15	4	3	180
State/local health departments without computerized data	5	4	31	620
Total				880

Dated: November 25, 2003.

Laura Yerdon Martin,

*Acting Director, Executive Secretariat,
Centers for Disease Control and Prevention.*

[FR Doc. 03-30257 Filed 12-4-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

National Center on Birth Defects and Developmental Disabilities

Name: Scientific Workshop on Impact of Maternal Thyroid Disease on the Developing Fetus: Implications for Diagnosis, Treatment, and Screening.

Times and Dates: 8 a.m.–7:30 p.m., January 12, 2004. 8 a.m.–4 p.m., January 13, 2004.

Place: Renaissance Atlanta Hotel Downtown, 590 West Peachtree Street, NW., Atlanta, Georgia 30308-3586, Telephone (404) 881-6000.

Status: Open to the public, limited only by the space available.

Purpose: The purpose of the workshop is to summarize the body of scientific evidence, describe the gaps in knowledge, provide direction for future research, and offer guidance for appropriate public health action if warranted.

Matters To Be Discussed: The agenda will include an overview of the prevalence of thyroid dysfunction in reproductive-age women and factors associated with abnormal function, outcomes related to thyroid dysfunction during pregnancy, detection and treatment of thyroid dysfunction, and considerations for public health practice.

Agenda items may be subject to change as priority dictates.

FOR FURTHER INFORMATION CONTACT:

Micah H. Milton, Health Scientist, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., m/s E-87, Atlanta, Georgia 30333. Telephone 404/498-3082.

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: December 1, 2003.

Joseph E. Salter,

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

[FR Doc. 03-30216 Filed 12-4-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-53; CMS-10102]

Agency Information Collection Activities: Proposed Collection; Comment Request

Agency: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Imposition of Cost Sharing Charges Under Medicaid and Supporting Regulations contained in 42 CFR 447.53; *Form No.:* CMS-R-53 (OMB# 0938-0429); *Use:* The information collection requirements contained in 42 CFR 447.53 require the States to include in their Medicaid State Plan their cost sharing provisions for the medically and categorically needy. The State Plan is the method in which States inform staff of State policies, standards, procedures and instructions; *Frequency:* Occasionally; *Affected Public:* State, local or tribal government; *Number of Respondents:* 54; *Total Annual*

Responses: 20; *Total Annual Hours:* 2,700.

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* National Implementation of Hospital CAHPS (HCAHPS); *Form No.:* CMS-10102 (OMB# 0938-NEW); *Use:* The HCAHPS survey instrument, developed under the CAHPS umbrella, is a reliable and valid instrument that any organization can use (at no cost) to obtain patient data about hospital experiences. This tool will be adopted by the Quality Initiative: A Public Resource on Hospital Performance. Though the main purposes of this survey are consumer choice and hospital accountability, we intend and expect that the collection and reporting of these data will stimulate quality improvements. A standardized hospital survey from the patient's perspective will generate both universal measures and comparative data for consumers who need to select a hospital, and a new incentive for hospitals to further improve quality of care and accountability. This standardized instrument will allow consumers to make "apples to apples" comparisons among hospitals, allow hospitals and hospital chains to self compare, and provide state oversight officials with useful data; *Frequency:* Annually; *Affected Public:* Individuals or households; *Number of Respondents:* 2,212,000; *Total Annual Responses:* 2,212,000; *Total Annual Hours:* 368,367.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://cms.hhs.gov/regulations/pr/default.asp>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.