

Type of respondents	Number of respondents	Frequency of response	Average time of response	Annual hour burden
Total .....	.....	.....	.....	4, 654

Dated: August 25, 2003.

**Nancy E. Cheal,**

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

[FR Doc. 03-22101 Filed 8-28-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Government-Owned Inventions; Availability for Licensing and Cooperative Research and Development Agreements (CRADAs)**

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

**ACTION:** Notice.

**SUMMARY:** The invention named in this notice is owned by agencies of the United States Government and is available for licensing in the United States (U.S.) in accordance with 35 U.S.C. 207, and is available for cooperative research and development agreements (CRADAs) in accordance with 15 U.S.C. 3710, to achieve expeditious commercialization of results of federally funded research and development. U.S. and foreign patent applications are expected to be filed in the near future to extend market coverage for U.S. companies and may also be available for licensing.

**ADDRESSES:** Licensing and CRADA information, and information related to the technology listed below, may be obtained by writing to Suzanne Seavello Shope, J.D., Technology Licensing and Marketing Scientist, Technology Transfer Office, Centers for Disease Control and Prevention (CDC), Mailstop K-79, 4770 Buford Highway, Atlanta, GA 30341, telephone (770) 488-8613; facsimile (770) 488-8615; or e-mail [sshope@cdc.gov](mailto:sshope@cdc.gov). A signed Confidential Disclosure Agreement (available under Forms at <http://www.cdc.gov/tto>) will be required to receive copies of unpublished patent applications and other information.

**Occupational Safety**

*Air Sampler for Collecting Airborne Pollutants in a Micro Centrifuge Tube for Molecular Analysis*

Occupational exposure to small particles, such as fungal spores, bacteria, dust, etc., is of concern in a number of places that exhibit air quality problems, for example, school buildings and agricultural settings. The conventional approach for assessing human exposure to bioaerosols has been to take samples using filters, impingers, or impactors and then perform laboratory analyses, which could be directly counting the organisms or indirectly counting their colony-forming units. While these methods provide reasonably adequate assessment in bioaerosol concentration, they are time-consuming and sometimes take days or even weeks to conduct the analysis. In addition, although the health consequence is evident, there has been difficulty in establishing exposure-response relationship because of the poor correlation between measured biomass and recorded health effect. Recent attention paid to indoor air quality, biological warfare and terrorist attacks has revealed a need for highly specific and sensitive techniques, such as immunoassays and polymerase chain reactions (PCR), for detecting a variety of air pollutants. However, there is a lack of sampling devices that could provide adequate sampling of airborne pollutants and match these advanced analytical techniques.

Researchers at NIOSH have evaluated sampling techniques matched to the analytical procedures used in PCR, immunoassays, and other procedures, and developed a personal sampler for collecting airborne pollutants. Preliminary data have demonstrated an excellent aspiration and collection efficiency for the sampler. It is the intent that use of this sampler would solve the technical compatibility problem between sampling and analyzing as well as allow sample analysis without the need for sample extraction which is required by most current air sampling methods. In turn, the whole scheme of sampling and analysis would help enhance the assessment of exposure to airborne pollutants.

*Inventors:* The-hsun "Bean" Chen et al.

*U.S. Patent Application SN:* Not yet filed.

(CDC Ref. #: I-020-03).

Dated: August 25, 2003.

**Joseph R. Carter,**

*Deputy Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 03-22100 Filed 8-28-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-1537, CMS-R-200, CMS-10094 and CMS-R-247]

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**AGENCY:** Centers for Medicare and Medicaid Services.

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 (CMS)), 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:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Medicare/Medicaid Hospital Surveyor's Worksheet Form and Supporting Regulations in 42 CFR 488.26 and 442.30; *Form No.:* CMS-1537 (OMB #0938-0382); *Use:* Section 1861(e) of the Social Security Act (the Act) provides that hospitals participating in

Medicare under the Act must meet specific requirements. These requirements are presented as Condition of Participation. State agencies can determine compliance with these conditions through the use of this worksheet form; *Frequency*: Other: 3–5 years; *Affected Public*: State, Local, or Tribal Government, Business or other for-profit, Not-for-profit institutions; *Number of Respondents*: 3323; *Total Annual Responses*: 3323; *Total Annual Hours*: 553.

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Health Plan Employer Data and Information Set (HEDIS) and Health Outcome Survey (HOS) and supporting regulations at 42 CFR 422.152; *Form No.*: CMS–R–200 (OMB #0938–0701); *Use*: The Centers for Medicare and Medicaid Services (formerly HCFA) collects quality performance measures in order to hold the Medicare managed care industry accountable for the care being delivered, to enable quality improvement, and to provide quality information to Medicare beneficiaries in order to promote informed choice. It is critical to CMS's mission that we collect and disseminate information that will help beneficiaries choose among health plans, contribute to improved quality of care through identification of improvement opportunities and assist CMS in carrying out its oversight and purchasing responsibilities; *Frequency*: Annually; *Affected Public*: Business or other for-profit, Not-for-profit institutions, and Individuals or Households; *Number of Respondents*: 166,709; *Total Annual Responses*: 70,992; *Total Annual Hours*: 498,436.

3. *Type of Information Collection Request*: New Collection; *Title of Information Collection*: Evaluation of the Medicaid Health Reform Demonstrations; *Form No.*: CMS–10094 (OMB #0938–NEW); *Use*: This survey is part of an evaluation of the State of Vermont's pharmacy assistance programs, which principally serve low income Medicare beneficiaries who do not have other coverage for prescription drugs. The surveys will explore the issues of self-selection into the pharmacy programs, motivations for joining or not joining, the extent of pharmacy coverage among low income Medicare beneficiaries who are not enrolled and the impact of coverage on Medicare spending. The Vermont evaluation is part of a larger evaluation of Section 1115 Medicaid demonstration programs in five states. (The other states are California, Kentucky, Minnesota, and New York. The survey will take

place only in Vermont); *Frequency*: Other: One-time; *Affected Public*: Individuals or Households; *Number of Respondents*: 11,310; *Total Annual Responses*: 11,310; *Total Annual Hours*: 1,087.

4. *Type of Information Collection Request*: Reinstatement, without change, of a previously approved collection; *Title of Information Collection*: Expanded Coverage for Diabetes Outpatient Self-Management Training Services and Supporting Regulations Contained in 42 CFR 410.141–410.146 and 414.63; *Form No.*: CMS–R–247 (OMB #0938–0818); *Use*: 42 CFR 410.141–410.146 and 414.63 provide for uniform coverage of diabetes outpatient self-management training services. These services include educational and training services furnished to a beneficiary with diabetes by an entity approved to furnish the services. The physician or qualified nonphysician practitioner treating the beneficiary's diabetes certifies that these services are needed as part of a comprehensive plan of care. The regulations set forth the quality standards that an entity is required to meet in order to participate in furnishing diabetes outpatient self-management training services; *Frequency*: On occasion; *Affected Public*: Business or other for-profit; *Number of Respondents*: 1,708; *Total Annual Responses*: 6,832; *Total Annual Hours*: 53,013.5.

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](mailto: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 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: August 21, 2003.

**Dawn Willingham,**

*Acting Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.*

[FR Doc. 03–22076 Filed 8–28–03; 8:45 am]

**BILLING CODE 4120–03–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS–372]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services.

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.

*Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Annual Report on Home and Community Based Services Waivers and Supporting Regulations in 42 CFR 440.180 and 441.300–.310; *Form No.*: CMS–372 (OMB# 0938–0272); *Use*: States request waivers in order for beneficiaries to have the option of receiving hospital services in their homes. States with an approved waiver under section 1915(c) of the Act are required to submit the CMS–372 or CMS–372(S) annually in order for CMS to: (1) Verify that State assurances regarding waiver-cost-neutrality are met, and (2) determine the waiver's impact on the type, amount and cost of services provided under the State plan and health and welfare of recipients; *Frequency*: Annually; *Affected Public*: State, local or tribal government; *Number of Respondents*: 50; *Total Annual Responses*: 277; *Total Annual Hours*: 20,775. 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://>