Dated: February 6, 2004.

Alvin Hall,

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

[FR Doc. 04–3198 Filed 2–12–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–04]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: Childhood Lead Poisoning Prevention Program Quarterly Report (OMB No. 0920–0282)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). Lead poisoning is the most common and societally devastating environmental disease of young children in the United States. The adverse health effects of lead on young children can be profound. Severe lead exposure can cause coma, convulsions, and even death. Lower levels of lead, which rarely cause symptoms, can result in decreased intelligence, developmental disabilities, behavioral disturbances, and disorders of blood production. In 1992, the Centers for Disease Control and Prevention (CDC) began the National Childhood Lead Surveillance Program within the National Center for Environmental Health (NCEH). The goals of the childhood lead surveillance program are to: (1) Establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poisoning prevention activities.

The quarterly report is designed to collect blood lead screening and test confirmation data from CDC-funded programs. The quarterly report consists of four data tables requiring the following information: (1) The number of children screened by age and Medicaid enrollment status; (2) the number of children screened and confirmed by blood lead level; (3) the number of children screened by ethnicity; and (4) the number of children screened by race. The estimated annualized burden is 336 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
State and Local Grant and Cooperative Agreement Programs	42	4	2

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–1491, CMS–R–26, CMS–1728, CMS–2540 and CMS–10098]

Agency Information Collection Activities: Submission for OMB Review; 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:* Request for Medicare Payment—Ambulance and Supporting Regulations in 42 CFR Sections 410.1, 410.40, 424.124, 414.601, 414.605, 414.610, 414.611, 414.615, 414.620, and 414.625.; *Form No.:* CMS–1491 (OMB# 0938–0042); *Use:* This paper form is completed on an occasion basis by beneficiaries and/or ambulance suppliers. Also, it is submitted to a Medicare carrier to request payment for ambulance services.; *Frequency:* On occasion; *Affected Public:* Business or other for-profit, individuals or households, and not-for-profit institutions; *Number of Respondents:* 9,301,183; *Total Annual Responses:* 9,301,183; *Total Annual Hours:* 331,643.

2. *Type of Information Request:* Revision of a currently approved collection; *Title of Information Collection:* Information Collection Requirements (ICR) Contained in the Clinical Laboratory Improvement Amendments (CLIA) Regulations 42 CFR part 493.801, 493.803, 493.1232, 493.1233, 493.1234, 493.1235, 493.1236, 493.1239, 493.1241, 493.1242, 493.1249, 493.1251, 493,1252, 493.1253, 493.1254, 493.1255, 493.1256, 493.1261, 493.1262, 493.1263, 493.1269, 493.1273, 493.1274, 493.1278, 493.1283, 493.1289, 493.1291, and 493.1299; *Form Number:* CMS–R–26 (OMB approval #: 0938–0612); *Use:* The ICRs referenced in specified sections of 42 CFR part 493 outline the requirements necessary to determine an entity's compliance with CLIA. CLIA requires laboratories that perform testing on human beings to meet performance requirements (quality