

Pension and Welfare Benefits Administration is soliciting comments on the proposed extension of the National Medical Support Notice—Part B.

A copy of the information collection request (ICR) can be obtained by contacting the individual shown in the Addresses section of this notice.

DATES: Written comments must be submitted to the office shown in the Addresses section on or before January 31, 2003.

ADDRESSES: Gerald B. Lindrew, Department of Labor, Pension and Welfare Benefits Administration, 200 Constitution Avenue NW., Washington, DC 20210, (202) 693-8410, FAX (202) 693-4745 (these are not toll-free numbers).

SUPPLEMENTARY INFORMATION:

I. Background

Section 609(a) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), provides that each group health plan, as defined in ERISA section 607(1), shall provide benefits in accordance with the applicable requirements of any "qualified medical child support order" (QMCSO). Based on a desire to eliminate concerns raised both by state agencies that enforce the programs under Title IV-D of the SSA (known as the Child Support Enforcement Program, which is administered by the Federal Office of Child Support Enforcement (OCSE) in the Department of Health and Human Services (HHS)), and by sponsors and administrators of group health plans about difficulties in establishing medical child support orders that are qualified, Congress enacted section 401 of the Child Support Performance and Incentive Act of 1998 (CSPIA) to amend both ERISA and the SSA.

Section 401(a) of CSPIA mandated that the Secretaries of Labor and of Health and Human Services (the Secretaries) jointly establish a Medical Child Support Working Group (the Working Group) whose purpose was to identify the impediments to the effective enforcement of medical support by state agencies and to submit a report to the Secretaries containing recommendations for appropriate measures to address such impediments. CSPIA specifically directed the Working Group to make recommendations based on assessments of the form and content of QMCSOs.

As a response to the concerns of state agencies and plan administrators regarding QMCSOs, the Department and HHS jointly promulgated the National Medical Support Notice (Notice). The

Notice simplifies the issuance and processing of medical child support orders, provides standardized communication between state agencies, employers, and plan administrators, and creates a uniform and streamlined process for enforcement of medical child support to ensure that all children receive the health care coverage for which they are eligible and to which they are entitled. Part B pertains to plan administrators pursuant to ERISA.

II. Review Focus

The Department of Labor (Department) is particularly interested in comments that:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions

The Office of Management and Budget's (OMB) approval of this ICR will expire on January 31, 2003. After considering comments received in response to this notice, the Department intends to submit the ICR to OMB for continuing approval. No change to the existing ICR is proposed or made at this time.

Agency: Pension and Welfare Benefits Administration, Department of Labor.

Title: National Medical Support Notice—Part B.

Type of Review: Extension of a currently approved collection of information.

OMB Number: 1210-0113.

Affected Public: Individuals or households; Business or other for-profit; Not-for-profit institutions.

Respondents: 156,000.

Responses: 770,000.

Average Response time: One hour to and hour and three-quarters.

Estimated Total Burden Hours: 785,000.

Estimated Total Burden Cost (Operating and Maintenance): \$1,100,000.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: November 26, 2002.

Gerald B. Lindrew,

Deputy Director, Office of Policy and Research, Pension and Welfare Benefits Administration.

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Medicare Payment Advisory Commission

Commission Meeting

AGENCY: MEDICARE PAYMENT ADVISORY COMMISSION.

ACTION: Notice of meeting.

SUMMARY: The Commission will hold its next public meeting on Thursday, December 12, 2002, and Friday, December 13, 2002, at the Ronald Reagan Building, International Trade Center, 1300 Pennsylvania Avenue, NW., Washington, DC. The meeting is tentatively scheduled to begin at 9:30 a.m. on December 12, and at 9 a.m. on December 13.

Topics for discussion include: Beneficiaries' spending for Medicare and other health care services; payment adequacy and updating Medicare payments; comparing of Medicare physician payments to the private sector; paying for new technologies; PPS for inpatient psychiatric facilities; Medicare+Choice and other options available to beneficiaries; expanded transfer policy for hospital inpatient services; indirect medical education payments above the costs of teaching; and beneficiaries' access to care.

Agendas will be mailed on December 4, 2002. The final agenda will be available on the Commission's website (<http://www.MedPAC.gov>.)

ADDRESSES: MedPAC's address is: 601 New Jersey Avenue, NW., Suite 9000, Washington, DC 20001. The telephone number is (202) 220-3700.

FOR FURTHER INFORMATION CONTACT: Diane Ellison, Office Manager, (202) 220-3700.

Mark E. Miller,

Executive Director.

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