

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The Advisory Committee to the Director of the National Center for Environmental Health of the Centers for Disease Control and Prevention: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following committee meeting.

NAME: Advisory Committee to the Director (ACD), National Center for Environmental Health (NCEH).

TIME AND DATES: 1 p.m.–5:30 p.m., December 1, 2003; 8:30 a.m.–4:30 p.m., December 2, 2003.

PLACE: Hilton Atlanta Hotel, 255 Courtland Street, NE., Atlanta, GA 30303.

STATUS: Open to the public for observation, limited only by the space available. The meeting room accommodates approximately 100 people.

PURPOSE: The Secretary, and by delegation, the Director of the Centers for Disease Control and Prevention, are authorized under Section 301 (42 U.S.C. 241) and Section 311 (42 U.S.C. 243) of the Public Health Service Act, as amended, to (1) conduct, encourage, cooperate with, and assist other appropriate public authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and other impairments; (2) assist states and their political subdivisions in the prevention of infectious diseases and other preventable conditions and in the promotion of health and well being; and (3) train state and local personnel in health work.

MATTERS TO BE DISCUSSED: The agenda items for the meeting on December 1–2, 2003, will include but are not limited to an update and discussions on the consolidation of NCEH and the Agency for Toxic Substances and Disease Registry (ATSDR); review of discussions for consolidating the ATSDR Board of Scientific Counselors (BSC) and the ACD, NCEH; discussion on peer review background and process; and an overview of existing ACD and BSC subcommittees and working groups. Agenda items are tentative and subject to change.

FOR FURTHER INFORMATION CONTACT:

Individuals interested in attending the meeting, please contact Priscilla Patin, CMP, Program Analyst, CDC, 4770 Buford Highway NE, MS F-29, Atlanta, Georgia 30341-3724; telephone 770-488-7629, fax 770-488-7024; e-mail: ppatin@cdc.gov. The deadline for notification of attendance is November 24, 2003.

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: November 3, 2003.

Joseph E. Salter,

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

[FR Doc. 03-28028 Filed 11-6-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following Federal advisory committee meeting.

Name: National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFASFAE).

Times and Dates: 8:30 a.m.–4:30 p.m., December 8, 2003. 8:30 a.m.–12:30 p.m., December 9, 2003.

Place: Swissotel, 3391 Peachtree Road, NE., Atlanta, Georgia 30326, telephone 404/365-0065, fax 404/365-8787.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 65 people.

Purpose: The Secretary is authorized by the Public Health Service Act, Section 399G, (42 U.S.C. Section 280f, as added by Public Law 105-392) to establish a National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect to: (1) Foster coordination among all governmental agencies, academic bodies and community groups that conduct or support Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) research, programs and surveillance; and (2) to otherwise meet

the general needs of populations actually or potentially impacted by FAS and FAE.

Matters to be Discussed: Agenda items include: Discussions will focus on defining essential services needed for children with FAS and other alcohol-related conditions, strategies for improving access to these services for affected children and families; presentations will include success stories of children with FAS that focus on their strengths. Additional agenda items include: An update on activities from the National Center on Birth Defects and Developmental Disabilities; the Interagency Coordinating Committee on Fetal Alcohol Syndrome; new research and program updates from the CDC and other Federal agencies; working group updates; future topics, and scheduling the next meeting. Agenda items are subject to change as priorities dictate.

FOR FURTHER INFORMATION CONTACT: R.

Louise Floyd, DSN, RN, Designated Federal Official, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., (E-86), Atlanta, Georgia 30333, telephone 404/498-3923, fax 404/498-3040.

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 the CDC and ATSDR.

Dated: November 3, 2003.

Joseph E. Salter,

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

[FR Doc. 03-28025 Filed 11-6-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-565, CMS-9044, CMS-P-0015A, CMS-1491, CMS-R-13, CMS-R-246, CMS-R-204, CMS-304 and 304a]

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.

1. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Medicare Qualification Statement for Federal Employees and Supporting Regulations in 42 CFR 406.15; **Form No.:** CMS-565 (OMB# 0938-0501); **Use:** The CMS-565 is completed by individuals filing for hospital insurance ([HI] Part A) benefits based upon their federal employment. This information is needed to determine if SSA/CMS can use (deem) federal employment prior to 1983 to provide quarters of coverage so the individual can qualify for free hospital insurance.; **Frequency:** Other: One-time-only; **Affected Public:** Individuals or Households, Federal Government, State, Local, or Tribal Government; **Number of Respondents:** 4,300; **Total Annual Responses:** 4,300; **Total Annual Hours:** 717.

2. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Provider Reimbursement Manual, Part 1—Chapter 27, Sections 2721, 2722 and 2725, Request for Exception to End Stage Renal Disease Composite Rates and Supporting Regulations in 42 CFR 413.170 and 413.184; **Form No.:** CMS-9044 (OMB# 0938-0296); **Use:** This information collection describes the information End Stage Renal Disease facilities must submit in justifying an exception request to their composite rate for outpatient dialysis services; **Frequency:** On occasion; **Affected Public:** Business or other for-profit, Not-for-profit institutions, and Federal Government; **Number of Respondents:** 125; **Total Annual Responses:** 125; **Total Annual Hours:** 6,000.

3. Type of Information Collection Request: Extension of a currently approved collection; **Title of**

Information Collection: Medicare Current Beneficiary Survey (MCBS): Rounds 38-46; **Form No.:** CMS-P-0015A (OMB# 0938-0568); **Use:** The MCBS is a continuous, multipurpose survey of a nationally representative sample of aged and disabled persons enrolled in Medicare. The survey provides a comprehensive source of information on beneficiary characteristics, needs, utilization, and satisfaction with Medicare-related activities; **Frequency:** Other: 3 times a year; **Affected Public:** Individuals or Households, Business or other for-profit, and Not-for-profit institutions; **Number of Respondents:** 16,500; **Total Annual Responses:** 49,500; **Total Annual Hours:** 50,325.

4. 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:** 390,493.

5. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Conditions of Coverage for Organ Procurement Organizations (OPOs) and Supporting Regulations in 42 CFR, Sections 486.304, 486.306, 486.307, 486.310, 486.316, 486.318, and 486.325; **Form No.:** CMS-R-13 (OMB# 0938-0688); **Use:** Organ Procurement Organizations are required to submit accurate data to CMS concerning population and information on donors and organs on an annual basis in order to assure maximum effectiveness in the procurement and distribution of organs; **Frequency:** Annually; **Affected Public:** Not-for-profit institutions; **Number of Respondents:** 59; **Total Annual Responses:** 59; **Total Annual Hours:** 59,000.

6. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Medicare Consumer Assessment of Health Plan Survey—Medicare + Choice (CAHPS-

M+C); **Form No.:** CMS-R-246(OMB# 0938-0732); **Use:** Under the Balanced Budget Act of 1997, CMS is required to provide general and plan comparative information to beneficiaries that will help them make more informed health plan choices. A CAHPS fee-for-service survey is needed to provide information comparable to those data collected from the CAHPS managed care survey; **Frequency:** Annually; **Affected Public:** Individuals or Households; **Number of Respondents:** 168,000; **Total Annual Responses:** 168,000; **Total Annual Hours:** 55,450.

7. Type of Information Collection Request: Revision of a currently approved collection; **Title of Information Collection:** Data Collection for the Second Generation Social Health Maintenance Organization Demonstration; **Form No.:** CMS-R-204 (OMB# 0938-0709); **Use:** The Centers for Medicare and Medicaid Services will continue to use the data collected under this effort to support the operational needs of the congressionally mandated and administratively extended Second Generation of the Social Health Maintenance Organization Demonstration.; **Frequency:** Annually; **Affected Public:** Individuals or Households; **Number of Respondents:** 15,000; **Total Annual Responses:** 15,000; **Total Annual Hours:** 4,950.

8. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Medicaid Drug Rebate; **Form No.:** CMS-304 and 304a (0938-0676); **Use:** Section 1927 of the Social Security Act requires State Medicaid agencies to report to drug manufacturers and CMS on the drug utilization for their State and the amount of rebate to be paid by the manufacturer; **Frequency:** Quarterly; **Affected Public:** State, local, or tribal government; **Number of Respondents:** 51; **Total Annual Responses:** 204; **Total Annual Hours:** 6,125.

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.

Dated: October 30, 2003.

Julie Brown,

CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 03-28090 Filed 11-6-03; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-576, CMS-3427, CMS-R-282, CMS-372S]

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: Organ Procurement Organization (OPO) Request for Designation and Supporting Regulations in 42 CFR 486.304, 486.306, and 486.307; *Form No.:* CMS-576 (OMB# 0938-0512); *Use:* The information provided on this form serves as a basis for certifying OPOs for participation in the Medicare and Medicaid programs and will indicate

whether the OPO is meeting the specified performance standards for reimbursement of service; *Frequency:* Annually; *Affected Public:* Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 59; *Total Annual Responses:* 59; *Total Annual Hours:* 118.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* End Stage Renal Disease Application and Survey and Certification Report and Supporting Regulations in 42 CFR 488.60; *Form No.:* CMS-3427 (OMB# 0938-0360); *Use:* Part I of this form is a facility identification and screening measurement used to initiate the certification and recertification of ESRD facilities. Part II is completed by the Medicare/Medicaid State survey agency to determine facility compliance with ESRD conditions for coverage; *Frequency:* Every three years; *Affected Public:* Business or other for-profit institutions, Not-for-profit institutions; *Number of Respondents:* 4000; *Total Annual Responses:* 1,320; *Total Annual Hours:* 440.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare + Choice (M+C) Organization Appeals and Grievance Data Disclosure Requirements and Supporting Regulations in 42 CFR 422.64, 422.111, and 422.560-422.626; *Form No.:* CMS-R-282 (OMB# 0938-0778); *Use:* M+C organizations will collect information on appeals and grievance dispositions to help CMS monitor plan performance and to provide information to beneficiaries to help them make informed decisions about their or potential health plans' performance; *Frequency:* Semi-Annually; *Affected Public:* Business or other for-profit; *Number of Respondents:* 211 *Total Annual Responses:* 422 *Total Annual Hours:* 422.

4. *Type of Information Collection Request:* Revision 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(S) (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(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 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 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.

Dated: October 30, 2003.

Julie Brown,

CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 03-28091 Filed 11-6-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003N-0482]

Agency Information Collection Activities; Proposed Collection; Comment Request; Mammography Facilities, Standards, and Lay Summaries for Patients

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing information collection, and to allow 60 days for public comment in response to the notice. This notice solicits comments on