• Utilizing modern information technology for data collection and transfer;

• Significantly reducing the amount of paper reports that diabetes control programs are required to submit.

The MIS has allowed CDC to more rapidly respond to outside inquiries concerning a specific diabetes control activity occurring in the state diabetes control programs. The data collection requirement has formalized the format and contents of diabetes data reported from the DCPs and provides an electronic means for efficient collection and transmission to the CDC headquarters.

The MIS has facilitated the staff's ability at CDC to fulfill its obligations under the cooperative agreements; to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the DCP program. It has also supported DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DCPs and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control diabetes. Implementation of the MIS has provided for efficient collection of state-level diabetes program data. The annual burden for this data collection is 236 hours.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/response (in hours)
State Program Control Officers	59	1	4

Dated: July 2, 2003.

Thomas A. Bartenfeld,

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

[FR Doc. 03–17302 Filed 7–8–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–53–03]

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: Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920–0457)—Reinstatement without change—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC is requesting OMB approval to reinstate without change the Aggregate Reports for Tuberculosis Program Evaluation. This request is for a three-year extension of clearance. There are no revisions to the report forms, data definitions, or reporting instructions.

To ensure the elimination of tuberculosis in the United States, key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection, must be monitored. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920–0457). The respondents for these reports are the 68 state and local tuberculosis control programs receiving federal cooperative agreement funding through DTBE. These reports replaced two, twice-yearly program management reports in the Tuberculosis Statistics and Program Evaluation Activity (OMB 0920–0026): Contact Follow-up (CDC 72.16) and Completion of Preventive Therapy (CDC 72.21). The replacement reports emphasized treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry and submission through the Tuberculosis Information Management System (TIMS).

No other Federal agency collects this type of national TB data, and the Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination.

In addition to providing ongoing assistance about the preparation and utilization of these reports at the local and state levels of public health jurisdiction, CDC held three national training workshops about the reports and will convene additional workshops when requested by the respondents. CDC also provides respondents with technical support for the TIMS software. The annual burden for this data collection is 204 hours.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/response (in hours)
State & Local TB Control Programs	68	1	90/60
State & Local TB Control Programs	68	1	90/60

Dated: July 2, 2003.

Thomas A. Bartenfeld,

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

[FR Doc. 03–17303 Filed 7–8–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03118]

Cooperative Agreement for the Development and Evaluation of Medical Laboratory Quality Indicators and the Monitoring of Voluntary Practice Guidelines as a Model; Notice of Availability of Funds

Application Deadline: August 8, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2), as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement for a program to develop and evaluate appropriate medical laboratory quality indicators and to evaluate the implementation of voluntary laboratory practice guidelines. This program addresses the ''Healthy People 2010'' focus area of Access to Quality Health Services.

The purpose of the program is twofold:

(1) Collaborate with a broad spectrum of laboratories (*e.g.*, hospital, public health, doctor's office, and local clinic), care providers and payers, and public health to develop and evaluate appropriate laboratory quality indicators and to develop a plan for collection and monitoring of the indicators.

(2) Recently collected data show that a significant number of laboratories do not follow professional practice guidelines in the areas of antimicrobial susceptibility testing and coagulation. The cooperative agreement recipient will further evaluate implementation of voluntary practice guidelines and assess the barriers to their implementation. This activity may be considered a subcomponent of the first activity and serve as a model for some of the quality indicators.

Measurable outcomes of the program will be in alignment with the following performance goal for the Public Health Practice Program Office: Increase the number of frontline public health workers at the state and local level that are competent and prepared to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, and prepare frontline state and local health departments and laboratories to respond to current and emerging public health threats.

C. Eligible Applicants

Applications may be submitted by:

- Public nonprofit organizations.
- Private nonprofit organizations.
- Faith-based organizations.
- State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

Applications from the above entities are being solicited because they represent organizations that have sufficient background, experience, and current knowledge of laboratory testing. These entities include institutions or organizations with knowledge and experience in public health and medical laboratory testing who are also knowledgeable about current regulatory and voluntary laboratory standards, quality assurance, the use of quality indicators to measure performance and to identify areas in laboratory testing that are error-prone, and who can evaluate these findings in the broader context of the impact on patient health and safety. In addition, these entities will be able to collaborate and work with existing laboratory and health care networks, professional organizations, and others in the field of laboratory medicine to collect data and information on laboratory quality issues and implementation of laboratory standards.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds: Approximately $125,000 is available in FY 2003 to fund one award ranging from $100,000 to $150,000. It is expected that the award will begin on or about September 15, 2003 and the project period will consist of one 12-month budget period. Funding estimates may change.

Recipient Financial Participation: No matching funds are required for this program.

Funding Preferences: Preference may be given to a State health department clinical laboratory quality assurance or evaluation program or other organization with existing laboratory networks (data collection networks comprised of clinical and public health laboratories that periodically monitor and report on issues related to the delivery of laboratory medicine and quality assurance programs associated with them).

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities:

a. Provide leadership in developing and evaluating laboratory quality indicators in collaboration with representatives from laboratories, care providers, payers, and public health.

b. Provide leadership in the development of an implementation plan for the use of quality indicators to collect and monitor data from a broad spectrum of laboratories (*e.g.*, hospitals, public health sites, doctors' offices and local clinics).

c. Test the plan developed in (b) above by collecting indicator measurement data from laboratories.

d. Evaluate the implementation of selected voluntary laboratory practice guidelines and identify and assess barriers to guideline implementation in various types of laboratories.

e. Collect, enter, analyze, and summarize the data in a manner that is statistically valid and, whenever necessary, ensures participant confidentiality.

f. Distribute reports to participants for self-evaluation and improvement, and make information available to other laboratories nationwide, as appropriate.

g. Develop recommendations for potential mechanisms to overcome barriers and improve the implementation of quality indicators and voluntary laboratory practice guidelines.

h. Prepare manuscripts for peer-review publications.

2. CDC Activities:

a. Assist in identifying quality indicators and voluntary laboratory practice guidelines for evaluation.

b. Facilitate collaboration with external partners who volunteer to work