

ports on the U.S. Atlantic Coast and ports on the Mediterranean Sea, the Red Sea, the Arabian Gulf and the Indian Ocean. Expedited Review is requested.

By Order of the Federal Maritime Commission.

Dated: October 10, 2003.

Bryant L. VanBrakle,
Secretary.

[FR Doc. 03-26218 Filed 10-15-03; 8:45 am]

BILLING CODE 6730-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security (SSS).

Time and Date: 9 a.m. to 5 p.m., October 28, 2003; 9 a.m. to 5 p.m., October 29, 2003; 8:30 a.m. to 1 p.m., October 30, 2003.

Place: Silver Spring Hilton, 8727 Colesville Road, Silver Spring, MD 20910.

Status: Open.

Purpose: The agenda for Tuesday, October 28th includes discussion on the Consolidated Health Informatics Initiative (CHI) and the International Classification of Diseases 10th revision (ICD-10). The morning session on Wednesday the 28th will be devoted to CHI preliminary reports. During the afternoon session, discussion will take place on the analysis of the impact of moving to ICD-10-CM and ICD-10-PCS. Discussions on ICD-10 will continue on day two. On Thursday the 30th, a discussion on Patient Medical Record Information (PMRI) Standards will begin the day followed by Subcommittee discussion and approval of the PMRI and ICD-10 recommendation letters to the Secretary.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of Committee members may be obtained from Karen Trudel, Senior Technical Advisor, Security and Standards Group, Centers for Medicare and Medicaid Services, MS: C5-24-04, 7500 Security Boulevard, Baltimore, MD 21244-1850, telephone: 410-786-9937; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone: (301) 458-4245. Information also is available on the NCVHS home page of the HHS website: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: October 6, 2003.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 03-26143 Filed 10-15-03; 8:45 am]

BILLING CODE 4151-05-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), with authority to redelegate, authorities vested in the Secretary of Health and Human Services under Title III, of the Public Health Service (PHS) Act, as amended, by the Bioterrorism Preparedness and Response Act of 2002, only insofar as it pertains to the functions assigned to HRSA. The authorities are as follows:

- Sec. 105—Education of Health Care Personnel; Training Regarding Pediatric Issues, section 319F(g) of the PHS Act, as amended.

- Sec. 131(a)—Grants to Improve State, Local, and Hospital Preparedness for and Response to Bioterrorism and other Public Health Emergencies, section 319C; and Partnerships for Community and Hospital Preparedness, section 319C-2 of the PHS Act, as amended.

These delegations shall be exercised under the Department's existing delegation of authority and policy on regulations.

This delegation is effective upon signature. In addition, I hereby affirm and ratify any actions taken by you or other HRSA officials which involved the exercise of this authority prior to the effective date of this delegation.

Dated: October 8, 2003.

Tommy G. Thompson,
Secretary.

[FR Doc. 03-26144 Filed 10-15-03; 8:45 am]

BILLING CODE 4165-15-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: "Medical Expenditure Panel Survey Household Component and Medical Provider Component (MEPS-HC and MEPS-MPC)—2004 and 2005". In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by December 15, 2003.

ADDRESSES: Written comments should be submitted to: Cynthia D. McMichael, Reports Clearance Officer, AHRQ, 540 Gaither Road, Room #5022, Rockville, MD 20850.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 427-1651.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Medical Expenditure Panel Survey Household Component and Medical Provider Component (MEPS-HC and MPC)—2004 and 2005".

The AHRQ intends to conduct an annual panel survey of U.S. households and medical providers to collect information on a variety of measures related to health status, health insurance coverage, health care use and expenditures, and source of payment for health services. This collection project consists of two parts: The MEPS Household Component (HC) and the MEPS Medical Provider Component (MPC).

Each panel of the MEPS-HC consists of a nationally representative sample of U.S. households with a data collection period covering 2½ years.

This time frame allows for the collection of annual data from the MEPS sample that covers their health care experiences over two consecutive calendar years. The first panel of MEPS began in 1996 and a new panel has been initiated annually thereafter. The MEPS-HC is jointly sponsored by the AHRQ and the National Center for Health Statistics (NCHS).

The MEPS-HC will be conducted using a sample of households selected from households which responded to

the previous year's National Health Interview Survey (NHIS) sponsored by NCHS. The NHIS is a household survey which collects health data from approximately 50,000 households and 110,000 individuals. The NHIS is used as the sampling frame for the MEPS and several other surveys as part of efforts by the Department of Health and Human Services (DHHS) to integrate survey data collection activities.

Data to be collected from each household include detailed information on demographics, health conditions, current health status, utilization of health care providers, charges and payments for health care services, quality of care received, medications, employment and health insurance.

The purpose of the MEPS-MPC is to supplement the information provided by household respondents in the MEPS-HC about the use of medical services in the United States based on a nationally representative sample. The MEPS-HC will be conducted with the permission of members of the households surveyed in the MEPS-HC. The AHRQ contractor will contact the medical providers of the HC Survey respondents to determine the actual dates of service, the diagnoses, the services provided, the amount that was charged, the amount that was paid and the source of payment. Thus, the MPC is derived from or is based upon the core survey, (MEPS-HC). The MPC confirms and/or improves the quality of the core survey data.

Data from household respondents in the MEPS Household Component for calendar year 2004, will be collected, beginning in 2004, and continuing into the year 2005, data for calendar year

2005 will be collected, beginning in 2005, and continuing into the year 2006.

Data from medical providers linked to household respondents in the MEPS Household Component for calendar year 2004, will be collected, beginning in 2005, and continuing into the year 2006, provider data for calendar year 2005 will be collected, beginning in 2006, and continuing into the year 2007.

Data Confidentiality Provisions

MEPS data confidentiality is protected under the AHRQ and NCHS Confidentiality statutes, section 308(d) and section 924(c) of the Public Health Service Act (42 U.S.C. 242m(d) and 42 U.S.C. 299c-3(c), respectively).

In accordance with AHRQ and NCHS confidentiality statutes, statistical and non-identifying data will be made available through publications, articles in major journals as well as public use data files. The statistical and analytic data are intended to be used for purposes such as:

- Generating national estimates of individual and family health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits among Americans;
- Examining the effects of changes in how chronic care and disability are managed and financed;
- Evaluating the growing impact of managed care and of enrollment in different types of managed care plans; and,
- Examining access to and costs of health care for common diseases and conditions, health care quality,

prescription drug use, and other health issues.

Statisticians and researchers will use these data to make important generalizations about the health care of civilian non-institutionalized population of the United States, as well as to conduct research in which the household is the unit of analysis.

Methods of Collection

Data from the MEPS-HS will be collected using a combination of modes. For example, the AHRQ intends to introduce study participants to the survey through advance mailings. The first contact will provide the household the information regarding the importance and uses of the information obtained. The AHRQ will then conduct five (in-person) interviews with each household to obtain health care use and expense data for 2 calendar years. Data will be collected using a computer-assisted personal interviewing method (CAPI). In certain cases, AHRQ will conduct interviews over the telephone, if necessary respondents may be asked to respond to 1 or more short self-administered questionnaires over the course of the survey.

The medical provider survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent.

Estimated Annual Respondent Burden per year for the MEPS HC: Each MEPS participant is asked to complete 5 interviews over two and one half years. Each interview averages 1.8 hours in length. Total burden is estimated in the following chart:

MEPS HOUSEHOLD COMPONENT ESTIMATED BURDEN FOR 2004 AND 2005

Survey period	Number of completes	Burden per complete (hours)	Total burden (hours)
January–July '04	22,037	1.8	39,667
August–December '04	14,746	1.8	26,543
January–July '05	22,418	1.8	40,352
August–December '05	15,003	1.8	27,005
January–July '06	14,838	1.8	26,708
Total .....	.....	.....	160,275

Estimated Annual Respondent Burden per year for the MEPS MPC: The MPC for Calendar Year 2004 and 2005

estimated annual hour burden is as follows:

Type of provider	Number of respondents	Average No. of patents/ provider	Number of patients/pro-vider pairs	Average No. of events/ patient	Average burden/ event (minutes)	Total hours of burden
MPC 2004:						
Hospital Office-based	5,502	2.2	12,105	3.2	5	3,227
Doctor	23,077	1.3	30,000	3.5	5	8,750
Separately billing doctor	17,143	1.4	24,000	1.3	5	2,600

Type of provider	Number of respondents	Average No. of patents/provider	Number of patients/provider pairs	Average No. of events/patient	Average burden/event (minutes)	Total hours of burden
Home Health	545	1.1	600	5.8	5	290
Pharmacy	8,077	2.6	21,000	10.3	3	10,815
Total	54,344	.....	87,705	.....	.....	25,682
MPC 2005:						
Hospital Office	5,310	2.2	11,681	3.2	5	3,115
Doctor	22,269	1.3	28,950	3.5	5	8,444
Separately billing doctor	16,543	1.4	23,160	1.3	5	2,509
Home Health	526	1.1	579	5.8	5	280
Pharmacy	7,794	2.6	20,265	10.3	3	10,436
Total	52,442	.....	84,635	.....	.....	24,784

Request for Comments

In accordance with the above cited legislation, comments on the AHRQ information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ's estimate of burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 9, 2003.

Carolyn M. Clancy,

Director.

[FR Doc. 03-26126 Filed 10-15-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The National Health Service Corps (NHSC) Professional Training and Information Questionnaire (PTIQ) (OMB No. 0915-0208)—Revision

The National Health Service Corps (NHSC) of the HRSA's Bureau of Health Professions (BHP), is committed to improving the health of the Nation's underserved by uniting communities in need with caring health professionals and by supporting communities' efforts to build better systems of care.

The National Health Service Corps (authorized by the Public Health Service Act, section 331) collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policy makers on program accomplishments. To meet these objectives, the NHSC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends.

The PTIQ is used to collect data related to professional issues from NHSC-obligated Scholarship Program recipients including physicians, dentists, physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and other disciplines in the current year's placement cycle. The PTIQ is also used to collect data from NHSC Scholarship Program and Loan Repayment Program defaulters who request to satisfy their monetary debts through service. This data is used to match an individual health care professional with the most appropriate clinical practice setting.

The PTIQ will be provided to NHSC Scholarship Program participants up to twelve months in advance of the intended service availability date, and to defaulters when they submit a service request.

Estimates of annualized reporting burden are as follows:

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Physicians and Dentists	202	1	5 min.	17
NPs, PAs, CNMs	106	1	5 min.	9
Total	308		.....	26

Written comments and recommendations concerning the

proposed information collection should be sent within 30 days of this notice to:

John Morrall, Human Resources and Housing Branch, Office of Management