general statistics on the health of the U.S. population. In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey. This survey is conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2010.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a shift from paper questionnaires to computer assisted personal interviews (CAPI). These redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the eighth full year of data collection using the core questionnaire on CAPI, for the implementation of a supplement on children's mental health, and for a software field test to evaluate a switch from CASES software to Blaise software. The field test for the new software is scheduled for June 2003. The data collection for the full survey is planned for January–December 2004, and will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. The total annual burden for this data collection is 39,870 hours.

Questionnaire (respondents)	Number of respondents	Number of responses/ respondent	Average burden per response (in hrs.)
Family Core (Adult Family Member)	39,000	1	21/60
Adult Core and Topical Module (sample adult)	32,000	1	42/60
Child Core and Topical Module (adult family member)	13,000	1	15/60
Re-interview Survey	3,250	1	5/60
Software and Systems Field Test	300	1	60/60

Dated: March 27, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03–8045 Filed 4–2–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–35–03]

Agency Forms Undergoing Paperwork Reduction Act Review

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. Written comments should be received within 30 days of this notice.

Proposed Project: Minimum Data Elements (MDEs)/System for Technical Assistance Reporting (STAR) for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) OMB No. 0920–0571—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

The NBCCEDP was established in response to the Congressional Breast and Cervical Cancer Mortality Prevention Act of 1990. This act mandates a program that will provide early detection of breast and cervical cancer screening services for underserved women.

CDC proposes to aggregate breast and cervical cancer screening, diagnostic and treatment data from NBCCEDP grantees at the state, territory and tribal level. These aggregated data will include demographic information about women served through funded programs. The proposed data collection will also include infrastructure data about grantee management, public education and outreach, professional education, and service delivery.

Breast cancer is a leading cause of cancer-related death among American women. The American Cancer Society estimates that 203,500 new cases will be diagnosed among women in 2002, and 39,600 women will die of this disease. Mammography is extremely valuable as an early detection tool because it can detect breast cancer well before the woman can feel the lump, when it is still in an early and more treatable stage. Women older than age 40 that receive annual mammography screening reduce their probability of breast cancer mortality and increase their treatment options.

Although early detection efforts have greatly decreased the incidence of invasive cervical cancer during the last four decades, an estimated 13,000 new cases will be diagnosed in 2002 and 4,100 women will die of this disease. Papanicolaou (Pap) tests effectively detect precancerous lesions in addition to invasive cervical cancer. The detection and treatment of precancerous lesions can prevent nearly all cervical cancer-related deaths.

Because breast and cervical cancer screening, diagnostic and treatment data are already collected and aggregated at the state, territory and tribal level, the additional burden on the grantees will be small. Implementation of this program will require grantees to report a minimum data set (MDE) on screening and follow-up activities electronically to the CDC on a semi-annual basis. The program will require grantees to report infrastructure data (STAR) to the CDC annually using a web-based system. Information collected will be used to obtain more complete breast and cervical cancer data, promote public education of cancer incidence and risk, improve the availability of screening and diagnostic services for under-served women, ensure the quality of services provided to women, and develop outreach strategies for women that are

never or rarely screened for breast and cervical cancer. The annual burden for this data collection is 2,343 hours.

Report	Number of respondents	Responses per respondent	Average burden per response (in hours)
Infrastructure Report (STAR)	71	1	25
Screening and Follow-up (MDE)	71	2	4

Dated: March 27, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03–8046 Filed 4–2–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry

[Program Announcement 03012]

Public Health Conference Support Cooperative Agreement Program; Notice of Availability of Funds Amendment

A notice announcing the availability of Fiscal Year 2003 funds for a cooperative agreement program to support public health conferences was published in the **Federal Register** dated January 10, 2003, Volume 68, Number 7, pages 1463–1467. The notice is amended as follows:

Page 1466, first column, section ''G. Submission and Deadline,'' remove the sentence, ''Expected Award date: July 1, 2003.''

Page 1466, first column, subsection ''Deadline,'' remove the sentence, ''There will be one conference support review this year and awards will be made in the month of July, 2003.''

Dated: March 28, 2003.

Sandra R. Manning,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 03–8063 Filed 4–2–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03034]

Public Health Laboratory Biomonitoring Implementation Program; Notice of Availability of Funds

Application Deadline: July 2, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301 and 317 of the Public Health Service Act, 42 U.S.C. 241 and 247b, 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 cooperative agreements to establish or expand state public health laboratory biomonitoring capacity. This program addresses the ''Healthy People 2010'' focus areas of Environmental Health and Public Health Infrastructure. This program builds upon biomonitoring planning conducted by State public health laboratories during FY 2001 and FY 2002 under Program Announcement (PA) 01072, Public Health Laboratory Biomonitoring Planning Grant. PA 01072 can be viewed at *http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2001_register&docid=01–11215-filed.*

The purpose of this program is to implement and expand State laboratory-based biomonitoring programs to assess human exposure to environmental toxicants, help prevent disease resulting from exposure to toxic substances, and determine estimates of background exposure to naturally occurring and industrial chemicals that have the potential to cause harm.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Environmental Health (NCEH):

1. Develop laboratory capacity to monitor human exposures to environmental chemicals.

2. Periodically determine the number of Americans exposed to environmental chemicals and the degree of their exposure.

3. Increase the capacity of State and local health departments to deliver environmental health services in their communities.

C. Eligible Applicants

Assistance will be provided only to public health laboratories of States or lead States of consortia that were recipients of CDC grants for biomonitoring planning in FY2001 and FY2002 under PA 01072 (*see* Attachment 3 as posted on the CDC Web site for a listing of funded grantees under PA 01072). No other applications are solicited.

Applications are only sought from those grantees under PA 01072, who have developed a biomonitoring plan and the necessary relationships and contacts to implement their plan. These grantees have spent two years on the development of their biomonitoring plans. New applicants would not have those plans in place, and therefore would not be ready to move into the implementation phase being funded by this new announcement.

States, territories, or protectorates that do not meet the preceding requirement may participate by entering into a consortium or other agreement with an eligible State or an eligible consortium of States.

Only one application per State or consortium may be submitted. A State may apply as an individual State or as the lead member of a consortium, but not both. Members of a consortium may not apply as individual States.

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