

Dated: September 25, 2003.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for

the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden 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 on respondents, including through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: Children's Hospitals Graduate Medical Education Payment Program (CHGME PP) (OMB No. 0915-0247): Revision

The CHGME PP was enacted by Public Law 106-129 to provide Federal support for graduate medical education (GME) to freestanding children's hospitals. This legislation attempts to provide support for GME comparable to the level of Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment

of more severely ill patients and the additional costs relating to teaching residents in such programs.

Technical assistance workshops and consultation with applicant hospitals resulted in an opportunity for hospital representatives to raise issues and provide suggestions resulting in proposed revisions in the CHGME application forms and instructions.

Data is collected on the number of full-time equivalent residents in applicant children's hospitals' training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will also be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals. Hospitals will be requested to submit such information in an annual application. Hospitals will also be requested to submit data on the number of full-time equivalent residents a second time during the Federal fiscal year to participate in the reconciliation payment process.

The estimated average annual reporting for this data collection is approximately 150 hours per hospital. The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
HRSA 99-1 .....	54	1	54	99.9	5,395
HRSA 99-1 (Reconciliation of FTE counts) .....	54	1	54	8	432
HRSA 99-2 .....	54	1	54	14	756
HRSA 99-4 .....	54	1	54	28	1,512
Total .....	54	.....	54	.....	8,095

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 16C-17, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 29, 2003.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 03-25092 Filed 10-2-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting.

*Name:* Advisory Committee on Interdisciplinary, Community-Based Linkages.

*Dates and Times:*

October 26, 2003, 5 p.m.-8 p.m.

October 27, 2003, 8:30 a.m.-5:30 p.m.

October 28, 2003, 8:30 a.m.-4 p.m.

*Place:* The Washington Terrace Hotel, 1515 Rhode Island Avenue, NW., Washington, DC 20005.

*Status:* The meeting will be open to the public.

*Agenda:* Agenda items will include, but not be limited to: Welcome; plenary session on cultural competency and diversity for the grant programs under the purview of the Committee with presentations by speakers representing the Department of Health and Human Services (DHHS), constituent groups, field experts and committee members. Meeting content will focus on how cultural competency and diversity relate to health status outcomes. The following topics will be addressed at the meeting: What are the Title VII grant programs doing in the areas of cultural competency and diversity and under what authority, if any? Why should there be a culturally competent and diverse workforce? and What are the policy issues

and possible recommendations relevant to these programs?

Proposed agenda items are subject to change as priorities dictate.

**Public Comments:** Public comment will be permitted before lunch and at the end of the Committee meeting on October 27, 2003. Oral presentations will be limited to 5 minutes per public speaker. Persons interested in providing an oral presentation should submit a written request, with a copy of their presentation to: Jennifer Donovan, Deputy Executive Secretary, Division of State, Community and Public Health, Bureau of Health Professions, Health Resources and Services Administration, Room 9-105, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-8044.

Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The Division of State, Community and Public Health will notify each presenter by mail or telephone of their assigned presentation time.

Persons who do not file a request in advance for a presentation, but wish to make an oral statement may register to do so at the Washington Terrace Hotel, Washington, DC on October 27, 2003. These persons will be allocated time as the Committee meeting agenda permits.

**For Further Information Contact:** Anyone requiring information regarding the Committee should contact Jennifer Donovan, Division of State, Community and Public Health, Bureau of Health Professions, Health Resources and Services Administration, Room 9-105, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-8044.

Dated: September 29, 2003.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; Comment Request; NCI Cancer Information Service Demographic/ Customer Service Data Collection

**SUMMARY:** Under the provisions of section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on June 9, 2003, Vol. 68, No. 25, pages 34405-34406 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number. **Proposed Collection:** Title: The National Cancer Institute Cancer Information Service Demographic Customer Service Data Collection. **Type of Information Collection Request:** Revision with change of a currently approved collection (OMB No. 0925-0208, expires 10/31/2003). **Need and Use of Information Collection:** The National Cancer Institute's Cancer Information Service (CIS) provides the latest information on cancer, clinical trials,

and tobacco cessation. Characterizing users and how they found out about the CIS is essential to customer service, program planning and promotion. This effort involves a brief survey of users of the 1-800-4-CANCER toll-free service and LiveHelp, a Web-based chat service. The telephone survey contains seven questions—3 customer service and 4 demographic—asked of a subset of callers (cancer patients, their family or friends, and the general public) at the end of usual service for an annual total of approximately 286,000 callers. 100% of these callers will be asked the three customer service questions for an annual total of approximately 286,000 callers; 25% of callers will be asked the four demographic questions for an annual total of approximately 71,500 callers. If the call is the result of a special promotion, 50% of callers will be surveyed for demographics. Special promotions account for an estimated 30% of calls for an annual total of approximately 42,900 callers. The combined annual total is 400,400 callers. The LiveHelp web survey involves asking the same seven questions to 50% of the same subset of users for an annual total of approximately 5,500 users. The combined total to be surveyed each year is 405,900 users of the telephone and LiveHelp services for total of 1,951 annual burden hours. **Frequency of Response:** Single time. **Affected Public:** Individuals or households. **Type of Respondents:** Patients, relatives, friends, and general public. The annual reporting burden is as follows:

TABLE 1.—RESPONDENT AND BURDEN ESTIMATE

Type of respondents	Number of respondents	Frequency of response	Average time per response	Annual hour burden
<b>Individuals or Households</b>				
Telephone:				
—3 questions (100%) .....	286,000	1	0.00328	937
—4 questions (25%) .....	71,500	1	0.0083	594
—4 questions (50%) special promotions .....	42,900	1	0.0083	356
Subtotal .....	400,400	.....	.....	.....
LiveHelp:				
—7 questions (50%) .....	5,500	1	0.0116	64
Subtotal .....	5,500	.....	.....	64
Annualized Totals .....	405,900	.....	.....	1,951

The annualized cost to respondents is estimated at: \$31,904. There are no Capital Costs to report. There are no

Operating or Maintenance Costs to report.

**Request for Comments:** Written comments and/or suggestions from the

public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper