on disk or CD ROM, mark the outside of the disk or CD ROM as CBI and then identify electronically within the disk or CD ROM the specific information that is CBI). Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2.

In addition to one complete version of the comment that includes any information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public docket and EPA's electronic public docket. If you submit the copy that does not contain CBI on disk or CD ROM, mark the outside of the disk or CD ROM clearly that it does not contain CBI. Information not marked as CBI will be included in the public docket and EPA's electronic public docket without prior notice. If you have any questions about CBI or the procedures for claiming CBI, please consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

E. What Should I Consider as I Prepare My Comments for EPA?

You may find the following suggestions helpful for preparing your comments:

1. Explain your views as clearly as possible.
2. Describe any assumptions that you used.
3. Provide any technical information and/or data you used that support your views.
4. If you estimate potential burden or costs, explain how you arrived at your estimate.
5. Provide specific examples to illustrate your concerns.
6. Offer alternatives.
7. Make sure to submit your comments by the comment period deadline identified.
8. To ensure proper receipt by EPA, identify the appropriate docket ID number in the subject line on the first page of your response. It would also be helpful if you provided the name, date, and **Federal Register** citation related to your comments.

II. What Action Is the Agency Taking?

EPA is releasing for public comment its human health and environmental fate and effects risk assessment(s), and related documents for zinc pyrithione, an antimicrobial pesticide and encouraging the public to suggest risk management ideas or proposals. Zinc pyrithione is used as a materials preservative, as an antifoulant for boat paints, and as an industrial laundry additive. EPA developed the risk assessment(s) for zinc pyrithione through a modified version of its public process for making pesticide reregistration eligibility and tolerance reassessment decisions. Through these programs, EPA is ensuring that pesticides meet current standards under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) and the Federal Food, Drug, and Cosmetic Act (FFDCA), as amended by the Food Quality Protection Act of 1996 (FQPA) and the Pesticide Registration Improvement Act of 2003 (PRIA).

EPA is providing an opportunity, through this notice, for interested parties to provide written comments and input on the Agency's risk assessment(s) for zinc pyrithione. Such comments and input could address, for example, the availability of additional data to further refine the risk assessments, or could address the Agency's risk assessment methodologies and assumptions as applied to this specific pesticide.

EPA seeks to achieve environmental justice, the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, or income, in the development, implementation, and enforcement of environmental laws, regulations, and policies. To help address potential environmental justice issues, the Agency seeks information on any groups or segments of the population who, as a result of their location, cultural practices, or other factors, may have atypical, unusually high exposure to zinc pyrithione, compared to the general population.

All comments should be submitted using the methods in Unit I.C., and must be received by EPA on or before the closing date. Comments will become part of the Agency record for zinc pyrithione.

EPA is applying the principles of public participation to all pesticides undergoing reregistration and tolerance reassessment. In conducting these programs, the Agency is tailoring its public participation process to be commensurate with the level of risk, extent of use, complexity of the issues, and degree of public concern associated with each pesticide. For zinc pyrithione, a modified, four-phase process with one comment period and ample opportunity for public consultation seems appropriate in view of its refined risk assessment. However, if as a result of comments received during this comment period EPA finds that additional issues warranting further discussion are raised, the Agency may lengthen the process and include a second comment period, as needed. EPA plans to issue the zinc pyrithione RED as a final document for public comment.

List of Subjects

Environmental protection, Pesticides and pests.

Dated: June 17, 2004.

Frank Sanders,

Director, Antimicrobials Division, Office of Pesticide Programs.

[FR Doc. 04–14706 Filed 6–28–04 8:45 am]

BILLING CODE 6560–50–S

GENERAL SERVICES ADMINISTRATION

Office of Governmentwide Policy; Cancellation of an Optional Form

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: Because of low usage, the following Optional Form is cancelled: OF 16, Sales Slip.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, (202) 501–0581.

DATES: Effective June 29, 2004.

Dated: June 21, 2004.

Barbara M. Williams,

Deputy Standard and Optional Forms Management Officer.

[FR Doc. 04–14683 Filed 6–28–04; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–68]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498–1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Send comments to Sandra Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

National Blood Lead Surveillance System (OMB No. 0920–0337) — Extension — National Center for Environmental Health, Centers for Disease Control and Prevention. CDC, National Center for Environmental Health began the National Childhood Lead Surveillance Program in 1992. The goals of the childhood lead surveillance program are to: (1) Establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels (BLLs) among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poison prevention activities. State surveillance systems are based on reports of blood-lead tests from laboratories. Ideally, laboratories report results of all lead tests (not just elevated values) to the state health department; however, each state determines the reporting level for blood-lead tests. In addition to blood-lead test results, state child-specific surveillance databases contain follow-up data on children with elevated blood-lead levels including data on medical treatment, environmental investigations, and potential sources of lead exposure. Surveillance data for the national database are extracted from the state child tracking databases and transferred to CDC.

Since 1987, CDC has sponsored the state-based Adult Blood Lead Epidemiology and Surveillance (ABLES) program to track cases of elevated BLLs among persons ages 16 years and older, and provide intervention consultation and other assistance. The public health objective of the ABLES program, as stated in Healthy People 2010, is to reduce the number of persons with BLLs ≥25 μ/dL from work exposures to zero by 2010. The ABLES program seeks to accomplish its objective by continuing to improve its surveillance programs and helping state health and other agencies to effectively intervene to prevent further lead exposures. Intervention strategies implemented by state ABLES-reporting include: Conducting follow-up interviews with physicians, employers, and workers; investigating work sites; delivering technical assistance regarding exposure reduction or prevention; providing referrals for consultation and enforcement; and developing and disseminating educational materials and outreach programs. To coordinate their reporting and intervention activities for maximum efficiency, state ABLES programs are strongly encouraged to develop effective working relationships with the childhood lead prevention programs in their states. An estimated 2%–3% of children with BLLs ≥10 μ/dL reach those levels from exposure to lead brought home from the workplace on the clothes or in the vehicles of their adult caregivers.

ABLES is being included for the first time under this OMB approval request. ABLES is also a state laboratory-based surveillance system and many states collect both child and adult blood lead data. This request is for a 3-year extension with a change in the burden hours and inclusion of the adult blood lead surveillance system. There is no cost to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
State and Local Health Departments for Child Surveillance	47	4	2	376
State and Local Health Departments for Adult Surveillance	37	4	2	296
Total				672

Dated: June 21, 2004.

Diane Allen,

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

[FR Doc. 04–14669 Filed 6–28–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5025–N]

RIN 0938–ZA51

Medicare Program; Medicare Replacement Drug Demonstration

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the implementation of a demonstration that would pay through December 31, 2005 under Medicare Part B for drugs and biologicals that are prescribed as replacements for existing covered Medicare drugs and biologicals described in section 1861(s)(2)(A) or 1861(s)(2)(Q), or both, of title XVIII of the Social Security Act. Under this demonstration certain self-injected or oral drugs that are not normally covered under Medicare Part B would be covered if they were a replacement for a non self-administered drug or biological normally provided in a physician's office. The statute requires cost sharing in the same manner as Medicare Part D. No more than 50,000 patients may be covered under the demonstration and total funding is limited to $500 million.

ADDRESSES: *Mail:* Written inquiries regarding this demonstration must be submitted by mail to the following address: Centers for Medicare & Medicaid Services, Attn: Jody Blatt, Division of Payment Policy Demonstrations, Office of Research, Development, and Information, Centers for Medicare & Medicaid Services, C4–15–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Please allow sufficient time for mailed information to be received in a timely manner in the event of delivery delays.

E-mail: Inquiries may be sent to the following e-mail address: *Section641demo@cms.hhs.gov.* Because of staffing and resource limitations, we cannot accept applications by facsimile (FAX) transmission.