

transportation, translation, child care, and case management.

Healthy People 2010: A set of national health objectives that outlines the prevention agenda for the Nation.

Healthy People 2010 identifies the most significant preventable threats to health and establishes national goals for the next ten years. Individuals, groups, and organizations are encouraged to integrate *Healthy People 2010* into current programs, special events, publications, and meetings. Businesses can use the framework, for example, to guide worksite health promotion activities as well as community-based initiatives. Schools, colleges, and civic and faith-based organizations can undertake activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time.

Holistic: Looking at women's health from the perspective of the whole person and not as a group of different body parts. It includes mental as well as physical health.

Integrated: In the CCOE context, the bringing together of the numerous spheres of activity (6 CCOE components) that touch women's health, including clinical services, research, health training, public health outreach and education, leadership development for women, and technical assistance. The goal of this approach is to unite the strengths of each of these areas, and create a more informed, less fragmented, and efficient system of women's health for underserved women that can be replicated in other populations and communities.

Lifespan: Recognizes that women have different health and psycho-social needs as they encounter transitions across their lives and that the positive and negative effects of health and health behaviors are cumulative across a woman's life.

Multi-disciplinary: An approach that is based on the recognition that women's health crosses many disciplines, and that women's health issues need to be addressed across multiple disciplines, such as adolescent health, geriatrics, cardiology, mental health, reproductive health, nutrition, dermatology, endocrinology, immunology, rheumatology, dental health, etc.

Social Role: Recognizes that women routinely perform multiple, overlapping

social roles that require continuous multi-tasking.

Sustainability: An organization's or program's staying power: the capacity to maintain both the financial resources and the partnerships/linkages needed to provide the services demanded by the CCOE program. It also involves the ability to survive change, incorporate needed changes, and seize opportunities provided by a changing environment.

Underserved Women: In the context of the CCOE model, women who encounter barriers to health care that result from any combination of the following characteristics: poverty, ethnicity and culture, mental or physical state, housing status, geographic location, language, sexual orientation, age, and lack of health insurance/under-insured.

Women-centered/women-focused: Addressing the needs and concerns of women (women-relevant) in an environment that is welcoming to women, fosters a commitment to women, treats women with dignity, and empowers women through respect and education. The emphasis is on working with women, not for women. Women clients are considered active partners in their own health and wellness.

Dated: February 8, 2002.

Wanda K. Jones,

Deputy Assistant Secretary for Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: State Fatality Surveillance and Field Investigations of Occupational Injuries: Fatality Assessment and Control Evaluation, RFA CC-02-012

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): State Fatality Surveillance and Field Investigations of Occupational Injuries: Fatality Assessment and Control Evaluation (FACE), RFA CC-02-012.

Times and Dates: 8:30 a.m.-8:30 a.m., March 15, 2002 (Open), 9 a.m.-5 p.m., March 15, 2002 (Closed).

Place: Hotel Washington, 515 15th Street, NW., Washington DC 20004-2099.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office CDC, pursuant to Public Law 92-463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to RFA CC-02-012.

FOR MORE INFORMATION CONTACT:

Gwendolyn H. Cattledge, Ph.D., Health Science Administrator, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road, NE, M/S E74, telephone (404) 498-2508.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 20, 2002.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Musculoskeletal Disorders: Prevention and Treatment, RFA OH-02-004

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Musculoskeletal Disorders: Prevention and Treatment, RFA OH-02-004.

Times and Dates: 8 a.m.-8:30 a.m., March 12, 2002 (Open), 8:40 a.m.-5 p.m., March 12, 2002 (Closed), 8 a.m.-5 p.m., March 13, 2002 (Closed).

Place: Harbor Court Hotel, 550 Light Street, Baltimore MD 21202.

Status: Portions of the meeting will be closed to the public in accordance with

provisions set forth in section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to RFA OH-02-004.

CONTACT PERSON FOR MORE INFORMATION: Pervis Major, Ph.D., Scientific Review Administrator, National Institute for Occupational Safety and Health, CDC, 1095 Willowdale Road, M/S B228, telephone (304) 285-5979.

The Director, Management Analysis and Services Office has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 20, 2002.

Alvin Hall,

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

[FR Doc. 02-4508 Filed 2-25-02; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Privacy Act of 1974; Report of New System

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (formerly the Health Care Financing Administration).

ACTION: Notice of New System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system of records, called the "Medicare Exclusion Database (MED)," HHS/CMS/OFM/ No. 09-70-0534. The primary purpose of this system of records is to retrieve information that will be used to aid in the ability of CMS and its contractors (private insurance companies contracted to receive, check and pay bills submitted by providers of services) to ensure that no Medicare payments are made with respect to any item or service (other than an emergency item or service) furnished by an individual or entity during the period when such individual or entity is

excluded from participation in Medicare. The information retrieved from this system of records will be used to support regulatory, reimbursement, and policy functions performed within the agency or by a contractor or consultant; to another Federal or State agency to contribute to the accuracy of CMS' proper payment of Medicare benefits, to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; support constituent requests made to a Congressional representative; support litigation involving the agency; and support research, evaluation, and for payment related projects; and to disclose individual-specific information for the purpose of combating fraud and abuse in health benefits programs administered by CMS.

We have provided background information about the proposed system in the **SUPPLEMENTARY INFORMATION** section below. Although the Privacy Act requires only that the "routine use" portion of the system be published for comment, CMS invites comments on all portions of this notice. See **EFFECTIVE DATES** section for comment period.

EFFECTIVE DATES: CMS filed a new system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on February 12, 2002. In any event, we will not disclose any information under a routine use until 40 days after publication. We may defer implementation of this system of records or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.

ADDRESSES: The public should address comments to: Director, Division of Data Liaison and Distribution (DDL), CMS, Room N2-04-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.-3 p.m., eastern time zone.

FOR FURTHER INFORMATION CONTACT: Angela Brice-Smith (410) 786-4340, Office of Financial Management, CMS, and 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

SUPPLEMENTARY INFORMATION:

I. Description of the New System of Records

Statutory and Regulatory Basis for System of Records

Under sections 1128 A and B and 1156 of the Social Security Act the Department of Health and Human Services through the Office of the Inspector General (OIG) was given the authority to Exclude certain individuals and entities from participation in the Medicare and other Federal and State health care programs. The Medicare contractors are responsible for ensuring that no payment is made with respect to any item or service (other than an emergency item or service) furnished by an individual or entity during the period when such individual or entity is excluded from participation in Medicare. The exclusion also covers orders and referrals for items or services, as well as ownership or management of entities that provide items or services to Medicare beneficiaries.

CMS has recently surveyed the Medicare contractors regarding their ability to successfully enforce OIG exclusions. A number of problems with the current operational process have been identified, some of which directly relate to the data that CMS receives from the OIG and provides to the contractors. The data problems include a lack of standardized format for the cumulative exclusion database, incomplete data, and lack of a process to update exclusion data. Additionally, CMS currently does not have an efficient mechanism to determine which organizations employ excluded individuals.

In order to assist our contractors in determining that no excluded individual or entity receives Medicare payment, CMS will create and maintain a cumulative exclusion database. CMS will be able to match this database against files of providers billing Medicare to ensure that excluded individuals and entities do not violate the terms of their exclusion. In the long term, the MED will be available to a number of users, including all Medicare contractors, the Provider Enrollment Chain and Ownership System (PECOS) and, potentially, Medicaid State Agencies.

The MED project is divided into three phases. Phase I requires that a database be developed, populated and maintained in a standard format which contains the cumulative exclusion database containing all individuals and entities excluded from the Medicare program. The goals of Phase I are to analyze the OIG Exclusion file, clean up