

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day-02-83]

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Assessment of Surveillance Projects, Educational Materials, Adverse Outcome Alerts, and Information Distribution Systems—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). The Division of Healthcare Quality Promotion (DHQP), NCID, CDC, provides surveillance methods, notices about adverse outcomes, and educational products and materials to assist healthcare personnel in monitoring and preventing infections, antimicrobial resistance, and other adverse events.

The surveillance project methods include definitions, data collection forms, and computer programs. The educational materials include slides sets, web-based information and instruction, posters, video conferences,

and workbooks. The surveillance and educational materials may be distributed via the Internet, postal mail, or electronic mail. The notices include important alerts about healthcare-associated disease outbreaks and clusters that may be of national importance. These notices are delivered through a voluntary Rapid Notification System e-mail subscriber list that can also rapidly gather information to assess the scope of these problems in U.S. healthcare facilities and target corrective actions or educational strategies.

To ensure that these important functions are performed efficiently and provide the strongest public health benefit possible, DHQP needs to assess their usability and develop strategies to improve their quality. In addition, DHQP needs to assess the DHQP website and other distribution systems (e.g., electronic mail, postal mail). DHQP will seek to do this through a series of surveys. The number of questions in each survey will range from five to 25. These assessments will enable DHQP to better assist healthcare personnel in preventing infections, antimicrobial resistance, and other adverse events. Data will be collected using the Internet or printed forms. There are no costs to respondents.

| Title | Number of respondents | Number of responses/respondent | Avg. burden/response (in hours) | Total burden (in hours) |
|---|-----------------------|--------------------------------|---------------------------------|-------------------------|
| Assessment of Surveillance Methods | 1000 | 1 | 1 | 1000 |
| Assessment of Educational Materials | 12,500 | 1 | 10/60 | 2,083 |
| Assessment of Scope of Healthcare-associated adverse outcomes | 47,200 | 1 | 10/60 | 7,867 |
| Assessment of Distribution Systems | 105,900 | 1 | 10/60 | 17,650 |
| Total | | | | 28,600 |

Dated: September 24, 2002.

Nancy E. Cheal,

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

[FR Doc. 02-24827 Filed 9-30-02; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[CMS-2160-N]

RIN 0938-ZA38

State Children's Health Insurance Program; Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year 2003

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

ACTION: Notice.

SUMMARY: Title XXI of the Social Security Act (the Act) authorizes payment of Federal matching funds to States, the District of Columbia, and U.S. Territories and Commonwealths to

initiate and expand health insurance coverage to uninsured, low-income children under the State Children's Health Insurance Program (SCHIP). This notice sets forth the final allotments of Federal funding available to each State, the District of Columbia, and each U.S. Territory and Commonwealth for fiscal year 2003. States may implement SCHIP through a separate State program under title XXI of the Act, an expansion of a State Medicaid program under title XIX of the Act, or a combination of both.

EFFECTIVE DATE: This notice is effective on October 31, 2002. Final allotments are available for expenditures after October 1, 2002.

FOR FURTHER INFORMATION CONTACT:
Richard Strauss, (410) 786-2019.

SUPPLEMENTARY INFORMATION:

I. Purpose of This Notice

This notice sets forth the allotments available to each State, the District of Columbia, and each U.S. Territory and Commonwealth for fiscal year (FY) 2003 under title XXI of the Social Security Act (the Act). Final allotments for a fiscal year are available to match expenditures under an approved State child health plan for 3 fiscal years, including the year for which the final allotment was provided. That is, the FY 2003 allotments will be available to States for FY 2003, and unexpended amounts may be carried over to FYs 2004 and 2005. Federal funds appropriated for title XXI are limited, and the law specifies a formula to divide the total annual appropriation into individual allotments available for each State, the District of Columbia, and each U.S. Territory and Commonwealth with an approved child health plan.

Section 2104(b) of the Act requires States, the District of Columbia, and U.S. Territories and Commonwealths to have an approved child health plan for the fiscal year in order for the Secretary to provide an allotment for that fiscal year. All States, the District of Columbia, and U.S. Territories and Commonwealths have approved plans for FY 2003. Therefore, the FY 2003 allotments contained in this notice pertain to all States, the District of Columbia, and U.S. Territories and Commonwealths.

II. Methodology for Determining Final Allotments for States, the District of Columbia, and U.S. Territories and Commonwealths

This notice specifies, in the table under section III, the final FY 2003 allotments available to individual States, the District of Columbia, and U.S. Territories and Commonwealths for either child health assistance expenditures under approved State child health plans or for claiming an enhanced Federal medical assistance percentage rate for certain SCHIP-related Medicaid expenditures. As discussed below, the FY 2003 final allotments have been calculated to reflect the methodology for determining an allotment amount for each State, the District of Columbia, and each U.S. Territory and Commonwealth under section 2104 of the Act, as amended.

Section 2104(a) of the Act provides that, for purposes of providing allotments to the 50 States and the District of Columbia, the following amounts are appropriated: \$4,295,000,000 for FY 1998; \$4,275,000,000 for each FY 1999 through FY 2001; \$3,150,000,000 for

each FY 2002 through FY 2004; \$4,050,000,000 for each FY 2005 through FY 2006; and \$5,000,000,000 for FY 2007. However, under section 2104(c) of the Act, 0.25 percent of the total amount appropriated each year is available for allotment to the U.S. Territories and Commonwealths of Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Mariana Islands. Section 2104(c) of the act also specifies that the total amounts are allotted to the U.S. Territories and Commonwealths according to the following percentages: Puerto Rico, 91.6 percent; Guam, 3.5 percent; the Virgin Islands, 2.6 percent; American Samoa, 1.2 percent; and the Northern Mariana Islands, 1.1 percent.

Section 2104(c)(4)(B) of the Act provides for additional amounts for allotment to the Territories and Commonwealths: \$32,000,000 for FY 1999; \$34,200,000 for each FY 2000 through FY 2001; \$25,200,000 for each FY 2002 through FY 2004; \$32,400,000 for each FY 2005 through FY 2006; and \$40,000,000 for FY 2007. For FY 2003, title XXI of the Act provides \$25,200,000 for allotment to the U.S. Territories and Commonwealths. Therefore, the total amount available for allotment to the U.S. Territories and Commonwealths in FY 2003 is \$33,075,000 (that is, \$25,200,000 plus \$7,875,000 (0.25 percent of the FY 2003 appropriation of \$3,150,000,000)).

For FY 2003, there is no reduction to the total amount available for allotment to the 50 States and the District of Columbia under sections 4921 and 4922 of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105-33, enacted on August 5, 1997). From FYs 1998 to 2002 only, the total amount available for allotment to the 50 States and the District of Columbia was reduced by a total of \$60,000,000; \$30,000,000 of which was allocated to the Public Health Service for a special diabetes research program for children with Type I diabetes, and \$30,000,000 of which was for special diabetes programs for Indians.

Therefore, the total amount available nationally for allotment for the 50 States and the District of Columbia for FY 2003 was determined in accordance with the following formula:

$$AT = S_{2104(a)} - T_{2104(c)}$$

AT = Total amount available for allotment to the 50 States and the District of Columbia for the fiscal year.

$S_{2104(a)}$ = Total appropriation for the fiscal year indicated in section 2104(a) of the Act. For FY 2003, this is \$3,150,000,000.

$T_{2104(c)}$ = Total amount available for allotment for the U.S. Territories and Commonwealths; determined under section 2104(c) of the Act as 0.25 percent of the total appropriation for the 50 States and the District of Columbia.

$$\text{For FY 2003, this is: } .0025 \times \$3,150,000,000 = \$7,875,000.$$

Therefore, for FY 2003, the total amount available for allotment to the 50 States and the District of Columbia is \$3,142,125,000. This was determined as follows:

$$\begin{aligned} AT (\$3,142,125,000) &= S_{2104(a)} \\ &\quad (\$3,150,000,000) - T_{2104(c)} \\ &\quad (\$7,875,000) \end{aligned}$$

For purposes of the following discussion, the term "State," as defined in section 2104(b)(1)(D)(ii) of the Act, "means one of the 50 States or the District of Columbia."

Under section 2104(b) of the Act, the determination of the number of children applied in determining the SCHIP allotment for a particular fiscal year is based on the three most recent March supplements to the Current Population Survey (CPS) of the Bureau of the Census officially available before the beginning of the calendar year in which the fiscal year begins. The determination of the State cost factor is based on the annual average wages per employee in the health services industry, which is determined using the most recent 3 years of those wage data. The data are reported and determined as final by the Bureau of Labor Statistics (BLS) of the Department of Labor and are officially available before the beginning of the calendar year in which the fiscal year begins. Since FY 2003 begins on October 1, 2002 (that is, in calendar year 2002) in determining the FY 2003 SCHIP allotments, we are using the most recent official data from the Bureau of the Census and the BLS, respectively, available before January 1 of calendar year 2002.

Number of Children

For FY 2003, as specified by section 2104(b)(2)(A)(iii) of the Act, the number of children is calculated as the sum of 50 percent of the number of low-income, uninsured children in the State, and 50 percent of the number of low-income children in the State. The number of children factor for each State is developed from data provided by the Bureau of the Census based on the standard methodology used to determine official poverty status and uninsured status in the annual CPS on these topics. As part of a continuing formal process between the Centers for Medicare & Medicaid Services (CMS) and the Bureau of the Census, each

fiscal year we obtain the number of children data officially from the Bureau of the Census.

Under section 2104(b)(2)(B) of the Act, the number of children for each State (provided in thousands) was determined and provided by the Bureau of the Census based on the arithmetic average of the number of low-income children and low-income children with no health insurance as calculated from the three most recent March supplements to the CPS officially available from the Bureau of the Census before the beginning of the 2002 calendar year. In particular, through December 31, 2001, the most recent official data available from the Bureau of the Census on the numbers of children were data from the three March CPSs conducted in March 1999, 2000, and 2001 (representing data for years 1998 through 2000).

State Cost Factor

The State cost factor is based on annual average wages in the health services industry in the State. The State cost factor for a State is equal to the sum of: 0.15 and 0.85 multiplied by the ratio of the annual average wages in the health industry per employee for the State to the annual wages per employee in the health industry for the 50 States and the District of Columbia.

Under section 2104(b)(3)(B) of the Act, as amended by the Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113, enacted on November 29, 1999) the State cost factor for each State for a fiscal year is calculated based on the average of the annual wages for employees in the health industry for each State using data for each of the most recent 3 years as reported and determined as final by the BLS in the Department of Labor and available before the beginning of the calendar year in which the fiscal year begins. Therefore, the State cost factor for FY 2003 is based on the most recent 3 years of BLS data officially available as final before January 1, 2002 (the beginning of the calendar year in which FY 2003 begins); that is, it is based on the BLS data available as final through December 31, 2001. In accordance with these requirements, we used the final State cost factor data available from BLS for 1998, 1999, and 2000 in calculating the FY 2003 final allotments.

The State cost factor is determined based on the calculation of the ratio of each State's average annual wages in the health industry to the national average annual wages in the health care industry. Since BLS is required to suppress certain State-specific data in providing us with the State-specific

average wages per health services industry employee due to the Privacy Act, we calculated the national average wages directly from the State-specific data provided by BLS. As part of a continuing formal process between CMS and the BLS, each fiscal year CMS obtains these wage data officially from the BLS.

Under section 2104(b)(4) of the Act, as amended by the BBRA, each State and the District of Columbia is allotted a "proportion" of the total amount available nationally for allotment to the States. The term "proportion" is defined in section 2104(b)(4)(D)(i) of the Act and refers to a State's share of the total amount available for allotment for any given fiscal year. In order for the entire total amount available to be allotted to the States, the sum of the proportions for all States must exactly equal one. Under the statutory definition, a State's proportion for a fiscal year is equal to the State's allotment for the fiscal year divided by the total amount available nationally for allotment for the fiscal year. In general, a State's allotment for a fiscal year is calculated by multiplying the State's proportion for the fiscal year by the national total amount available for allotment for that fiscal year in accordance with the following formula:

$$SA_i = P_i \times A_T$$

SA_i = Allotment for a State or District of Columbia for a fiscal year.

P_i = Proportion for a State or District of Columbia for a fiscal year.

A_T = Total amount available for allotment to the 50 States and the District of Columbia for the fiscal year. For FY 2003, this is \$3,142,125,000.

In accordance with the amended statutory formula for determining allotments, the State proportions are determined under two steps, which are described below in further detail.

Under the first step, each State's preadjusted proportion is calculated. This is done, first, by multiplying the State's number of children and the State cost factor to determine a "product" for each State. The products for all States are then summed. Finally, the product for a State is divided by the sum of the products for all States, thereby yielding the State's preadjusted proportion.

Application of Floors and Ceilings

Under the second step, the preadjusted proportions are subject to the application of proportion floors, ceilings, and a reconciliation process, as appropriate. The amended SCHIP statute specifies three proportion floors, or minimum proportions, that apply in determining States' allotments. The first proportion floor is equal to \$2,000,000

divided by the total of the amount available nationally for the fiscal year. This proportion ensures that a State's minimum allotment would be \$2,000,000. For FY 2003, no State's preadjusted proportion is below this floor. The second proportion floor is equal to 90 percent of the allotment proportion for the State for the previous fiscal year; that is, a State's proportion for a fiscal year must not be lower than 10 percent below the previous fiscal year's proportion. The third proportion floor is equal to 70 percent of the allotment proportion for the State for FY 1999; that is, the proportion for a fiscal year must not be lower than 30 percent below the FY 1999 proportion.

Each State's allotment proportion for a fiscal year is limited by a maximum ceiling amount, equal to 145 percent of the State's proportion for FY 1999; that is, a State's proportion for a fiscal year must be no higher than 45 percent above the State's proportion for FY 1999. The floors and ceilings are intended to minimize the fluctuation of State allotments from year to year and over the life of the program as compared to FY 1999. The floors and ceilings on proportions are not applicable in determining the allotments of the U.S. Territories and Commonwealths; they receive a fixed percentage specified in the statute of the total allotment available to the U.S. Territories and Commonwealths.

As determined under the first step for determining the States' preadjusted proportions, which is applied before the application of any floors or ceilings, the sum of the proportions for all the States and the District of Columbia will be equal to exactly one. However, the application of the floors and ceilings under the second step may change the proportions for certain States; that is, some States' proportions may need to be raised to the floors, while other States' proportions may need to be lowered to the maximum ceiling. If this occurs, the sum of the proportions for all States and the District of Columbia may not exactly equal one. In that case, the statute requires that the proportions will need to be adjusted, under a method that is determined by whether the sum of the proportions is greater or less than one, such that the sum of the proportions exactly equal one.

The sum of the proportions would be greater than one if the application of the floors and ceilings resulted in raising the proportions of some States (due to the floors) to a greater degree than the proportions of other States were lowered (due to the ceiling). If, after application of the floors and ceiling, the sum of the proportions is greater than

one, the amended statute requires the Secretary to determine a maximum percentage increase limit, which, when applied to the State proportions, would result in the sum of the proportions being exactly one.

If, after the application of the floors and ceiling, the sum of the proportions is less than one, the statute requires the States' proportions to be increased in a "pro rata" manner so that the sum of the proportions again equals one. It is also possible, although unlikely, that the sum of the proportions (after the application of the floors and ceiling) will exactly equal one, and therefore, the proportions would require no further adjustment.

Determination of Preadjusted Proportions

The following is an explanation of how we applied the two State-related factors specified in the statute to determine the States' preadjusted proportions for FY 2003. The term "preadjusted," as used here, refers to the States' proportions before the application of the floors and ceiling and adjustments, as specified in the amended SCHIP statute. The determination of each State and the District of Columbia's preadjusted proportion for FY 2003 is in accordance with the following formula:

$$PP_i = (C_i \times SCF_i) / \sum (C_j \times SCF_j)$$

PP_i = Preadjusted proportion for a State or District of Columbia for a fiscal year.

C_i = Number of Children in a State (section 2104(b)(1)(A)(i) of the Act) for a fiscal year. This number is based on these number of low-income children for a State for a fiscal year and the number of low-income uninsured children for a State for a fiscal year determined on the basis of the arithmetic average of the number of those children as reported and defined in the three most recent March supplements to the CPS of the Bureau of the Census, officially available before the beginning of the calendar year in which the fiscal year begins. (See section 2104(b)(2)(B) of the Act.)

For fiscal year 2003, the Number of Children is equal to the sum of 50 percent of the number of low-income uninsured children in the State for the fiscal year and 50 percent of the number of low-income children in the State for the fiscal year. (See section 2104(b)(2)(A)(iii) of the Act.)

SCF_i = State Cost Factor for a State (section 2104(b)(1)(A)(ii) of the Act).

For a fiscal year, this is equal to:

$$0.15 + 0.85 \times (W_i/W_N)$$

W_i = The annual average wages per employee for a State for that year (section 2104(b)(3)(A)(ii)(I) of the Act).

W_N = The annual average wages per employee for the 50 States and the District of Columbia (section 2104(b)(3)(A)(ii)(II) of the Act).

The annual average wages per employee for a State or for all States and the District of Columbia for a fiscal year is equal to the average of those wages for employees in the health services industry (SIC 80), as reported and determined as final by the BLS of the Department of Labor for each of the most recent 3 years officially available before the beginning of the calendar year in which the fiscal year begins. (See section 2104(b)(3)(B) of the Act).

$\Sigma(C_i \times SCF_i)$ = The sum of the products of (C_i × SCF_i) for each State (section 2104(b)(1)(B) of the Act).

The resulting proportions would then be subject to the application of the floors and ceilings specified in the amended SCHIP statute and reconciled, as necessary, to eliminate any deficit or surplus of the allotments because the sum of the proportions was either greater than or less than one.

Section 2104(e) of the Act requires that the amount of a State's allotment for a fiscal year be available to the State for a total of 3 years; the fiscal year for which the State child health plan is approved and the 2 following fiscal years. Section 2104(f) of the Act requires the Secretary to establish a process for redistribution of the amounts of States' allotments that are not expended during the 3-year period to States that have fully expended their allotments.

III. Table of State Children's Health Insurance Program Final Allotments for FY 2003

Key to Table

Column/Description

Column A = State. Name of State, District of Columbia, U.S. Commonwealth or Territory.

Column B = Number of Children. The number of children for each State (provided in thousands) was determined and provided by the Bureau of the Census based on the arithmetic average of the number of low-income children and low-income uninsured children, and is based on the three most recent March supplements to the CPS of the Bureau of the Census officially available before the beginning of the calendar year in which the fiscal year begins. The FY 2003 allotments were based on the 1999, 2000, and 2001 March supplements to the CPS. These data

represent the number of people in each State under 19 years of age whose family income is at or below 200 percent of the poverty threshold appropriate for that family, and who are reported to be without health insurance coverage. The number of children for each State was developed by the Bureau of the Census based on the standard methodology used to determine official poverty status and uninsured status in its annual March CPS on these topics.

For FY 2003, the number of children is equal to the sum of 50 percent of the number of low-income uninsured children in the State and 50 percent of the number of low-income children in the State.

Column C = State Cost Factor. The State cost factor for a State is equal to the sum of: 0.15, and 0.85 multiplied by the ratio of the annual average wages in the health industry per employee for the State to the annual wages per employee in the health industry for the 50 States and the District of Columbia. The State cost factor for each State was calculated based on the wage data for each State as reported and determined as final by the BLS in the Department of Labor for each of the most recent 3 years and available before the beginning of the calendar year in which the fiscal year begins. The FY 2003 allotments were based on final BLS wage data for 1998, 1999, and 2000.

Column D = Product. The product for each State was calculated by multiplying the number of children in Column B by the State cost factor in Column C. The sum of the products for all 50 States and the District of Columbia is below the products for each State in Column D. The product for each State and the sum of the products for all States provides the basis for allotment to States and the District of Columbia.

Column E = Proportion of Total. This is the calculated percentage share for each State of the total allotment available to the 50 States and the District of Columbia. The percent share of total is calculated as the ratio of the product for each State in Column D to the sum of the products for all 50 States and the District of Columbia below the products for each State in Column D.

Column F = Adjusted Proportion of Total. This is the calculated percentage share for each State of the total allotment available after the application of the floors and ceilings and after any further reconciliation needed to ensure that the sum of the State proportions is equal to one. The three floors specified in the amended statute are: (1) A floor of \$2,000,000 divided by the total amount available for all allotments for the fiscal year; (2) an annual floor of 90 percent of (that is, 10 percent below) the

preceding fiscal year's allotment proportion; and (3) a cumulative floor of 70 percent of (that is, 30 percent below) the FY 1999 allotment proportion. There is also a cumulative ceiling of 145 percent of (that is, 45 percent above) the FY 1999 allotment proportion.

Column G = Allotment. This is the SCHIP allotment for each State, Commonwealth, or Territory for the fiscal year. For each of the 50 States and the District of Columbia, this is determined as the adjusted proportion of total in Column F for the State

multiplied by the total amount available for allotment for the 50 States and the District of Columbia for the fiscal year.

For each of the U.S. Territory and Commonwealths, the allotment is determined as the Proportion of Total in Column E multiplied by the total amount available for allotment to the U.S. Territories and Commonwealths. For the U.S. Territories and Commonwealths, the Proportion of Total in Column E is specified in section 2104(c) of the Act. The total amount is then allotted to the U.S.

Territories and Commonwealths according to the percentages specified in section 2104 of the Act. There is no adjustment made to the allotments of the U.S. Territories and Commonwealths as they are not subject to the application of the floors and ceiling. As a result, Column F in the table, the Adjusted Proportion of Total, is empty for the U.S. Territories and Commonwealths.

BILLING CODE 4120-01-P

| STATE CHILDREN'S HEALTH INSURANCE PROGRAM ALLOTMENTS FOR FEDERAL FISCAL YEAR: | | | | | | 2003 |
|---|--------------------------|-------------------|--------------------|-------------------------|----------------------------------|------------------------|
| A | B | C | D | E | F | G |
| STATE | NUMBER OF CHILDREN (000) | STATE COST FACTOR | PRODUCT | PROPORTION OF TOTAL (3) | ADJUSTED PROPORTION OF TOTAL (3) | ALLOTMENT (1) |
| ALABAMA | 303 | 0.9659 | 292.1914 | 1.6434% | 1.6541% | \$51,972,697 |
| ALASKA | 42 | 1.0375 | 43.0544 | 0.2422% | 0.2365% | \$7,430,455 |
| ARIZONA | 466 | 1.0593 | 493.1020 | 2.7734% | 2.7914% | \$87,709,890 |
| ARKANSAS | 213 | 0.9036 | 192.0172 | 1.0800% | 1.0870% | \$34,154,500 |
| CALIFORNIA | 2,812 | 1.0972 | 3,085.4074 | 17.3535% | 17.4661% | \$548,807,933 |
| COLORADO | 209 | 1.0199 | 213.1561 | 1.1989% | 1.2067% | \$37,914,522 |
| CONNECTICUT | 126 | 1.0913 | 136.9604 | 0.7703% | 0.7753% | \$24,361,434 |
| DELAWARE | 46 | 1.1270 | 51.2771 | 0.2884% | 0.2764% | \$8,686,068 |
| DISTRICT OF COLUMBIA | 32 | 1.2108 | 38.7443 | 0.2179% | 0.2292% | \$7,201,920 |
| FLORIDA | 947 | 1.0211 | 966.9347 | 5.4384% | 5.4737% | \$171,990,713 |
| GEORGIA | 546 | 0.9995 | 545.2041 | 3.0664% | 3.0863% | \$96,976,597 |
| HAWAII | 67 | 1.1335 | 75.9433 | 0.4271% | 0.3071% | \$9,647,963 |
| IDAHO | 106 | 0.8950 | 94.4245 | 0.5311% | 0.5345% | \$16,795,479 |
| ILLINOIS | 742 | 1.0084 | 748.2089 | 4.2082% | 4.2059% | \$132,153,277 |
| INDIANA | 321 | 0.9407 | 301.9578 | 1.6983% | 1.7093% | \$53,709,869 |
| IOWA | 138 | 0.8705 | 120.1328 | 0.6757% | 0.6801% | \$21,368,268 |
| KANSAS | 156 | 0.8837 | 137.4228 | 0.7729% | 0.7779% | \$24,443,683 |
| KENTUCKY | 228 | 0.9366 | 213.5493 | 1.2011% | 1.2089% | \$37,984,461 |
| LOUISIANA | 390 | 0.8835 | 344.5769 | 1.9380% | 1.9506% | \$61,290,629 |
| MAINE | 59 | 0.9232 | 54.4711 | 0.3064% | 0.3084% | \$9,688,881 |
| MARYLAND | 182 | 1.0394 | 189.1728 | 1.0640% | 1.0709% | \$33,648,564 |
| MASSACHUSETTS | 316 | 1.0587 | 334.5540 | 1.8817% | 1.4704% | \$46,201,047 |
| MICHIGAN | 531 | 1.0132 | 538.0047 | 3.0259% | 3.0456% | \$95,696,032 |
| MINNESOTA | 203 | 1.0090 | 204.3269 | 1.1492% | 0.9747% | \$30,626,504 |
| MISSISSIPPI | 237 | 0.8956 | 211.7977 | 1.1912% | 1.1990% | \$37,672,898 |
| MISSOURI | 263 | 0.9300 | 244.1355 | 1.3731% | 1.3820% | \$43,424,901 |
| MONTANA | 74 | 0.8605 | 63.6780 | 0.3581% | 0.3605% | \$11,326,534 |
| NEBRASKA | 98 | 0.8888 | 86.6595 | 0.4874% | 0.4906% | \$15,414,316 |
| NEVADA | 147 | 1.1640 | 171.1143 | 0.9624% | 0.9687% | \$30,436,463 |
| NEW HAMPSHIRE | 50 | 1.0011 | 50.0570 | 0.2815% | 0.2834% | \$8,903,739 |
| NEW JERSEY | 353 | 1.1060 | 389.8649 | 2.1927% | 2.2070% | \$69,346,099 |
| NEW MEXICO | 195 | 0.9390 | 182.6395 | 1.0272% | 1.0435% | \$32,788,606 |
| NEW YORK | 1,203 | 1.0633 | 1,279.1047 | 7.1942% | 7.2409% | \$227,517,050 |
| NORTH CAROLINA | 463 | 0.9937 | 459.5901 | 2.5849% | 2.6017% | \$81,748,254 |
| NORTH DAKOTA | 46 | 0.8730 | 40.1576 | 0.2259% | 0.1730% | \$5,436,695 |
| OHIO | 672 | 0.9589 | 644.2632 | 3.6241% | 3.6477% | \$114,614,244 |
| OKLAHOMA | 237 | 0.8548 | 202.5861 | 1.1394% | 1.4201% | \$44,621,756 |
| OREGON | 224 | 1.0217 | 228.8650 | 1.2872% | 1.2956% | \$40,708,703 |
| PENNSYLVANIA | 573 | 0.9903 | 566.9559 | 3.1888% | 3.2095% | \$100,845,639 |
| RHODE ISLAND | 42 | 0.9797 | 41.1457 | 0.2314% | 0.2329% | \$7,318,673 |
| SOUTH CAROLINA | 238 | 1.0068 | 239.6181 | 1.3477% | 1.3813% | \$43,402,180 |
| SOUTH DAKOTA | 39 | 0.8868 | 34.5851 | 0.1945% | 0.1958% | \$6,151,723 |
| TENNESSEE | 328 | 1.0002 | 328.0700 | 1.8452% | 1.8572% | \$58,354,512 |
| TEXAS | 1,871 | 0.9363 | 1,751.2806 | 9.8499% | 9.9138% | \$311,503,988 |
| UTAH | 152 | 0.9164 | 138.8284 | 0.7808% | 0.7859% | \$24,693,700 |
| VERMONT | 35 | 0.8914 | 30.7521 | 0.1730% | 0.1214% | \$3,813,156 |
| VIRGINIA | 307 | 0.9802 | 300.4280 | 1.6897% | 1.7007% | \$53,437,771 |
| WASHINGTON | 299 | 0.9626 | 287.4361 | 1.6161% | 1.6017% | \$50,326,484 |
| WEST VIRGINIA | 116 | 0.8991 | 104.2928 | 0.5866% | 0.5904% | \$18,550,788 |
| WISCONSIN | 265 | 0.9687 | 256.2301 | 1.4411% | 1.3948% | \$43,824,792 |
| WYOMING | 34 | 0.9063 | 30.8129 | 0.1733% | 0.1744% | \$5,480,750 |
| TOTAL STATES ONLY | | | 17,779.7535 | 100.0000% | 100.0000% | \$3,142,125,000 |
| ALLOTMENTS FOR COMMONWEALTHS AND TERRITORIES (2) | | | | | | |
| PUERTO RICO | | | | 91.6% | | \$30,296,700 |
| GUAM | | | | 3.5% | | \$1,157,625 |
| VIRGIN ISLANDS | | | | 2.6% | | \$859,950 |
| AMERICAN SAMOA | | | | 1.2% | | \$396,900 |
| N. MARIANA ISLANDS | | | | 1.1% | | \$363,825 |
| TOTAL COMMONWEALTHS AND TERRITORIES ONLY | | | | 100.0% | | \$33,075,000 |
| TOTAL STATES AND COMMONWEALTHS AND TERRITORIES | | | | | | \$3,175,200,000 |
| FOOTNOTES | | | | | | |
| The numbers in Columns B - F are rounded for presentation purposes; the actual numbers used in the allotment calculations are not rounded. | | | | | | |
| (1) Total amount available for allotment to the 50 States and the District of Columbia is \$3,142,125,000, determined as the fiscal year appropriation (\$3,150,000,000) reduced by the total amount available for allotment to the Commonwealths and Territories under section 2104(c) of the Act (\$7,875,000) and amounts for Special Diabetes Grants under sections 4921 (\$0,000) and 4922 (\$0,000) of BBA. | | | | | | |
| (2) Total amount available for allotment to the Commonwealths and Territories is \$7,875,000 (.25 percent of \$3,150,000,000, the fiscal year appropriation), plus \$25,200,000, as specified in section 2104(c)(4)(E) of the Act. | | | | | | |
| (3) Percent share of total amount available for allotment to the Commonwealths and Territories is as specified in section 2104(c) of the Act. | | | | | | |

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IV. Impact Statement

We have examined the impacts of this notice as required by Executive Order

12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 16, 1980, Public Law 96-354), section

1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Public Law 104-4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when rules are necessary, to select regulatory approaches that maximize net benefits (including potential economic environments, public health and safety, other advantages, distributive impacts, and equity). We believe that this notice is consistent with the regulatory philosophy and principles identified in the Executive Order. The formula for the allotments is specified in the statute. Since the formula is specified in the statute, we have no discretion in determining the allotments. This notice merely announces the results of our application of this formula, and therefore does not reach the economic significance threshold of \$100 million in any 1 year.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 to \$29 million in any one year. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds.

The Unfunded Mandates Reform Act of 1995 requires that agencies prepare an assessment of anticipated costs and benefits before publishing any notice that may result in an expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of \$110 million or more (adjusted each year for inflation) in any 1 year. Because participation in the SCHIP program on the part of States is voluntary, any payments and expenditures States make or incur on behalf of the program that are not reimbursed by the Federal government are made voluntarily. This notice will not create an unfunded mandate on States, tribal, or local governments because it merely notifies States of their SCHIP allotment for FY 2003. Therefore, we are not required to perform an assessment of the costs and benefits of this notice.

Low-income children will benefit from payments under SCHIP through

increased opportunities for health insurance coverage. We believe this notice will have an overall positive impact by informing States, the District of Columbia, and U.S. Territories and Commonwealths of the extent to which they are permitted to expend funds under their child health plans using their FY 2003 allotments.

Under Executive Order 13132, we are required to adhere to certain criteria regarding Federalism. We have reviewed this notice and determined that it does not significantly affect States' rights, roles, and responsibilities because it does not set forth any new policies.

For these reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and we certify, that this notice will not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

(Section 1102 of the Social Security Act (42 U.S.C. 1302))

(Catalog of Federal Domestic Assistance Program No. 93.767, State Children's Health Insurance Program)

Dated: August 6, 2002.

Thomas A. Scully,
Administrator, Centers for Medicare & Medicaid Services.

Dated: August 23, 2002.

Tommy G. Thompson,
Secretary of Health and Human Services.
[FR Doc. 02-24846 Filed 9-27-02; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration [Docket No. 02N-0405]

Agency Information Collection Activities; Proposed Collection; Comment Request; Medical Device Reporting: Manufacturer Reporting, Importer Reporting, User Facility Reporting, and Distributor Reporting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the

Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing information collection, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information collection requirements for medical device reporting: Manufacturer reporting, importer reporting, user Facility reporting, and distributor reporting.

DATES: Submit written or electronic comments on the collection of information by December 2, 2002.

ADDRESSES: Submit electronic comments on the collection of information to <http://www.accessdata.fda.gov/scripts/oc/dockets/edockethome.cfm>. Submit written comments on the collection of information to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the