

Dated: December 20, 2002.

Nancy E. Cheal,

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

[FR Doc. 02-32658 Filed 12-26-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-03-29]

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: Application for Training (OMB No. 0920-0017)—

Revision—The Public Health Practice Program Office (PHPPPO), in conjunction with the Public Health Training, offers self-study, computer-based training, satellite broadcasts, video courses, webcasts, instructor-led field courses, and lab courses related to public health professionals worldwide. Employees of hospitals, universities, medical centers, laboratories, state and federal agencies, and state and local health departments apply for training in an effort to learn up-to-date public health procedures. The "Application for Training" forms are the official applications used for all training activities conducted by the CDC. The Continuing Education (CE) Program includes CDC's accreditation to provide Continuing Medical Education (CME), Continuing Nurse Education (CNE), Certified Health Education Specialist (CHES), and Continuing Education Unit (CEU) for almost all training activities. The only cost to the respondent is the time involved to complete the application.

Respondents	No. of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
(Form 32.1)	8,500	1	5/60	708
PHTN (Form 36.5)	45,000	1	5/60	3,750
SMDP (no form no.)	25	1	15/60	6
Total	53,525			4,464

Dated: December 20, 2002.

Nancy E. Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03017]

Systems-Based Diabetes Prevention and Control Programs (DPCPS); Notice of Availability of Funds; Amendment

A notice announcing the availability of fiscal year (FY) 2003 funds for cooperative agreements for Systems-Based Diabetes Prevention and Control Programs (DPCPs) was published in the **Federal Register** on November 25, 2002, Vol. 67, No. 227, pages 70602-70611. The notice is amended as follows:

On page 70608, Column 2, Section "G. Application Submission and Deadline," Paragraph "Submission Date, Time, and Address," Line 2, delete the date "January 9, 2003" and replace with "January 17, 2003."

Some terminology used for this program has changed. Throughout the document, delete the term "Core" and replace with "Capacity Building." Delete the term "Tier 1" and replace with "Capacity Building." Delete the term "Comprehensive" and replace with "Basic Implementation." Delete the term "Tier 2" and replace with "Basic Implementation."

Dated: December 12, 2002.

Sandra R. Manning,

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

[FR Doc. 02-32681 Filed 12-26-02; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Medicare & Medicaid Services

[CMS-1231-N]

Medicare Program; Re-Chartering of the Advisory Panel on Ambulatory Payment Classification Groups and Notice of Meeting of the Advisory Panel—January 21, 22, and 23, 2003

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

ACTION: Notice of re-chartering and notice of meeting.

SUMMARY: This notice announces the re-chartering of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for a 2-year period through November 21, 2004, and also announces, in accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), the third annual meeting of the Advisory Panel.

The purpose of the Panel is to review the APC groups, and their associated weights, and to advise the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services concerning the clinical integrity of the APC groups and their weights. The advice provided by the Panel will be considered as CMS prepares its annual update of the hospital outpatient prospective payment system (OPPS) through rulemaking.

DATES: *Meeting dates:* The third annual meeting is scheduled for Tuesday (January 21), Wednesday (January 22), and Thursday (January 23), 2003, from 8:30 a.m. until 5 p.m. daily (e.s.t.).

ADDRESSES: The 3-day meeting will be held in the Multipurpose Room, 1st Floor, at the CMS Central Office, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT: For copies of the charter, for inquiries regarding these meetings, for meeting registration, and for submitting oral presentations or written agenda items, contact the meeting coordinator, Shirl Ackerman-Ross, CMS, Center for Medicare Management (CMM), Hospital Ambulatory Policy Group (HAPG), Division of Outpatient Care (DOC), 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244, or phone (410) 786-4474. Also, please refer to the CMS Advisory Committees' Information Line at 1-877-449-5659 (toll free) and (410) 786-9379 (local).

For additional information on the APC meeting agenda topics or updates to the Panel's activities, search our Internet Web site: <http://www.cms.hhs.gov/faca/apc/default.asp>.

To submit a request for a copy of the charter, search the Internet at <http://www.cms.hhs.gov/faca> or e-mail SAckermanross@cms.hhs.gov.

Written materials may also be sent electronically to outpatientpps@cms.hhs.gov.

News media representatives should contact our Public Affairs Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act), as amended by section 201(h)(1)(B) and redesignated by section 202(a)(2) of the Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106-113), to establish and consult with an expert, outside advisory panel on ambulatory payment classification (APC) groups. The Advisory Panel on

Ambulatory Payment Classification Groups (the Panel) meets a minimum of once annually to review the APC groups and to provide technical advice to the Secretary and to the Administrator of the Centers for Medicare & Medicaid Services (the Administrator) concerning the clinical integrity of the groups and their associated weights. We will consider the technical advice provided by the Panel as we prepare the proposed rule that proposes changes to the hospital outpatient prospective payment system (OPPS) for the next calendar year.

The Panel may consist of up to 15 representatives of Medicare providers, which are subject to the OPPS. The Administrator selected the Panel membership based upon either self-nominations or nominations submitted by providers or organizations. The Panel presently consists of the following 14 members and a Chair: Paul Rudolf, M.D., J.D., Chair, a CMS medical officer; Michelle Burke, R.N., M.S.A.; Leslie Jane Collins, R.N., B.S.N.; Geneva Craig, R.N., M.A.; Lora DeWald, M.Ed.; Robert E. Henkin, M.D.; Lee H. Hilborne, M.D., M.P.H.; Stephen T. House, M.D.; Kathleen Kinslow, C.R.N.A., Ed.D.; Mike Metro, R.N., B.S.; Gerald V. Naccarelli, M.D.; Beverly K. Philip, M.D.; Karen Rutledge, B.S.; William A. Van Decker, M.D.; and Paul E. Wallner, D.O., F.A.C.R.

II. Provisions of This Notice

A. Re-Chartering

This notice announces the signing of the APC charter (Re-charter) by the Secretary on November 21, 2002. The charter will terminate on November 21, 2004, unless re-chartered by the Secretary before the expiration date.

B. Meeting Notice

The agenda for the January 2003 meeting will provide for discussion and comment on the following topics:

- Reconfiguration of APCs (for example, splitting of APCs, moving Healthcare Common Procedure Coding System (HCPCS) codes from one APC to another, and moving HCPCS codes from New Technology APCs to Clinical APCs).
- Packaging devices and drug costs into APCs: methodology, effect on APCs, and need for reconfiguring APCs based upon device and drug packaging.
- Removal of procedures from the inpatient list for payment under the OPPS.
- Use of single and multiple procedure claims data.
- Packaging of HCPCS codes.
- Other technical issues concerning APC structure.

We are soliciting comments from the public on specific proposed items falling within these agenda topics for the January 2003 Panel meeting. In order to be considered as a potential agenda topic for this meeting, comments must be submitted in writing and must fall within the agenda topics listed above. We urge those who wish to comment to send comments as soon as possible—but no later than 5 p.m. (e.s.t.) on Monday, January 6, 2003.

The meeting is open to the public, but attendance is limited to the space available. Individuals or organizations wishing to make 5-minute oral presentations should contact the meeting coordinator by 5 p.m. (e.s.t.) on Monday, January 6, 2003, in order to be scheduled. The number of oral presentations may be limited by the time available, and in no case should any oral presentation exceed 5 minutes.

Persons wishing to present must submit a copy of the presentation and the name, address, and telephone number of the proposed presenter. In addition, all presentations must contain, at a minimum, the following supporting information and data:

- Financial relationship(s), if any, with any company whose products, services, or procedures are under consideration.
- Physicians' Current Procedural Terminology (CPT) codes involved.
- APC(s) affected.
- Description of the issue(s).
- Clinical description of the service under discussion (with comparison to other services within the APC).
- Recommendations and rationale for change.
- Expected outcome of change and potential consequences of not making the change.

Submit a written copy of the oral remarks or written agenda items to the meeting coordinator listed above or electronically to the address: outpatientpps@cms.hhs.gov. Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission and cannot acknowledge or respond individually to comments we receive.

In addition to formal presentations, there will be an opportunity during the meeting for public comment, limited to 1 minute for each individual or organization.

Any persons wishing to attend this meeting, which is located on Federal property, must call the meeting coordinator to register in advance by no later than January 2, 2003. Persons attending must present a photographic identification to the Federal Protective Service or Guard Service personnel

before they will be allowed to enter the building. Persons who are not registered in advance will not be permitted into the building and will not be permitted to attend the meeting.

A member of our staff will be stationed at the Central Building first-floor lobby to provide assistance to attendees. Please remember that all visitors must be escorted if they have business in areas other than the lower- and first-floor levels in the Central Building. Parking permits and instructions are issued upon arrival by the guards at the main entrance.

Individuals requiring sign-language interpretation for the hearing impaired or other special accommodations should send a request for these services to the meeting coordinator by Monday, January 6, 2003.

Authority: Section 1833(t) of the Social Security Act (42 U.S.C. 1395(t), as amended by section 201(h) of the BBRA of 1999 (Pub. L. 106-113). The Panel is governed by the provisions of Pub. L. 92-463, as amended (5 U.S.C. Appendix 2).

Dated: December 4, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02-31409 Filed 12-26-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3104-N]

Medicare Program; Renewal and Amendment of the Charter of the Medicare Coverage Advisory Committee (MCAC)

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

ACTION: Notice.

SUMMARY: This notice announces the renewal and amendment of the Charter of the Medicare Coverage Advisory Committee (the Committee). The Committee advises the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services on whether adequate evidence exists to determine whether specific medical items and services are reasonable and necessary under Title XVIII of the Social Security Act.

FOR FURTHER INFORMATION CONTACT: Michelle Atkinson, Office of Clinical Standards and Quality, CMS, 7500 Security Boulevard, Mail Stop C1-09-

06, Baltimore, MD 21244, (410) 786-2881, or e-mail matkinson@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) announcing establishment of the Medicare Coverage Advisory Committee (MCAC). The Secretary signed the initial charter for the MCAC on November 24, 1998.

The MCAC, chartered under 42 U.S.C. 217(a), section 222 of the Public Health Service Act, as amended, is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463 as amended (5 U.S.C. Appendix 2)), which sets forth standards for the formulation and use of advisory committees.

The Committee consists of a maximum of 100 appointed members from authorities in clinical and administrative medicine, biologic and physical sciences, public health administration, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. Each Committee meeting will deal with one or more specific clinical topics, and will generally include 13 to 15 Committee members. A roster will be developed and published in advance for each Committee meeting. Members will be chosen to serve on the roster for each Committee meeting as to their expertise and topic to be discussed.

The Committee reviews and evaluates medical literature, reviews technical assessments, and examines data and information on the effectiveness and appropriateness of medical items and services that are covered or eligible for coverage under Medicare. The Committee works from an agenda provided by the Designated Federal Official that lists specific issues, and develops technical advice in order to assist us in determining reasonable and necessary applications of medical services and technology.

II. Provision of This Notice

This notice announces the signing of the MCAC Charter Amendment on October 30, 2002 and the renewal by the Secretary on November 22, 2002. The Charter will terminate on November 22, 2004, unless renewed by the Secretary.

III. Copies of the Charter

You may obtain a copy of the Secretary's Charter for the MCAC by submitting a request to Maria Ellis, Office of Clinical Standards and Quality, CMS, 7500 Security Blvd., Mail

Stop S3-02-01, Baltimore, MD 21244, 410-786-0309, or e-mail the request to mellis@cms.hhs.gov.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)
Dated: December 17, 2002.

Robert A. Streimer,

Acting Director, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

[FR Doc. 02-32653 Filed 12-26-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS-9015-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—July 2002 Through September 2002

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

ACTION: Notice.

SUMMARY: This notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from July 2002, through September 2002, relating to the Medicare and Medicaid programs. This notice also provides information on national coverage determinations affecting specific medical and health care services under Medicare. Additionally, this notice identifies certain devices with investigational device exemption numbers approved by the Food and Drug Administration that potentially may be covered under Medicare.

Section 1871(c) of the Social Security Act requires that we publish a list of Medicare issuances in the **Federal Register** at least every 3 months. Although we are not mandated to do so by statute, for the sake of completeness of the listing, we are also including all Medicaid issuances and Medicare and Medicaid substantive and interpretive regulations (proposed and final) published during this timeframe.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may have a specific information need and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing information contact persons to answer