DATES: Comments on the Draft Recommended Infection Control Practices for Dentistry, 2003 must be received in writing (mail, e-mail, fax) on or before March 14, 2003.

FOR FURTHER INFORMATION CONTACT: If you can not access the internet, requests for a written copy can be submitted to: CDC, NCCDPHP, Division of Oral Health, Attention: Infection Control Guideline, 4770 Buford Highway, Mailstop F–10, Atlanta, GA 30341; via fax: 770–488–6080; or via email: denticrecom@cdc.gov.

ADDRESSES: Comments on the Draft Recommended Infection Control Practices for Dentistry, 2003 should be sent to the CDC, NCCDPHP, Division of Oral Health, Attention: Infection Control Guideline, 4770 Buford Highway, Mailstop F–10, Atlanta, GA 30341; or via fax: 770–488–6080; or via email: *denticrecom@cdc.gov;* or Internet: *http://www.cdc.gov/OralHealth/infection_control/guidelines/comments.htm.*

SUPPLEMENTARY INFORMATION: The two-part Draft Recommended Infection Control Practices for Dentistry, 2003 consolidates recommendations for the prevention and control of infectious diseases and the management of occupational health and safety issues related to infection control in dental settings. The guideline is intended to assist dental health-care personnel in preventing occupational exposures to bloodborne pathogens, the control of infections associated with contaminated medical devices or surgical instruments, and prevention of occupationally acquired infections and other related safety and health issues. Part I provides a review of the scientific data regarding dental infection control issues pertaining to an employee health program, personal protective equipment, preventing exposures to bloodborne pathogens, hand hygiene, sterilization or disinfection of patient-care items, the office environment, dental unit waterlines and water quality, special dental equipment and procedures, and program evaluation. Part II contains the consensus evidence-based recommendations by the CDC Division of Oral Health, the National Center for Infectious Diseases, the National Center for HIV, STD, and TB Prevention, and a national panel of experts in dental infection control.

Dated: January 31, 2003.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention.

[FR Doc. 03–3026 Filed 2–6–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifiers: CMS–R–289, CMS–10082, CMS 1763, and CMS–4040 and 4040–SP]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

(1) *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Lifestyle Modification Program Demonstration and Addendum; *Form No.:* CMS–R–289 (OMB# 0938–0777); *Use:* This demonstration focuses on Medicare sponsored, lifestyle modification programs designed to reverse, reduce, or ameliorate the progression of cardiovascular disease (CAD) of Medicare beneficiaries at risk for invasive treatment procedures. This demonstration tests the feasibility and cost effectiveness of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries; *Frequency:* On occasion, Weekly, Monthly, Quarterly; *Affected Public:* Individuals or Households, and Not-for-profit Institutions; *Number of Respondents:* 44; *Total Annual Responses:* 17,996; *Total Annual Hours:* 2,999.

(2) *Type of Information Collection Request:* New collection; *Title of Information Collection:* Survey of States Performance Measurement Reporting Capability; *Form No.:* CMS–10082 (OMB# 0938–NEW); *Use:* Because of the wide variability of Medicaid and SCHIP financing and service delivery approaches, there is little common ground from which to develop uniform reporting on performance measures by states. While CMS has decided on the first seven measures to be used, the ability of states to calculate those measures using HEDIS directly or HEDIS specifications (*e.g.*, when calculating measures from fee-for-service claims data) is highly variable. Current efforts are focused on assessing the capability of each state to report on the selected measures and on helping states to make necessary adjustments in order to be able to report measures uniformly so that state-to-state comparisons can be made. To accomplish this, states will be requested to report available numerator and denominator data for the seven core HEDIS measures via a survey instrument created for this purpose. The data will be requested for each state's Medicaid and SCHIP programs by delivery system; *Frequency:* Once; *Affected Public:* State, local, and tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 2,360.

(3) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Termination of Premium+Hospital and/or Supplementary Medical Insurance; *Form No.:* CMS–1763 (OMB# 0938–0025); *Use:* The CMS–1763 is used by beneficiaries to request voluntary termination from Premium Hospital Insurance (premium-HI) and/or Supplementary Medicare Insurance (SMI); *Frequency:* One time only; *Affected Public:* Individuals or Households, Federal Government, State, local, and tribal government; *Number of Respondents:* 14,000; *Total Annual Responses:* 14,000; *Total Annual Hours:* 5,833.

(4) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Enrollment in Supplemental Medicare Insurance and Supporting Regulations in 42 CR 407.10 and 401.11; *Form No.:* CMS–4040 and 4040–SP (OMB# 0938–0245); *Use:* The CMS 4040 is used to establish entitlement to Supplemental Medical Insurance (Part B) by beneficiaries not eligible under Part A of the Title XVIII or Title II of the Social Security Act. The CMS–4040SP is also included in this renewal; *Frequency:* One time only; *Affected Public:*

Individuals or Households, Federal Government, State, local, and tribal government; *Number of Respondents:* 10,000; *Total Annual Responses:* 10,000; *Total Annual Hours:* 2,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site address at *http://cms.hhs.gov/regulations/pra/default.asp,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@hcfa.gov,* or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, *Attention:* Dawn Willinghan, *Room:* C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: January 30, 2003.

John P. Burke, III,

CMS Reports Clearance Officer, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 03–2999 Filed 2–6–03; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committees; Tentative Schedule of Meetings for 2003; Amendment of Notice

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is amending the notice announcing the tentative schedule of public advisory committee meetings for 2003. This notice appeared in the **Federal Register** of December 19, 2002 (67 FR 77793 through 77796).

FOR FURTHER INFORMATION CONTACT: Theresa Green, Advisory Committee Oversight and Management Staff (HF–4), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1220.

SUPPLEMENTARY INFORMATION: The following list revises FDA's tentatively scheduled advisory committee meetings for 2003. You may also obtain up-to-date meeting information by calling the Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area):

Committee Name	Dates of Meetings	Advisory Committee 5-Digit Information Line Code
OFFICE OF THE COMMISSIONER		
Science Board to the Food and Drug Administration	April 9, November 6	12603
CENTER FOR BIOLOGICS EVALUATION AND RESEARCH		
Allergenic Products Advisory Committee	April 8, November 18	12388
Biological Response Modifiers Advisory Committee	February 27–28, June 9–10, October 9–10	12389
Blood Products Advisory Committee	March 13–14, June 19–20, September 18–19, December 11–12	19516
Transmissible Spongiform Encephalopathies Advisory Committee	February 20, July 17–18, October 30–31	12932
Vaccines and Related Biological Products Advisory Committee	February 20, May 8–9, September 22–23, November 19–20	12391
CENTER FOR DRUG EVALUATION AND RESEARCH		
Advisory Committee for Pharmaceutical Science	March 12–13, March 21, April 22–23, September 17, October 21–23	12539
Advisory Committee for Reproductive Health Drugs	August 18–19, November 13–14	12537
Anesthetic and Life Support Drugs Advisory Committee	June 26–27, December 11–12	12529
Anti-Infective Drugs Advisory Committee	March 4–5–6, June 10–11, October 15–16	12530
Antiviral Drugs Advisory Committee	April 29–30, September 19	12531
Arthritis Advisory Committee	September 5	12532
Cardiovascular and Renal Drugs Advisory Committee	May 29–30, September 15–16, December 11–12	12533
Dermatologic and Ophthalmic Drugs Advisory Committee	March 6–7, April 15–16, July 17–18, September 10–11	12534
Drug Safety and Risk Management Advisory Committee	April 24–25, September 18–19	12535
Endocrinologic and Metabolic Drugs Advisory Committee	June 12–13, September 11–12	12536