secondary review, and will receive modified briefing books (*i.e.*, abstracts, strengths and weaknesses from summary statements, and project officer's briefing materials). ACIPC Federal agency experts will be encouraged to participate in deliberations when applications address overlapping areas of research interest, so that unwarranted duplication in federally funded research can be avoided and special subject area expertise can be shared. The NCIPC Division Associate Directors for Science (ADS) or their designees will attend the secondary review in a similar capacity as the ACIPC Federal agency experts to assure that research priorities of the announcement are understood and to provide background regarding current research activities. Only SPRS members will vote on funding recommendations, and their recommendations will be carried to the entire ACIPC for voting by the ACIPC members in closed session. If any further review is needed by the ACIPC, regarding the recommendations of the SPRS, the factors considered will be the same as those considered by the SPRS.

The committee's responsibility is to develop funding recommendations for the NCIPC Director based on the results of the primary review, the relevance and balance of proposed research relative to the NCIPC programs and priorities, and to assure that unwarranted duplication of federally funded research does not occur. The secondary review committee has the latitude to recommend to the NCIPC Director, to reach over better-ranked proposals in order to assure maximal impact and balance of proposed research. The factors to be considered will include:

a. The results of the primary review including the application's priority score as the primary factor in the selection process.

b. The relevance and balance of proposed research relative to the NCIPC programs and priorities.

c. The significance of the proposed activities in relation to the priorities and objectives stated in ''Healthy People 2010,'' the Institute of Medicine report, ''Reducing the Burden of Injury,'' and the ''CDC Injury Research Agenda'.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with an original plus two copies of:

1. Annual progress report (The progress report will include a data requirement that demonstrates measures of effectiveness).

2. A financial status report, no more than 90 days after the end of the budget period.

3. A final financial report and performance report, no more than 90 days after the end of the project period.

4. At the completion of the project, the grant recipient will submit a brief (2,500 to 4,000 words written in non-scientific (laymen's) terms) summary highlighting the findings and their implications for injury prevention programs, policies, environmental changes, *etc.* The grant recipient will also include a description of the dissemination plan for research findings. This plan will include publications in peer-reviewed journals and ways in which research findings will be made available to stakeholders outside of academia, (*e.g.*, state injury prevention program staff, community groups, public health injury prevention practitioners, and others). CDC will place the summary report and each grant recipient's final report with the National Technical Information Service (NTIS) to further the agency's efforts to make the information more available and accessible to the public.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Additional Requirements

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1 of the program announcement as posted on the CDC web site.

AR–1 Human Subjects Certification
AR–2 Requirements for inclusion of Women and Racial and Ethnic Minorities in Research
AR–3 Animal Subjects Requirement
AR–9 Paperwork Reduction Requirements
AR–10 Smoke-Free Workplace Requirement
AR–11 Healthy People 2010
AR–12 Lobbying Restrictions
AR–13 Prohibition on Use of CDC funds for Certain Gun Control Activities
AR–21 Small, Minority, and Women-owned Business
AR–22 Research Integrity

Executive Order 12372 does not apply to this program.

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC web site, Internet address: *http://www.cdc.gov.*

Click on ''Funding,'' then ''Grants and Cooperative Agreements.''

For general questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Rd, Atlanta, GA 30341–4146. Telephone: 770–488–2700.

For business management and budget assistance, contact: Richard Jenkins, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341–4146. Telephone: 770–488–2604. E-mail address: *rbj3@cdc.gov.*

For program technical assistance, contact: Tom Voglesonger, Program Manager, Office of the Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K–02, Atlanta, GA 30341–3724. Telephone: 770–488–4823. Internet address: *TVoglesonger@cdc.gov.*

Dated: February 1, 2003.

Sandra R. Manning,

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

[FR Doc. 03–3027 Filed 2–6–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Recommended Infection Control Practices for Dentistry, 2003

AGENCY: Centers for Disease Control and Prevention (CDC), and Department of Health and Human Services (DHHS).

ACTION: Notice of availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the Draft Recommended Infection Control Practices for Dentistry, 2003 available on the CDC Web site at *http://www.cdc.gov/OralHealth/infection_control/guidelines/comments.htm.* The guideline has been developed for practitioners who provide care for patients and who are responsible for monitoring and preventing infections and occupational health and safety in dental healthcare settings. The guideline is intended to replace Recommended Infection-Control Practices for Dentistry, 1993.

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]

BILLING CODE 4163–18–P

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:*