

Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Farmers	400	1	20/60

Dated: June 11, 2003.
Thomas A. Bartenfeld,
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

[30 DAY-48-03]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

The National Tobacco Control Program (NTCP) Chronicle Progress Reporting System—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). Tobacco use is the single most preventable cause of death and disease in the United States. Most people begin using tobacco in early adolescence. Tobacco use causes more than 430,000 deaths annually in the nation and costs approximately \$50-70 billion in medical expenses alone. The Centers for Disease Control and

Prevention's (CDC) Office on Smoking and Health (OSH) provides funding to health departments of states and territories to develop, implement and evaluate comprehensive Tobacco Control Programs (TCPs) based on CDC guidelines provided in Best Practices for Comprehensive Tobacco Control Programs-August 1999 (Atlanta, GA, HHS). TCPs are population-based, public health programs that design, implement and evaluate public health prevention and control strategies to reduce disease, disability and death related to tobacco use and to reach those communities most impacted by the burden of tobacco use (e.g., racial/ethnic populations, rural dwellers, and the economically disadvantaged). Support for these programs is a cornerstone of the OSH's strategy for reducing the burden of tobacco use throughout the nation. CDC, Office on Smoking and Health is authorized under sections 301 and 317(k) of the Public Health Service Act (42 U.S.C. section 241 and 247b(k)).

As outlined in 45 CFR subtitle A, § 92.40, funding recipients are required to submit twice yearly progress reports to CDC. These reports are used by both the Procurement and Grants Office (PGO) to monitor program compliance, and by OSH managers and Project Officers (POs) to identify training and technical assistance needs; monitor compliance with cooperative agreement requirements; evaluate the progress made in achieving national and program-specific goals; and respond to inquiries regarding program activities and effectiveness. Funding recipients currently have a wide latitude in the content of the information they report with some recipients providing extensive and detailed programmatic information and others providing minimal detail regarding TCP operations. Historically, information has been collected and transmitted via hard-copy paper document. The manual

reporting system significantly impacts the OSH's staff ability to accomplish its responsibilities resulting from providing TCP funds, particularly with respect to compiling, summarizing and reporting aggregate TCP program information.

In responding to the federal government's E-Government initiative, the proposed change in progress report collection methodology is driven by OSH's development of an electronic progress reporting system to collect state TCP information. The proposed reporting system will utilize a more formal, systematic method of collecting information that has historically been requested from individual TCPs and will standardize the content of this information. This will facilitate OSH staff's ability to fulfill its obligations under the cooperative agreements; to monitor, evaluate and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of OSH's National Tobacco Control Program (NTCP). It will also support OSH's broader mission of reducing the burden of tobacco use by enabling OSH staff to more effectively identify the strengths and weaknesses of individual TCPs; to identify the strength of national movement toward reaching the goals specified in Healthy People 2010; and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control the burden of tobacco use. The OSH anticipates that the state burden of providing hard-copy reports will be reduced with the introduction of the web-based progress reporting system. It is assumed that states will experience a learning curve in using this application, and the reported burden will be reduced once they have familiarized themselves with this system. The annual burden for this data collection is 612 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
States and DC	51	2	6

Dated: June 11, 2003.

Thomas A. Bartenfeld,

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 Medicare & Medicaid Services

Privacy Act of 1974; Report of New System

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

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 "MLN Registration and Product Ordering System (MLNR-POS)," HHS/CMS/CMM No. 09-70-0542. The primary purpose of the system of records is to provide CMS with greater efficiency in MLNR-POS product fulfillment and improve management of MLNR-POS educational product inventory. This system will also provide CMS with an automated registration system that will allow health care providers to register for CMS educational programs and order CMS educational products. If in the event that CMS becomes an accredited provider of continuing education credits, this system will provide CMS with the ability to track awarded continuing education credits as required by the accrediting organizations.

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; support constituent requests made to a Congressional representative; and support litigation involving the agency.

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.

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 May 23, 2003. In any event, we will not disclose any information under a routine use until forty (40) calendar 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 Privacy Compliance Data Development (DPCDD), 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 9:00 a.m.-3:00 p.m., eastern time zone.

FOR FURTHER INFORMATION CONTACT: Mary Case, Division of Provider Information Planning and Development (DPIPD), CMS, Mail Stop C4-10-07, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

SUPPLEMENTARY INFORMATION:

I. Description of the New System of Records

A. Statutory and Regulatory Basis for System of Records

Title IV of the Benefits Improvement Protection Act of 2000 (Pub. L. 106-554, Appendix F)
Title IV of the Balanced Budget Act of 1997 Sections 1816(a) and 1842 (a) (3) of the Social Security Act

B. Background

Studies have shown that providers are very interested in obtaining information that will help them improve their billing procedures and improve patient care. These studies have also shown that providers are limited on the amount of time they can spend away from their practice to attend conferences and sort through the multitude of correspondence that they receive on a daily basis. Distance learning is an educational avenue that physicians find an appealing alternative. Studies have shown that health care providers better utilize educational products that provide continuing education credits.

This registration and product ordering system will allow health care providers to register for computer/web-based training courses, satellite broadcasts and train-the-trainer sessions. The system will also allow learners to order provider educational materials.

CMS is considering applying to become an accredited provider of

continuing education. If accredited, CMS will use this system to track continuing education credit information as required by the accrediting organizations.

According to Donna S. Queeney in the American Society for Training and Development Handbook, Fourth Edition, "continuing professional education often is used as a component of credentialing with the intention that it will help practitioners keep knowledge, skills and performance abilities current." Ms. Queeney also states "required continuing education must be accessible to practitioners regardless of their work schedules, geographic locations, or other mitigating factors. The solo practitioner in a rural area needs ready access to continuing education just as much as the group practitioner in a major metropolitan area."

II. Collection and Maintenance of Data in the System

A. Scope of the Data Collected

The MLNR-POS database will collect and store the health care provider's first and last name, mailing address, provider type, facility type, telephone number, fax number and email address. If CMS becomes an accredited provider of continuing education credits, this system may also contain social security number, provider number, UPIN number or contractor ID number.

This information will be used by CMS and CMS contractors to confirm registration and report aggregate data and allow health care providers to retrieve their own educational information.

B. Agency Policies, Procedures, and Restrictions on the Routine Use

The Privacy Act permits us to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." The government will only release MLNR-POS information that can be associated with an individual as provided for under "Section III. Entities Who May Receive Disclosures Under Routine Use." Both identifiable and non-identifiable data may be disclosed under a routine use. Identifiable data includes individual records with MLNR-POS information and identifiers. Non-identifiable data includes individual records with MLNR-POS information and masked identifiers or MLNR-POS information with identifiers stripped out of the file.