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 Dale Verell, 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: Evaluation of the Process Required to Effectively Expand the National Laboratory System (NLS) to ALL States—New—Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC). In October 2000, the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL) collaborated to support demonstration projects designed to test the feasibility of strengthening the relationship between private clinical and public health laboratories to more rapidly identify and respond to emerging problems of public health importance. The National Laboratory System (NLS) concept was proposed because of concerns about the potential impact that a lack of integration among clinical and public health laboratories could have on the ability of the public health system to identify and carry out a timely response to foodborne illnesses, bioterrorism incidents or other emerging diseases.

NLS demonstration projects are funded in four states—Washington, Michigan, Minnesota and Nebraska.

The NLS concept would promote communication and collaboration between clinical laboratories and state public health laboratories within their states. CDC is now proposing to collect data from all state public health laboratory directors and from a sample of clinical laboratories in each state to determine the interest within states in implementing the NLS concept. Results of the data collection will be stratified by state and used to assist each state's public health laboratory in improving communication and collaboration with the clinical laboratories in their state. As more states implement the systems, the ability to respond to national emergencies through individual state systems, would be improved.

The goals of the data collection are:

- To determine the barriers that must be overcome to expand the NLS concept in other states
- To determine the readiness of states to develop relationships with clinical laboratories
- To determine the most effective communication links for sharing information among state public health laboratories and clinical laboratories within the state
- To understand what topics of public health significance could be addressed in each state if communication and coordination between the clinical and state public health laboratories were improved.

There are no costs to respondents.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Survey of State Public Health Directors in States Without NLS	50	1	30/60	25
Survey of Clinical Laboratory Directors in All States	600	1	30/60	300
Total	.....	.....	.....	325

Dated: June 23, 2003.

Thomas A. Bartenfeld,

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

[FR Doc. 03–16282 Filed 6–26–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Study Team for the Los Alamos Historical Document Retrieval and Assessment Project

The Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Public Meeting of the Study Team for the Los Alamos Historical Document Retrieval and Assessment Project.

Time and Date: 5 p.m.–7 p.m. (Mountain Time), July 9, 2003.

Place: Northern New Mexico Community College, Joseph Montoya Building-Lower Level, Room AD–104, Española Campus, 921 Paseo de Oñate, Española, New Mexico 87532, telephone 505–747–2100.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 90 people.

Background: Under a Memorandum of Understanding (MOU) signed in December 1990 with the Department of Energy (DOE), and replaced by MOUs signed in 1996 and 2000, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, a memo was signed in October 1990 and renewed in November 1992, 1996, and in 2000, between the Agency for Toxic Substances and Disease Registry (ATSDR) and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

Purpose: This study group is charged with locating, evaluating, cataloguing, and copying documents that contain information about historical chemical or radionuclide releases from facilities at the Los Alamos National Laboratory since its inception. The purpose of this meeting is to review the goals, methods, and schedule of the project; discuss progress to date; provide a forum for community interaction; and serve as a vehicle for members of the public to express concerns and provide advice to CDC.

Matters to be Discussed: Agenda items include a presentation from the National Center for Environmental Health (NCEH) and its contractor regarding status of the project and the outlook for continued CDC work at Los Alamos. There will be time for public input, questions, and comments. All agenda items are subject to change as priorities dictate.

FOR FURTHER INFORMATION CONTACT: Phillip R. Green, Public Health Advisor, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 1600 Clifton Road, NE (MS–E39), Atlanta, Georgia 30333, telephone 404–498–1717, fax 404–498–1811.

The Director, Management Analysis and Services Office, has been delegated the

authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and ATSDR.

Dated: June 23, 2003.

John Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 03–16278 Filed 6–26–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health; Notice of Meeting

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting.

Name: Review and Discussion of Draft Document: Criteria for a Recommended Standard—Occupational Exposure to Refractory Ceramic Fibers.

Time and Date: 9 a.m.–4 p.m., August 19, 2003.

Place: Robert A. Taft Laboratories, Taft Auditorium, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Status: Forum will include scientists and representatives from various government agencies, industry, labor, and other stakeholders, and is open to the public, limited only by the space available. The meeting room accommodates 50 people. Due to limited space, notification of intent to attend the meeting must be made with Karen Dragon no later than Tuesday, August 5, 2003. Ms. Dragon can be reached by telephone at 513/533–8303 or by email at *ked2@cdc.gov.* Requests to attend the meeting will be accommodated on a first-come basis.

Purpose: To discuss current research with refractory ceramic fibers (RCFs) and specific issues related to the scientific and technical information presented in the criteria document. Special emphasis will be placed on discussion of the following:

(1) What we can learn from animal studies with RCFs and associated health effects or other biological endpoints;

(2) What we can learn from epidemiological studies with RCFs and associated health effects or other biological endpoints;

(3) Strategies to control occupational exposure to RCFs (*e.g.*, engineering controls, work practices, recommended exposure limit, action limit, personal protective equipment, and specific industries or job functions where controlling exposures is more challenging);

(4) Areas for future collaborative efforts (*e.g.*, research, communication, outreach, and information dissemination, development and dissemination of additional engineering control technologies).

The public is invited to attend and will have the opportunity to provide comments.

Contact Person for General Information: Karen Dragon, Education and Information Division, NIOSH, CDC, 4676 Columbia Parkway, MS C–34, Cincinnati, Ohio 45226, telephone 513/533–8303, fax 513/533–8285, e-mail *ked2@cdc.gov.*

Contact Person for Technical Information: Thomas Lentz, Education and Information Division, NIOSH, CDC, 4676 Columbia Parkway, MS C–32, Cincinnati, Ohio 45226, telephone 513/533–8260, fax 513/533–8230, e-mail *tbl7@cdc.gov.*

Written research, data, or supporting materials to be considered, distributed, or discussed during the meeting should be submitted to the NIOSH Docket Office, ATTN: Diane Miller, Robert A. Taft Laboratories, M/S C–32, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/533–8450, fax 513/533–8230. Comments may also be submitted by e-mail to: *NIOCINDOCKET@CDC.GOV.* E-mail attachments should be formatted as WordPerfect 6/7/8/9, or Microsoft Word. Comments should be submitted to NIOSH no later than August 5, 2003, and should reference docket number NIOSH–009 in the subject heading.

The Director, Management Analysis and Services Office, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 23, 2003.

John Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 03–16284 Filed 6–26–03; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1257–N]

Medicare Program: Notice of the Practicing Physicians Advisory Council Rechartering

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

ACTION: Notice.

SUMMARY: This notice announces the rechartering of Practicing Physicians Advisory Council (the Council). In accordance with the Federal Advisory Committee Act (5 U.S.C. App. 2), this notice announces that as of June 12, 2003 the Practicing Physicians Advisory Council (the Council) has been rechartered for a 2-year period, through June 12, 2005. The charter will terminate on June 12, 2005, unless the Council is rechartered by the Secretary.

FOR FURTHER INFORMATION CONTACT: Diana Motsiopoulos, Administrative Coordinator, Centers for Medicare & Medicaid Services, 7500 Security Blvd., Mail Stop: C4–11–27, Baltimore, MD 21244–1850. Telephone 410–786–3379, fax (410) 786–1710, E-mail: *dmotsiopoulos@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868(a) of the Social Security Act (the Act) to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services. To the extent feasible and consistent with statutory deadlines, the consultation must occur before the publication of the proposed changes. The Council submits its recommendations in an annual report to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services no later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physician services under Medicare in the previous year. At least 11 members of the Council must be physicians as described in Section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The other 4 Council members may include dentists, podiatrists, optometrists and chiropractors. The Council includes both participating and nonparticipating physicians, as well as physicians practicing in rural and underserved urban areas. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to its termination.

Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

I. Provisions of This Notice

This notice announces the signing of the Practicing Physicians Advisory Council (PPAC) charter (recharter) by the Secretary. The charter will terminate on June 12, 2005, unless rechartered before the expiration date.