

Dated: September 25, 2003.  
**Jeffrey Shuren,**  
*Assistant Commissioner for Policy.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for

the proper performance of the functions of the agency; (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.

**Proposed Project: Children's Hospitals Graduate Medical Education Payment Program (CHGME PP) (OMB No. 0915-0247): Revision**

The CHGME PP was enacted by Public Law 106-129 to provide Federal support for graduate medical education (GME) to freestanding children's hospitals. This legislation attempts to provide support for GME comparable to the level of Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment

of more severely ill patients and the additional costs relating to teaching residents in such programs.

Technical assistance workshops and consultation with applicant hospitals resulted in an opportunity for hospital representatives to raise issues and provide suggestions resulting in proposed revisions in the CHGME application forms and instructions.

Data is collected on the number of full-time equivalent residents in applicant children's hospitals' training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will also be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals. Hospitals will be requested to submit such information in an annual application. Hospitals will also be requested to submit data on the number of full-time equivalent residents a second time during the Federal fiscal year to participate in the reconciliation payment process.

The estimated average annual reporting for this data collection is approximately 150 hours per hospital. The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
HRSA 99-1 .....	54	1	54	99.9	5,395
HRSA 99-1 (Reconciliation of FTE counts) .....	54	1	54	8	432
HRSA 99-2 .....	54	1	54	14	756
HRSA 99-4 .....	54	1	54	28	1,512
Total .....	54	.....	54	.....	8,095

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 16C-17, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 29, 2003.  
**Jane M. Harrison,**  
*Director, Division of Policy Review and Coordination.*  
 [FR Doc. 03-25092 Filed 10-2-03; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting.

*Name:* Advisory Committee on Interdisciplinary, Community-Based Linkages.

*Dates and Times:*  
 October 26, 2003, 5 p.m.-8 p.m.  
 October 27, 2003, 8:30 a.m.-5:30 p.m.  
 October 28, 2003, 8:30 a.m.-4 p.m.

*Place:* The Washington Terrace Hotel, 1515 Rhode Island Avenue, NW., Washington, DC 20005.

*Status:* The meeting will be open to the public.

*Agenda:* Agenda items will include, but not be limited to: Welcome; plenary session on cultural competency and diversity for the grant programs under the purview of the Committee with presentations by speakers representing the Department of Health and Human Services (DHHS), constituent groups, field experts and committee members. Meeting content will focus on how cultural competency and diversity relate to health status outcomes. The following topics will be addressed at the meeting: What are the Title VII grant programs doing in the areas of cultural competency and diversity and under what authority, if any? Why should there be a culturally competent and diverse workforce? and What are the policy issues