

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: "Medical Expenditure Panel Survey—Medical Provider Component (MEPS-MPC) for 2003". In accordance with the Paperwork Reduction Act of 1995, Pub. L. 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on October 15, 2003 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by January 16, 2004.

ADDRESSES: Written comments should be submitted to: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, OMB, New Executive Office Building, Room 10235, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 427-1651.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Medical Expenditure Panel Survey—Medical Provider Component (MEPS-MPC) for 2003".

The MEPS-MPC is a survey of hospitals, physicians and other medical providers. The purpose of this survey is to supplement and verify the information provided by respondent households participating in the household component of the MEPS (MEPS-HC) about their use of medical services in the United States.

With the permission of members of the households surveyed in the MEPS-HC, AHRQ contractor will contact the medical providers of the HC survey respondents to determine the actual dates of service, the diagnoses, the services provided, the amount that was charged, the amount that was paid and the sources of payment. Thus, the MPC is derived from or is based upon the core survey, MEPS-HC, and will

improve the quality of the core survey data.

The Medical Expenditure Panel Survey Household Component (MEPS-HC) conducted in 2003, will provide annual estimates, based upon a national representative sample, of health care use, expenditures, sources of payment and insurance coverage, for the U.S. civilian non-institutionalized population for 2003. Data from medical providers linked to household respondents in the MEPS Household component for calendar year 2003, will be collected beginning 2004 and continuing into the year 2005. MEPS is co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS).

Data Confidentiality Provisions

MEPS data confidentiality is protected under the AHRQ and NCHS Confidentiality statutes, section 308(d) and section 924(c) of the Public Health Service Act (42 U.S.C. 242m(d) and 42 U.S.C. 299c-3(c), respectively).

Methods of Collection

The Medical Provider Survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent. The MPC for Calendar year 2003 estimated annual burden is as follows:

Type of provider	Number of respondents	Average number of patients/provider	Number of patients/provider pairs	Average Number of events/patient	Average burden/event (in minutes)	Total hours of burden
MPC 2003:						
Hospital Office-based	5,095	2.2	11,210	3.2	5	2,977
Doctor	16,031	1.3	20,840	3.5	5	6,054
Separately Billing doctor	15,879	1.4	22,230	1.3	5	2,399
Home Health	505	1.1	555	5.8	5	267
Pharmacy	7,481	2.6	19,450	10.3	3	10,017
Total	44,991	74,285	21,714

Request for Comments

In accordance with the above cited legislation, comments on the AHRQ information collection are requested with regard to any of the following:

- (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility;
- (b) the accuracy of the AHRQ's estimate of burden (including hours and cost) 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 upon the respondents, including the use

of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: November 26, 2003.

Carolyn M. Clancy,
Director.

[FR Doc. 03-31198 Filed 12-16-03; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04004]

Agency for Toxic Substances and Disease Registry; Public Health Conference Support Grant Program; Notice of Availability of Funds—Amendment

A notice announcing the availability of fiscal year 2004 funds for grants to support public health conferences was published in the **Federal Register** on August 28, 2003, Volume 68, Number

167, pages 51781–51785. The notice is amended as follows:

Page 51781, third column, under Application Deadline: delete “Cycle C: June 1, 2004.”

Page 51784, first column, Section H. “Submission and Deadline,” paragraph 2, delete the first sentence. Replace with, “There will be two conference support reviews this year.”

Paragraph 4, should be changed to read, “* * * between August 1, 2004 and September 30, 2005 * * *”

Delete Paragraph 5.

Under subtitle “Letter of Intent Due Dates”, lines 5 and 6, Cycle B: January 6, 2004 should be changed to read, “For conferences August 1, 2004–September 30, 2005.”

Delete lines 7, 8, and 9.

Lines 10–12 should be changed to read, “Letter of Intent (LOI) Submission: On or before October 1, 2003, and January 6, 2004 submit an original and two signed copies * * *”

Page 51784, second column, under paragraph 1, in block 1, “Application due dates,” delete “Cycle C: June 1, 2004”; in block 2, “Earliest possible award dates,” delete “September 1, 2004.”

In paragraph 2, under Application Submission, line 2, should be changed to read, “On or before November 19, 2003 and March 8, 2004 submit an original and two * * *”

Dated: December 11, 2003.

Edward Schultz,

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

[FR Doc. 03–31077 Filed 12–16–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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: Domestic Violence Prevention Enhancement and Leadership through Alliances (DELTA)—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Domestic violence is a large, potentially preventable source of physical and emotional harm for women, children, and families. One promising approach to domestic violence prevention is the coordinated community response (CCR) model wherein multiple agencies within a community come together to work collectively on domestic violence issues. However, many CCRs formed to date focus on responding to, rather than preventing acts of violence. CDC is launching the *Domestic Violence Prevention Enhancement and Leadership through Alliances (DELTA)* demonstration program to stimulate the development of prevention-focused programs and diffuse current programs into the existing operations of CCRs,

using fourteen state domestic violence coalitions as intermediaries.

This project will be conducted through a policy research contract. First there will be an identification and description of each state’s CCR structures and operations, then an evaluation of the DELTA Program’s success in developing and disseminating prevention enhancements to CCRs. The contractor will use an environmental scan to identify the full population of CCRs in each state, as well as profile the organizational, political, and economic landscape in which the CCRs operate. This information will assist CDC and the state coalitions in developing prevention enhancements that are responsive to the capacities and circumstances of local CCRs while at the same time providing baseline measures to facilitate and evaluate the DELTA program. The DELTA program evaluation will then use these baseline measures, together with additional data collected each year throughout program implementation to assess how well the program performs in strengthening collaborative activity across domestic violence programs, developing prevention enhancements and incorporating them into current CCR operations, and institutionalizing organizational changes that will sustain primary prevention as part of the everyday workings of state coalitions and CCRs.

The fourteen state coalitions that are DELTA grantees will be interviewed every six months by the contractor, and an annual survey of all local CCRs in the fourteen DELTA states will also be conducted. Once the initial data collection is completed, the contractor will also conduct a one-time survey of state domestic violence coalitions and up to ten other organizations in each of the 36 non-DELTA states. A separate OMB submission will be prepared for this phase. The estimated annualized burden is 400 hours for this data collection.

Information collection instrument	Number of respondents	Number of response/re-spondent	Average burden/response (in hours)
Mail Survey of CCRs in DELTA States	448	1	35/60
Telephone Interviews of DELTA Grantees	28	2	2