

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]

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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]

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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.

II. Copies of the Charter

You may obtain a copy of the charter for the PPAC by submitting a request to Diana Motsiopoulos, Administrative Coordinator, Centers for Medicare & Medicaid, 7500 Security Blvd., Mail Stop: C4-11-27, Baltimore, MD 21244-1850, (410) 786-3379 or E-mail the request to dmotsiopoulos@cms.hhs.gov. A copy of the charter will also be available on the Internet at <http://www.cms.hhs.gov/faca/ppac/default.asp>.

Authority: Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and (5 U.S.C. App. 2)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 11, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 03-16055 Filed 6-26-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-4062-N]

Medicare and Medicaid Programs; Solicitation for Information on the Hospital CAHPS

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

ACTION: Notice.

SUMMARY: This notice seeks input and recommendations regarding an initiative that the Department of Health and Human Services (DHHS) plans to use to create a standard instrument, sampling, and data collection protocol that hospitals can use to collect comparable data for use in publicly reporting hospital patients' perspectives on the care they received. This survey is being developed and tested by the Agency for Healthcare Research and Quality (AHRQ) in conjunction with the CAHPS® (formerly known as the Consumer Assessment of Health Plans Survey). The initiative is being called "Hospital CAHPS" or "HCAHPS." In this notice, we are soliciting public input on the draft HCAHPS survey instrument and recommendations for the survey administration.

DATES: We will consider comments on the draft HCAHPS survey instrument and recommendations for the survey

administration if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 28, 2003.

ADDRESSES: Comments should be mailed to the following address: Department of Health and Human Services, Centers for Medicare & Medicaid Services, Attention: Elizabeth Goldstein, Director for the Division of Beneficiary Analysis, Mail Stop: S1-13-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. E-mail comments should be sent to the following address: egoldstein@cms.hhs.gov.

General Information: Comments may be in the form of a letter or e-mail. Please refer to file code CMS-4062-N when submitting comments and include name, title, organization, mailing address, telephone number, fax number, and e-mail address.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmissions. Comments postmarked after the closing date, or postmarked on or before the closing date but not received in time for the review, will be considered late comments.

FOR FURTHER INFORMATION CONTACT:

Elizabeth Goldstein, (410) 786-6665 or by e-mail at egoldstein@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

A key priority for the Secretary of HHS and our Administrator is hospital public reporting. Therefore, we are currently working with the AHRQ to develop the HCAHPS standard instrument and data collection protocol to collect comparable data to support public reporting of hospital patients' perspectives on inpatient hospital care they received.

AHRQ has initiated a rigorous process to develop a draft of the HCAHPS survey instrument. On July 24, 2002, AHRQ published a "Notice of Request for Measures" in the **Federal Register** (67 FR 48477) soliciting the submission of existing instruments measuring patients' perspectives on care. In addition, AHRQ conducted an exhaustive review of existing literature, conducted cognitive testing with sample survey respondents, and obtained stakeholder input on the process of developing the draft HCAHPS survey instrument.

On February 5, 2003, we published a collection of information requirement notice in the **Federal Register** (68 FR 5889), soliciting input on a draft HCAHPS survey instrument. In this notice, we are soliciting input on the same draft HCAHPS survey instrument

that was published on February 5, 2003, in the **Federal Register** and are providing a 30 day comment period to allow interested parties another opportunity to comment on the draft HCAHPS survey instrument. We will consider both sets of comments when revising the HCAHPS survey instrument.

In addition, we are currently testing the same draft HCAHPS survey instrument as part of CMS's 3-State hospital pilot project in Maryland, New York, and Arizona. (See our Web site at <http://www.cms.hhs.gov/quality/hospital> for more information on the 3-State hospital pilot project and the draft HCAHPS survey instrument).

Through the 3-State hospital pilot we will also assess the draft HCAHPS survey instrument. Results will be used to examine the reliability and validity of the draft HCAHPS items, and identify the items that are most useful for public reporting. Based on the results of the 3-State hospital pilot and public input received regarding the draft items, AHRQ will revise the HCAHPS survey instrument. We anticipate that the revised HCAHPS survey instrument would be significantly shorter than the current version.

At the end of the 3-State hospital pilot process and revisions pursuant to public comments, DHHS should have a standard, well-tested instrument for measuring patients' perspectives on hospital care that can be used for comparative public reporting. The 3-State hospital pilot and draft HCAHPS survey instrument is currently designed for all hospital patients 18 years old and over, excluding psychiatric patients. We expect that the final HCAHPS survey instrument would be put in the public domain for use by hospitals or other interested parties.

HCAHPS can be seen as a core set of questions to which individual hospitals can add their own specific questions. HCAHPS is designed to produce data for comparative public reporting to support consumer choice. The HCAHPS survey instrument will complement, not replace data currently collected that support improvement in internal hospital customer services and related activities.

It is our intent to create a process for data collection that can generate data useful for comparative public reporting and that can be used in conjunction with existing survey processes used for quality improvement. We are reviewing options that would allow us to meet our public reporting goals while allowing flexibility in survey administration. As we consider various options, we expect, at a minimum, to be able to