

based organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to their local or State health authority, or State Office of Emergency Medical Services as appropriate, no later than the Federal application receipt due date of June 18, 2003:

(a) A copy of the face page of the application (SF 424)

(b) An abstract of the project not to exceed one page, which provides:

(1) A description of the population to be served,

(2) The proposed number of AEDs to be purchased and how many people will be trained within the community partnership,

(3) A description of the coordination planned with the appropriate State agencies (ranging from required notification of AED placement to such agency agreeing to being the lead applicant and/or fiscal agent of a State-wide community partnership should they choose to).

Executive Order 12372

This grant program is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate State and local officials as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Applicants (other than Federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC), a list of which will be included in the application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. All SPOC recommendations should be submitted to Darren Buckner, Office of Grants Management, HIV/AIDS Bureau, 5600 Fishers Lane, Room 11A-16, Rockville, Maryland 20857, (301) 443-1913. The due date for State process recommendations is 60 days after the application deadline of June 18, 2003, for competing applications for the RAED Grant Program. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date. See part 148 of the PHS Grants Administration Manual, Intergovernmental Review of PHS Programs under Executive Order 12372,

and 45 CFR part 100 for a description of the review process and requirements.

Dated: February 4, 2003.

Elizabeth M. Duke,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank: Change in User Fees

AGENCY: Health Resources and Services Administration, DHHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), is announcing a seventy-five cent decrease in the fee charged to entities authorized to request information from the National Practitioner Data Bank (NPDB) for all queries. The new fee will be \$4.25. There will be no change to the \$10.00 self-query fee.

DATES: The new fee is effective on July 1, 2003.

FOR FURTHER INFORMATION CONTACT: John Heyob, Director, Division of Practitioner Data Banks, Bureau of Health Professions, Health Resources and Services Administration, 7519 Standish Place, Suite 300, Rockville, Maryland 20857. Tel: (301) 443-2300. Email: policyanalysis@hrsa.gov.

SUPPLEMENTARY INFORMATION: The current fee structure (\$5.00 per name) was announced in the **Federal Register** on July 11, 2001 (66 FR 36289) and became effective October 1, 2001. All entity queries are submitted and query responses received through the NPDB's Integrated Query and Reporting Service (IQRS) and paid via an electronic funds transfer or credit card.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Pub. L. 99-660, as amended (42 U.S.C. 11101 *et seq.*). Section 427(b)(4) of the Act authorizes the establishment of fees for the costs of processing requests for disclosure and of providing such information.

Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and

disclosed by the NPDB. Section 60.3 of these regulations defines the terms used in this announcement.

In determining any changes in the amount of the user fee, the Department uses the criteria set forth in § 60.12 (b) of the regulations, as well as allowable costs pursuant to Title II, Division G, Labor, Health and Human Services, Education, and Related Agencies Appropriation of the Consolidated Appropriations Resolution, 2003, Pub. L. 108-7, enacted on February 20, 2003. This Act requires that the Department recover the full costs of operating the Data Bank through user fees. Paragraph (b) of the regulations states:

"The amount of each fee will be determined based on the following criteria:

(1) Use of electronic data processing equipment to obtain information—the actual cost for the service, including computer search time, runs, printouts, and time of computer programmers and operators, or other employees, (2) Photocopying or other forms of reproduction, such as magnetic tapes—actual cost of the operator's time, plus the cost of the machine time and the materials used, (3) Postage—actual cost, and (4) Sending information by special methods requested by the applicant, such as express mail or electronic transfer—the actual cost of the special service."

Based on analysis of the comparative costs of the various methods for filing and paying for queries, the Department is reducing all the entity query fees by \$0.75 per name. The practitioner self-query fee remains at \$10. This price decrease is justified after an evaluation of the Data Bank's operational costs. The implementation of the Data Bank's all-electronic process for querying, reporting, and payment, the Web-based IQRS system, has resulted in a decrease in the Data Bank operating expenditures. In keeping with the Act, and pursuant to the requirements of § 60.2 of the regulations, there are sufficient funds to recover the full costs of operating the Data Bank with a decrease in the user fee.

When a query is for information on one or more physicians, dentists, or other health care practitioners, the appropriate fee will be \$4.25 multiplied by the number of individuals about whom information is being requested. For examples, see the table below.

Query method	Fee per name in query	Examples
Entity query (Via Internet with electronic payment)	\$4.25	10 names in query. 10 × \$4.25 = \$42.50.
Practitioner self-query	10.00	One self-query = \$10.00.

The Department will continue to review the user fee periodically, and will revise it as necessary. Any changes in the fee and their effective date will be announced in the **Federal Register**.

Dated: April 9, 2003.

Elizabeth M. Duke,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Healthcare Integrity and Protection Data Bank: Change in User Fees

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: In accordance with final regulations at 45 CFR part 61, implementing the Healthcare Integrity and Protection Data Bank (HIPDB), the department is authorized to assess a fee on all requests for information, except requests from Federal agencies. In accordance with § 61.13 of the HIPDB regulations, the department is announcing an adjustment from \$5 to \$4.25 in the fee charged for each query submitted by authorized entities to access the data bank. There will be no change to the current \$10 self-query fee.

EFFECTIVE DATE: July 1, 2003.

FOR FURTHER INFORMATION CONTACT: Joel Schaer, Office of Counsel to the Inspector General, (202) 619-0089.

SUPPLEMENTARY INFORMATION:

User Fee Amount

Section 1128E(d)(2) of the Social Security Act (the Act), as added by section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, specifically authorizes the establishment of fees for the costs of processing requests for disclosure and for providing information from the Healthcare Integrity and Protection Data Bank (HIPDB). Final regulations at 45 CFR part 61 set forth the criteria and procedures for information to be reported to and disclosed by the HIPDB. The Act also requires that the department recover the full costs of operating the HIPDB through such user fees. In determining any changes in the amount of the user fee, the department employs the criteria set forth in § 61.13(b) of the HIPDB regulations.

Specifically, § 61.13(b) states that the amount of each fee will be determined based on the following criteria:

- Direct and indirect personnel costs;
- Physical overhead, consulting, and other indirect costs including rent and depreciation on land, buildings and equipment;
- Agency management and supervisory costs;
- Costs of enforcement, research and establishment of regulations and guidance;
- Use of electronic data processing equipment to collect and maintain information, *i.e.*, the actual cost of the service, including computer search time, runs and printouts; and
- Any other direct or indirect costs related to the provision of services.

The current fee structure of \$5 for each separate query submitted by authorized entities was announced in a **Federal Register** notice on June 11, 2001 (66 FR 31245), and became effective on October 1, 2001. Based on the above criteria and our analysis of operational costs and the comparative costs of the various methods for filing and paying for queries, the department is now lowering the fee by 75 cents for each query submitted by authorized entities—from \$5 to \$4.25.¹

When an authorized entity query is submitted for information on one or more health care practitioners, providers or suppliers, the appropriate total fee will be \$4.25 multiplied by the number of individuals or organizations about whom information is being requested.

In order to minimize administrative costs, the department will accept queries submitted by authorized entities by credit card or electronic funds transfer. The department will continue to accept payment for self-queries only by credit card. The HIPDB accepts Visa, MasterCard, and Discover. To submit queries, registered entities (including law enforcement agencies) must use the HIPDB Web site at www.npdb-hipdb.com.

The department will continue to review the user fee periodically, and will revise it as necessary. Any future changes in the fee and its effective date will be announced through notice in the **Federal Register**.

Examples

Query method	Fee per name in query, by method of payment	Examples
Authorized Entity query	\$4.25	10 names in query: 10 × \$4.25 = \$42.50.
Self-query	\$10.00	10 self-queries: 10 × 10 = \$100.

¹ As part of its obligations under the Privacy Act, the department previously announced a \$10 fee for

health care practitioners, providers or suppliers to self-query (64 FR 58851; November 1, 1999). The

practitioner self-query fee will continue to remain at \$10.