

hours at this location are 8 a.m. to 7 p.m. All hand deliveries must be held together with rubber bands or fasteners. Any envelopes must be disposed of before entering the building. Commercial overnight mail (other than U.S. Postal Service Express Mail and Priority Mail) must be sent to 9300 East Hampton Drive, Capitol Heights, MD 20743. U.S. Postal Service first-class mail, Express Mail, and Priority Mail should be addressed to 445 12th Street, SW., Washington, DC 20554. All filings must be addressed to the Commission's Secretary, Marlene H. Dortch, Office of the Secretary, Federal Communications Commission.

Parties also must send three paper copies of their filing to Sheryl Todd, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 12th Street SW., Room 5-B540, Washington, DC 20554. In addition, commenters must send diskette copies to the Commission's copy contractor, Qualex International, Portals II, 445 12th Street, SW., Room CY-B402, Washington, DC 20554. This is a permit but disclose rulemaking proceeding. Ex parte presentations are permitted, except during the Sunshine Agenda period, provided that they are disclosed as provided in the Commission's rules.

Federal Communications Commission.

**William F. Caton,**  
Deputy Secretary.

[FR Doc. 03-5240 Filed 3-5-03; 8:45 am]

BILLING CODE 6712-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Establishment of the Diabetes Detection Program and Solicitation of Partnering Organizations

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) announces the establishment of the nationwide Diabetes Detection Program, an initiative to be carried out at the local level. HHS seeks both public and private sector partnering organizations to assist in implementation of the project. Potential partners include, but are not limited to: Professional organizations representing medicine, nursing, pharmacy, and other health related professions; diabetes-related nongovernmental organizations; large

employers and employer associations; retail pharmacy and/or related pharmacy associations; pharmaceutical and medical device manufacturers and/or related associations; and other health-related organizations such as, hospitals and hospital associations, managed care plans, insurance companies providing coverage for health care, and benefit management organizations. Components of HHS that will be involved in this initiative include the Office of Public Health and Science; the Office of the Assistant Secretary for Public Affairs; the Centers for Disease Control and Prevention; the National Institutes of Health; the Health Resources and Services Administration; the Office of the Surgeon General; and the U.S. Public Health Service Commissioned Corps.

**DATES:** Organizations and other entities interested in partnering with HHS in furtherance of this initiative should submit notification of their intent by close of business on April 21, 2003.

**ADDRESSES:** Notifications of interest in partnering should be sent to Elizabeth Majestic, M.P.H., Acting Director, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Room 738-G, 200 Independence Ave., SW., Washington, DC 20201; (202) 401-6295 (telephone), 202-690-7054 (fax). Notifications may also be submitted by electronic mail to [emajestic@osophs.dhhs.gov](mailto:emajestic@osophs.dhhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Ellis Davis, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Room 738-G, 200 Independence Ave., SW, Washington, DC 20201; (202) 260-2873 (telephone), 202-690-7054 (fax), [edavis@osophs.dhhs.gov](mailto:edavis@osophs.dhhs.gov).

**SUPPLEMENTARY INFORMATION:** To further implementation of the Diabetes Detection Program, HHS is seeking partners to participate in the initiative in accordance with their particular interests. For example, state governors, their health departments, and community health centers could initiate detection-based programs to reach those at highest risk for diabetes. Where appropriate, other organizations and entities could collaborate with these state health department and community health center programs, as in the following examples:

- Partnering organizations could participate in a nationwide advertising campaign that would alert the American public to the opportunity for diabetes detection;
- Partnering organizations could participate in the production or

distribution of printed materials that will be used by state programs and community health centers responsible for implementing the initiative;

- Employers could adopt the project and conduct detection clinics where people at high risk of diabetes could be identified, then referred for specific diagnosis and followup if warranted;
- Hospitals could provide professional resources to conduct detection clinics;
- Managed care plans could adopt the project and encourage their enrollees to have themselves assessed for risk and alter their lifestyles if the risk warrants;
- Colleges and universities could conduct detection events for their student populations;
- Area agencies on aging could form a component of a statewide program.

Where a statewide program is not in place, partnering organizations such as these could proceed on their own.

Dated: February 28, 2003.

**Elizabeth Majestic,**

*Acting Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion), Department of Health and Human Services.*

[FR Doc. 03-5269 Filed 3-5-03; 8:45 am]

BILLING CODE 4150-32-P

## 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 the Office of Management and Budget (OMB) to allow the proposed information collection project: "Needs Assessment of Primary Care Practice-Based Research Networks (PBRNs)." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

The proposed information collection was previously published in the **Federal Register** on January 7, 2003 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 April 7, 2003.

**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.

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.

**FOR FURTHER INFORMATION CONTACT:** Cynthia D. McMichael, AHRQ Reports Clearance Officer, (301) 594-3132.

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*“Needs Assessment of Primary Care Practice-Based Research Networks (PBRNs)”*

The project is being conducted in response to an AHRQ RFP entitled “Resource Center for Primary Care Practice-Based Research Networks (PBRNs)” (issued under Contract 290-02-0008). The Healthcare Research and Quality Act of 1999, amending section 911(b) of Title IX of the Public Health Service Act (42 U.S.C. 299 *et seq.*), states that Agency for Healthcare Research and Quality will “employ research strategies and mechanisms that will link research directly with clinical practice in geographically diverse locations \* \* \* including provider-based research networks”.

In order to assist the Agency for Healthcare Research and Quality (AHRQ), in meeting this goal, the Agency created an RFP that specifically requires a resource center to “assess the specific needs, if any, of each PBRN awarded (by AHRQ)” by determining “the stage of development of networks funded under the PBRN initiatives [AHRQ RFA-HS-003] and the specific resource needs of each network.”

The PBRNs are groups of primary care practices working together with academic researchers to address community-based health care research questions and to translate research findings into practice to improve health care. AHRQ funded 36 PBRNs in September, 2002, as well as a Resource Center intended to provide technical assistance and support to the PBRNs in their efforts to design and implement research projects. It is expected that an additional 24 PBRNs will be funded in 2003. In the proposed activities the PBRN Resource Center will collect data directly from each PBRN and their affiliated practices. The collection is a needs assessment of each of the AHRQ funded PBRNs. The collection will identify how the Resource Center can best support these networks through the development and use of information technology, and by linking the PBRN's with appropriate technical experts.

The in-depth needs assessment of each PBRN will use written and web surveys and telephone interviews. Each need assessment will ascertain the current capabilities of an individual PBRN in several respects, including:

- the ability to design and implement appropriately rigorous and complex research plans, including their access to key resources such as validated instruments and competence conducting advanced data analysis;
- the technical capacity for conducting data management tasks such as aggregating research data across networks, developing data files, and warehousing data;
- the ability to use information technology to foster effective communication with affiliated practices and with other research networks;
- the ability to address HHS priorities such as research involving populations of diverse race or ethnicity, socioeconomic status, age, gender and geography as well as preparedness for

bioterrorism and other emerging public health threats;

- the ability to engage the network's practicing clinicians and community representatives in the design, conduct and dissemination of research studies;
- the ability to design and implement data collection instruments in clinician settings;
- the mechanisms for supporting AHRQ's central goal of assuring new research findings are translated into everyday practice; and
- their capacity for long-term sustainability.

To obtain the necessary information, surveys and interviews will be conducted with PERN staff and staff members in each network's participating practices.

**Method of Collection**

Due to the relatively small number of organizations in the respondent universe of AHRQ funded PBRNs, and the expected diversity of needs, we will survey all of the AHRQ funded PBRNs (including those to be funded in 2003)≤

The method of data collection for the needs assessments consists of web-based and paper-based surveys and telephone interviews. We expect to involve multiple individuals from each PBRN in the data collection, including the PBRN administrator, information technology personnel, and the PBRN's lead clinician as well as individuals with similar roles at the affiliated practice level.

All individuals or networks unable to complete the survey via the Web will be sent a paper-based survey to complete and return by mail. The Resource Center will data enter any surveys completed by hand so that these responses can be included in the analyses. Non-respondents will receive a telephone reminder and, if necessary, sent an additional survey.

**Estimated Annual Respondent Burden**

Data collection effort	Number of respondents	Estimated time per respondent in hours	Estimated total burden hours	Average hourly wage rate	Estimated annual cost
Needs assessment .....	180 (maximum of three individuals from each of 60 PBRNs).	1	180	*40.26	\$7,246.80
Needs assessment .....	720 (maximum of two individuals at member practices PBRNs)***.	0.5	360	**45.77	16,477.20
Total .....	900 .....	0.6	540		

\*Based on the means of the average wages for manager in medicine and health, physicians, and computer systems analyst/scientist, National Comprehension Survey: Occupational Wages in the United States, 2000, “U.S. Department of Labor, Bureau of Labor Statistics, September 2001.”

\*\*Based on the mean of the average wages for manager in medicine and health and physicians, “National Compensation Survey: Occupational Wages in the United States 2000”, U.S. Department of Labor, Bureau of Labor Statistics, September 2001”.

\*\*\*This estimate assumes that variation exists in the number of member practices that comprise each PBRN. Consequently, we will survey two individuals (the lead clinician and the administrator) at each of three member practices in 20 PBRNs, in 20 PBRNs we survey two individuals at each of six member practices, and in 20 PBRNs we survey two individuals at each of nine member practices.

## Estimated Annual Costs to the Federal Government

The total cost to the government for activities directly related to this collection is \$432,451,000.

## Request for Comments

In accordance with the above cited legislation, comments on the AHRQ information collection proposal 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 the AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ's estimate of the burden (including hours and costs) 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 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: February 27, 2003.

**Carolyn M. Clancy,**  
Director

[FR Doc. 03-5298 Filed 3-5-03; 8:45 am]

BILLING CODE 4160-90-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP): Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

*Name:* Advisory Committee on Childhood Lead Poisoning Prevention.

*Time and Date:* 8:30 a.m.-5:30 p.m., March 18, 2003.

*Place:* Hilton—Crystal City at National Airport, 2399 Jefferson Davis Highway, Arlington, VA 22202, telephone 703/418-6800.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 55 people.

*Purpose:* The Committee shall provide advice and guidance to the Secretary; the

Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The Committee shall also review and report regularly on childhood lead poisoning prevention practices and recommend improvements in national childhood lead poisoning prevention efforts.

*Matters to be Discussed:* Agenda items include: Updates on Primary Prevention issues, Medicaid Targeted Screening, Review of Evidence for Effects at Blood Lead Levels <10 µg/dL issues, Screening of Immigrant/Adopted Children, and Study of Relationship of Environmental Tobacco Smoke and Blood Lead Levels.

Agenda items are subject to change as priorities dictate.

Opportunities will be provided during the meeting for oral comments. Depending on the time available and the number of requests, it may be necessary to limit the time of each presenter.

*Contact Person for More Information:* Crystal M. Gresham, Program Analyst, Lead Poisoning Prevention Branch, Division of Emergency and Environmental Health Services, NCEH, CDC, 1600 Clifton Road, NE., M/S F-30, Atlanta, Georgia 30333, telephone 770/488-7490, fax 770/488-4178.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 28, 2003.

**Alvin Hall,**

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

[FR Doc. 03-5247 Filed 3-5-03; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Revised Vaccine Information Materials for Measles, Mumps and Rubella Vaccines; Revised Instructions for Use of Vaccine Information Statements

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** Under the National Childhood Vaccine Injury Act (42 U.S.C. 300aa-26), the CDC must develop vaccine information materials that all health care providers are required to give to patients/parents prior to administration of specific vaccines. Since the recommended interval

between receiving rubella-containing vaccine and becoming pregnant has been amended from 3 months to 4 weeks, the vaccine information materials covering measles, mumps and rubella vaccine needed to be revised. On October 10, 2002, CDC published a notice in the **Federal Register** (67 FR 63106) seeking public comments on the proposed revised vaccine information materials for measles, mumps and rubella vaccines. The 60 day comment period ended on December 9, 2002. Following review of the comments submitted and consultation as required under the law, CDC has finalized these vaccine information materials. The final materials, and revised instructions for their use and for use of materials for other covered vaccines, are contained in this notice.

**DATES:** Beginning as soon as practicable, each health care provider who administers any vaccine that contains measles, mumps or rubella vaccine shall, prior to administration of each dose of the vaccine, provide a copy of the vaccine information materials contained in this notice, dated January 15, 2003, to the parent or legal representative of any child to whom such provider intends to administer the vaccine and to any adult to whom such provider intends to administer the vaccine, in lieu of providing earlier versions of these materials.

#### FOR FURTHER INFORMATION CONTACT:

Walter A. Orenstein, M.D., Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E-05, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639-8200.

**SUPPLEMENTARY INFORMATION:** The National Childhood Vaccine Injury Act of 1986 (Pub. L. 99-660), as amended by section 708 of Public Law 103-183, added section 2126 to the Public Health Service Act. Section 2126, codified at 42 U.S.C. 300aa-26, requires the Secretary of Health and Human Services to develop and disseminate vaccine information materials for distribution by all health care providers in the United States to any patient (or to the parent or legal representative in the case of a child) receiving vaccines covered under the National Vaccine Injury Compensation Program.

Development and revision of the vaccine information materials have been delegated by the Secretary to the Centers for Disease Control and Prevention (CDC). Section 2126 requires that the materials be developed, or revised, after notice to the public, with a 60-day comment period, and in consultation with the Advisory Commission on