for studying or avoiding crowd-out-interaction with employer-sponsored insurance; (14) cost-containment; (15) ensuring quality; (16) ensuring access; (17) data collection; (18) audits; (19) program budget; (20) program evaluations; (21) funding; (22) maintenance of effort; (23) necessary waivers (under existing program authority); (24) necessary State or Federal legislative changes (not under current authority); and (25) private sector options (*e.g.*, high risk pools, employer options, market reforms). States that propose or prepare waivers or State plan amendments (*e.g.*, Medicaid waivers, SCHIP amendments) as a result of their grant activities must submit their requests through existing review processes established by the Centers for Medicare and Medicaid Services.

Use of Grant Funds

Funding provided through this program may not be used to substitute for or duplicate funds currently supporting similar activities. In addition, grant funds may not be used to support construction, renovation or modernization costs. However, grant funds may support costs such as project staff salaries, consultants, project-related travel, project evaluation, limited equipment and software purchases or leases, and coordinating project-related meetings.

Expected Results

The implementation of State Planning grants is expected to result in the development of a plan that the State might subsequently implement to provide health insurance coverage to all citizens of the State. In addition, the grantee States will provide information about data collection activities, partnerships, and options that other States may draw from in their efforts to expand health insurance coverage.

Paperwork Reduction Act: Should any data collection activities fall under the purview of the PRA, OMB clearance will be sought. PHS Form 5161.1—CFDA 93.256.

Dated: May 22, 2003.

Elizabeth M. Duke,

Administrator.

[FR Doc. 03–13392 Filed 5–28–03; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Customer Satisfaction with Educational Programs and Products of the National Cancer Institute

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed collection—Title: Customer Satisfaction with Educational Programs and Products of the National Cancer Institute.

Type of Information Collection Request: NEW.

Need and Use of Information: The Office of Education and Special Initiatives (OESI) of the National Cancer Institute (NCI) is responsible for the design, implementation, and evaluation of education programs over the entire cancer continuum, including prevention, screening, diagnosis, treatment, survivorship, and palliative care; it also manages NCI initiatives that address specific challenges in cancer research and treatment. To help ensure the relevance, utility, and appropriateness of the many educational programs and products that OESI and NCI produce, OESI intends to collect information on customer satisfaction with those products through customer satisfaction surveys. By obtaining information from customers on the extent to which materials satisfy their needs, OESI and NCI will be able to systematically establish and follow a feedback loop that provides useful information to revise and enhance educational programs and products so that they attain maximum relevance, utility, appropriateness, and impact. Data will be collected through various means, including telephone, mail, in-person, and web-based surveys.

Frequency of Response: On occasion.

Affected Public: Individuals or households, organizations involved in providing health care services.

Type of Respondents: Health care consumers of NCI educational programs or products, including cancer patients and families, health care professionals, cancer control planners, and policymakers.

The estimated annual burden hours are as follows:

Product	Average sample size	Estimated number of responses per respondent	Average duration (hours)	Estimated total burden requested (hours)
40 different products	450	1	0.1	1,800

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Lenora Johnson, Acting Director, Office of Education & Special Initiatives, Branch Chief, Patient & Family Education National Cancer Institute, 6116 Executive Blvd., Ste. 202, Room 2029, Bethesda, MD 20892–8334, Non-toll free (301) 451–4056.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: May 19, 2003.

Reesa Nichols,

NCI Project Clearance Liaison.

[FR Doc. 03–13365 Filed 5–28–03; 8:45 am]

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