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Dated: March 7, 2003.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 03-5953 Filed 3-7-03; 3:20 pm]

**BILLING CODE 6210-01-P**

## GENERAL SERVICES ADMINISTRATION

### Office of Management Services

#### Cancellation of an Optional Form by the U.S. Office of Personnel Management

**AGENCY:** Office of Management Services, GSA.

**ACTION:** Notice.

**SUMMARY:** The U.S. Office of Personnel Management cancelled the following Optional Form because of low usage:

OF 299, Request by Employee for Action on Allotment of Pay

**DATES:** Effective March 11, 2003.

**FOR FURTHER INFORMATION CONTACT:** Ms. Mary Beth Smith-Toomey, U.S. Office of Personnel Management, (202) 606-8358.

Dated: February 28, 2003.

**Barbara M. Williams,**

*Deputy Standard and Optional Forms  
Management Officer, General Services  
Administration.*

[FR Doc. 03-5667 Filed 3-10-03; 8:45 am]

**BILLING CODE 6820-34-M**

## GENERAL SERVICES ADMINISTRATION

#### Interagency Committee for Medical Records (ICMR); Cancellation of Medical Standard Forms

**AGENCY:** General Services Administration.

**ACTION:** Notice

**SUMMARY:** Standard Form 556, Medical Record—Immunohematology is cancelled. The Federal medical community no longer uses this form.

**FOR FURTHER INFORMATION CONTACT:** Ms. Barbara Williams, General Services Administration, (202) 501-0581.

**DATES:** Effective March 11, 2003.

Dated: March 3, 2003.

**Barbara M. Williams,**

*Deputy Standard and Optional Forms  
Management Officer, General Services  
Administration.*

[FR Doc. 03-5668 Filed 3-10-03; 8:45 am]

**BILLING CODE 6820-34-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office for Civil Rights

#### Notice of Address for Submission of Requests for Preemption Exception Determinations

**AGENCY:** Office for Civil Rights, HHS.

**ACTION:** Notification of address for submission of requests for preemption exception determinations.

**SUMMARY:** This notice advises that, in accordance with the requirements of 45 CFR 160.204(b), a request to except a provision of State law from preemption by a federal standard, requirement, or implementation specification adopted under the Administrative Simplification title of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, must be submitted in writing to the Director, Office for Civil Rights, Department of Health and Human Services, Mail Stop Room 506F, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. The requirements for submission of a request for an exception determination are described in the Supplemental Information below, and can be found at 45 CFR 160.203-205.

**EFFECTIVE DATES:** Requests for preemption exception determinations may be submitted at the designated address upon publication of this notice.

**SUPPLEMENTAL INFORMATION:** Section 1178(a)(1) of the Social Security Act (the Act), as added by section 262 of HIPAA, Public Law 104-191, establishes a general rule that State law provisions which are contrary to the standards, requirements, or implementation specifications adopted or established by the Secretary of Health and Human Services pursuant to the Administrative Simplification title of HIPAA are preempted by the Federal requirements. The Act, as amended, at sections 1178(a)(2), 1178(b) and 1178(c) provides for certain exceptions to this general rule. Regulations implementing the preemption rule and its exceptions are codified at 45 CFR part 160, subpart B. This notice pertains to section 1178(a)(2)(A) of the Act, which sets forth the circumstances under which the

Secretary of Health and Human Services, or his designee, may make a determination that a contrary provision of State law will not be preempted by the Administrative Simplification title of HIPAA.<sup>1</sup>

Section 1178(a)(2)(A) of the Act provides that requests may be made for an exception to the general rule of Federal preemption, where the Secretary determines that a contrary provision of State law meets certain criteria. These criteria for a Secretarial exception determination are set forth at 45 CFR 160.203(a), as follows:

“(a) A determination is made by the Secretary under § 160.204 that the provision of State law:

(1) Is necessary:

(i) To prevent fraud and abuse related to the provision of or payment for health care;

(ii) To ensure appropriate State regulation of insurance and health plans to the extent expressly authorized by statute or regulation;

(iii) For State reporting on health care delivery or costs; or

(iv) For purposes of serving a compelling need related to public health, safety, or welfare, and, if a standard, requirement, or implementation specification under part 164 of this subchapter is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served; or

(2) Has as its principal purpose the regulation of the manufacture, registration, distribution, dispensing, or other control of any controlled substances (as defined in 21 U.S.C. 802), or that is deemed a controlled substance by State law.”

In addition, only State laws that are “contrary” to the Federal requirements are subject to preemption, and thus eligible for an exception determination. See 45 CFR 160.203. As defined at 45

<sup>1</sup> The Secretary does not have the legal authority to make determinations with respect to the exceptions to preemption in section 1178(a)(2)(B), 1178(b) and 1178(c) of the Act. Thus, the Secretary will not make exception determinations with respect to section 1178(a)(2)(B), which excepts from preemption contrary provisions of State law that relate to the privacy of individually identifiable health information and, under section 264(c)(2) of HIPAA, are “more stringent” than the federal requirements. Similarly, the Secretary does not have the legal authority to make determinations with respect to State laws that are excepted from preemption under sections 1178(b), concerning certain State laws providing for public health reporting, surveillance, investigation, or intervention, or 1178(c), concerning State laws requiring a health plan to report or provide access to information concerning management audits, financial audits, program monitoring or evaluation, or licensure or certification of facilities or individuals.