Purpose: At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day the full Committee will hear updates and status reports from the Department on several topics including HHS Data Council activities, the adoption of data standards including clinical data standards, privacy rule compliance and activities of the Board of Scientific Advisors at the National Center for Health Statistics. A presentation on the Consolidated Health Informatics Initiative is also planned with subsequent discussion. In the afternoon there will be an update from the Privacy Subcommittee and discussion of recommendations, reports and letters that the Committee is working on in selected areas including claims attachment standards, and the Committee's 6th Report to Congress on the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA.) The Committee also plans to hear a briefing from the Executive Subcommittee from their latest retreat. Finally there will be a discussion of agendas for future NCVHS meetings.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: *http://www.ncvhs.hhs.gov/,* where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: January 5, 2004.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 04–1142 Filed 1–16–04; 8:45 am]

BILLING CODE 4151–05–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02060]

National Cancer Prevention and Control Program; Notice of Availability of Funds; Amendment 3

A notice announcing the availability of fiscal year (FY) 2002 funds for cooperative agreements for the National Cancer Prevention and Control Program (NCPCP) was published in the **Federal Register** April 23, 2002, Volume 67, Number 78, pages 19932–19950. The notice is amended as follows:

Page 19937, section G.4.a.(5)(f), second column, last paragraph, replace ''Attachment B—Workplan Template'' with ''Attachment A—Workplan Template & Definitions''.

Page 19940, section H.3.a.(3), third column, replace ''Attachment C'' with ''Attachment B''.

Page 19941, section H.4.a., third column, first full paragraph, replace ''Attachment D'' with ''Attachment C''.

Page 19941, section H.4.a., third column, second full paragraph, replace ''Attachment E'' with ''Attachment D''.

Page 19941, section H.4.a.(5)(a)[1], third column, delete ''two business meetings'' and place with ''one business meeting''.

Page 19941, section H.4.a.(5)(a)[3], third column, delete ''up to two regional training opportunities.'' And replace with ''two CDC-sponsored workshops/trainings/meetings (2–3 days).''

Page 19942, section H.4., first column, third paragraph after section H.4.a.(5)(a)[4], delete the following: 'The applicant should submit a completed Screening and Diagnostic Worksheet (Attachment F—''Screening and Diagnostic Worksheet'' in the appendices) which is used to estimate the amount of funding needed to reimburse providers for allowable clinical services provided to eligible women served in your program. Further information about the Screening and Diagnostic Worksheet is provided in the NBCCEDP Policies and Procedures Manual, Section IV, pages 21–25. An electronic version of the Screening and Diagnostic Worksheet, an EXCEL spreadsheet, may be obtained through the program technical assistance contact listed in Section L. ''Where to Obtain Additional Information.' '' Replace with ''The applicant should submit a completed Clinical Costs Worksheet (Attachment E—''Clinical Costs Worksheet'' in the appendices) which is used as a standardized tool to estimate clinical and other direct service costs for your program. An electronic version of the Clinical Costs Worksheet, an EXCEL spreadsheet, and a related MSWord document with definitions may be obtained through the program technical assistance contact listed in Section L. ''Where to Obtain Additional Information.''

Page 19942, section H.4.a.(6)(a), first column, replace ''Attachment G'' with ''Attachment F''.

Page 19942, second column, after section H.4.a.(6)(b), add section H.4.a.(6)(c) to read ''Provide an itemized list of other non-Federal sources of funds, (appropriated, donated, and/or in-kind) by source, that are used to support NBCCEDP staffing and/or allowable direct services (*i.e.*, screening, diagnostic services, case management) to women for the past two budget periods (9/30/2002–6/29/2003 and 6/30/2003–6/29/2004). Indicate the amount anticipated from these or other sources for the upcoming budget period (6/30/2004–6/29/2005). If any part of the non-Federal sources of funds are used to meet the matching requirement for the NBCCEDP, please indicate the source and the amount that is included in the match for each budget period (See Attachment G—''Additional Non-Federal Funds Chart'' in the appendices).

Page 19943, section H.5.d., third column, first partial sentence, delete the ''.'' And add ''(See Attachment H—Workplan Templates A&B).''

Page 19949, section J.1.a.(4)(b), second column, amended in Amendment 2 to read, ''An example that demonstrates the impact of the NBCCEDP, and updated list of the screening and diagnostic procedures paid for by the program, the amount paid and the maximum amount allowed by Medicare within the State. Also include an updated letter of assurance regarding Medicaid coverage for CBE, screening mammograms, Pap smears and pelvic exams.'', add the following, ''NBCCEDP recipients are required to submit the NBCCEDP Minimum Data Elements (MDEs) to CDC semiannually on October 15 and April 15 and the System for Technical Assistance Reporting (STAR) data once annually on October 30 to CDC—OMB Control No. 0920–0571.''

Dated: January 12, 2004.

Edward J. Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04–1094 Filed 1–16–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee

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

Name: Clinical Laboratory Improvement Advisory Committee (CLIAC).

Times and Dates: 8:30 a.m.–5 p.m., February 11, 2004; 8:30 a.m.–3:30 p.m., February 12, 2004.

Place: Embassy Suites Hotel (Buckhead), 3285 Peachtree Rd. NE., Atlanta, Georgia 30305, Telephone: (404) 261–7733.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: This committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact on medical and laboratory practice of proposed revisions to the standards; and the modification of the standards to accommodate technological advances.

Matters To Be Discussed: The agenda will include updates from CDC, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration; a report from the CLIAC Waiver Workgroup; and discussion on the CLIA waiver criteria and process, previous CLIAC recommendations related to such, and AdvaMed's CLIA waiver criteria proposal.

Agenda items are subject to change as priorities dictate.

Providing Oral or Written Comments: It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments whenever possible.

Oral Comments: In general, each individual or group requesting to make an oral presentation will be limited to a total time of five minutes (unless otherwise indicated). Speakers must also submit their comments in writing for inclusion in the meeting's Summary Report. To assure adequate time is scheduled for public comments, individuals or groups planning to make an oral presentation should, when possible, notify the contact person below at least one week prior to the meeting date.

Written Comments: For individuals or groups unable to attend the meeting, CLIAC accepts written comments until the date of the meeting (unless otherwise stated). However, the comments should be received at least one week prior to the meeting date so that the comments may be made available to the Committee for their consideration and public distribution. Written comments, one hard copy with original signature, should be provided to the contact person below. Written comments will be included in the meeting's Summary Report.

FOR FURTHER INFORMATION CONTACT: Rhonda Whalen, Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, Public Health Practice Program Office, CDC, 4770 Buford Highway, NE, Mailstop F–11, Atlanta, Georgia 30341–3717; telephone (770) 488–8042; fax (770) 488–8279; or via e-mail at *RWhalen@cdc.gov.*

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: January 13, 2004.

Alvin Hall,

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

[FR Doc. 04–1086 Filed 1–16–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Protection and Advocacy for Individuals With Mental Illness (PAIMI) Annual Program Performance Report (OMB No. 0930–0169, Revision)

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act (42 U.S.C. 10801 *et seq.*) authorized funds to support protection and advocacy services on behalf of individuals with severe mental illness and severe emotional impairment who are at risk for abuse and neglect and other civil rights violations while under treatment in a residential facility. This program is managed by SAMHSA's Center for Mental Health Services (CMHS).

Under the PAIMI Act, formula grant awards are made to protection and advocacy (P&A) systems designated by the governors of the 50 states and 6 territories, and the District of Columbia to ensure that the rights of individuals with severe mental illness and severe emotional disturbance are not violated. In October 2000, the PAIMI Act was amended to create a 57th P&A system—the American Indian Consortium in Shiprock, New Mexico. Whenever the annual PAIMI appropriation reaches $30 million or more, State P&A systems may serve eligible individuals with serious mental illness or severe emotional impairments, as defined under the Act, residing in the community, including their own homes. However, PAIMI eligible persons residing in public and private residential care or treatment facilities have priority for all P&A system services.

The PAIMI Act requires P & A systems to file an annual report on their activities and accomplishments and to provide information on such topics as: numbers of individuals served, types of complaints addressed, and the number of intervention strategies used to resolve the presenting issues. Under the Act, there is an Advisory Council which is also required to submit an annual report that assesses the effectiveness of the services provided to, and the activities conducted by, the P&A systems on behalf of PAIMI eligible individuals and their family members.

The PAIMI Annual Program Performance Report (PPR) will undergo minor changes consistent with current statutory and regulatory data requirements, specifically information on grievance procedures, issues and investigations related to incidents of seclusion, restraint, including serious injuries and deaths, and the Advisory Council assessment of State P&A system PAIMI Program activities. The revised report formats will be effective for the report due on January 1, 2005.

The annual burden estimate is as follows:

	Number of respondents	Number of responses per respondent	Hours per response	Total hour burden
Annual Program Performance Report	57	1	28	1,596
Activities & Accomplishments	.....	.....	(20)	(1,140)
Performance outcomes	.....	.....	(3)	(171)
Expenses	.....	.....	(2)	(114)
Budget	.....	.....	(2)	(114)
Priority statements & objectives	.....	.....	(1)	(57)