Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone number: (770) 488–2787, email address: *yis0@cdc.gov.*

For program technical assistance, contact: Catherine Rebmann, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Atlanta, GA 30333, Telephone number: (404) 371–5363, email address: *csr9@cdc.gov.*

Dated: June 11, 2002.

Sandra R. Manning,

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

[FR Doc. 02–15154 Filed 6–14–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02050]

Predictive Instrument Research in Technology to Reduce Medical Errors; Notice of Award

A. Purpose

The purpose of the program will be to build upon the lessons learned with clinical predictive instruments (CPIs) in cardiac diseases and to further develop and adapt this technology for use with other clinically important and expensive medical conditions and care.

B. Eligible Applicant

The only eligible applicant is New England Medical Center. No other applications were solicited.

The House of Representatives Conference Report accompanying the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriation Bill ending September 30, 2002, and For Other Purposes (H.R. 3061, 107th Congress), recognized the New England Medical Center's unique qualifications for carrying out the activities specified in this grant (H.R. Rep. 107–342).

C. Availability of Funds

Approximately $346,146 is available in FY 2002 to fund one award. The award began June 1, 2002, and will be made for a 12-month budget period within a project period of one year.

D. Where To Obtain Additional Information

Should you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: René Benyard, Grants Management Specialist, Acquisition and Assistance, Branch B, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Mailstop K–75, Atlanta, GA 30341–4146, Telephone: (770) 488–2722, email address: bnb8@cdc.gov.

For program technical assistance, contact: Steve L. Solomon, M.D., Program Management Official, Division of Health Care Quality Promotion, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–55, Atlanta, GA 30333, Telephone: (404) 498–1124, email address: ssolomon@cdc.gov.

Dated: June 11, 2002.

Sandra R. Manning,

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

[FR Doc. 02–15151 Filed 6–14–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02118]

Fellowship Training Programs in Vector-Borne Infectious Diseases; Notice of Availability of Funds; Correction

A notice announcing the availability of Fiscal Year 2002 funds to fund cooperative agreements for Fellowship Training Programs in Vector-Borne Infectious Diseases was published in the **Federal Register** on May 10, 2002, Vol 67, No. 91, pages 31813–31816. The notice is amended as follows: On page 31814, first column, Section C. Availability of Funds, Paragraph 1, should be corrected to read ''It is expected that the awards will begin on or about August 30, 2002, and will be made for a 12-month budget period within a project period of up to five years.''

Dated: June 11, 2002.

Sandra R. Manning,

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

[FR Doc. 02–15153 Filed 6–14–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health: Meeting.

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: Advisory Board on Radiation and Worker Health (ABRWH).

Times and Dates: 8 a.m.–5 p.m., July 1, 2002; 8 a.m.–5 p.m., July 2, 2002.

Place: Hyatt Regency Denver, 1750 Welton Street, Denver, Colorado 80202, telephone (303) 295–5885, fax (303) 296–6352.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 65 people.

Background: The Advisory Board on Radiation and Worker Health (''the Board'') was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President, through the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS, advice on methods of dose reconstruction which have also been promulgated as a final rule, evaluation of the validity and quality of dose reconstructions conducted by the National Institute for Occupational Safety and Health (NIOSH) for qualified cancer claimants, and advice on the addition of classes of workers to the Special Exposure Cohort.

In December 2000 the President delegated responsibility for funding, staffing, and operating the Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was signed on August 3, 2001, and in November 2001, the President completed the initial appointment of Board members. The initial tasks of the Board have been to review and provide advice on the proposed, interim, and final rules of HHS.

Purpose: This board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this Program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Discussed: Agenda for this meeting will focus on the draft Special

Exposure Cohort Petitioning Process Procedures, NIOSH-IREP concerns and model transparency, dose reconstruction workgroup discussion and issues, and Board discussion.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Larry Elliott, Executive Secretary, ABRWH, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone (513) 841–4498, fax (513) 458–7125.

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: June 12, 2002.

John C. Burckhardt,

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

[FR Doc. 02–15273 Filed 6–14–02; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of Modified or Altered System

AGENCY: Centers for Medicare & Medicaid Services (CMS), (formerly the Health Care Financing Administration), Department of Health and Human Services (HHS).

ACTION: Notice of proposal to modify or alter a System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to modify or alter an SOR, ''End Stage Renal Disease (ESRD) Program Management and Medical Information System (PMMIS),'' System No. 09–70–0520. We propose to broaden the scope of this system to include the collection and maintenance of ESRD Core Indicators or Clinical Performance Measures (CPM). Data contained in CPM Data Set are being added to meet statutory requirements and to augment the usefulness of the information for research, quality improvement projects, and policy formulation. We are deleting routine use number 2 authorizing disclosures to organizations deemed qualified to carry out quality assessments; number 5, authorizing disclosures to a contractor; number 6, authorizing disclosures to an agency of a state government; and an unnumbered routine use which authorizes the release of information to the Social Security Administration (SSA).

Routine use number 2 is being deleted because it is not clear what ''organizations'' are being identified and who should receive information referred to in this routine use. We will add a new routine use to accomplish release of information in this system to ESRD Network Organizations and Quality Improvement Organizations (QIO) to carry out quality assessments, medical audits, quality improvement projects, and/or utilization reviews. Disclosures allowed by routine use number 6 and to SSA will be covered by a new routine use to permit release of information to ''another Federal and/or state agency, agency of a state government, an agency established by state law, or its fiscal agent.'' Disclosures previously allowed by routine use number 5 will now be covered by proposed routine use number 1.

The security classification previously reported as ''None'' will be modified to reflect that the data in this system is considered to be ''Level Three Privacy Act Sensitive.'' We are modifying the language in the remaining routine uses to provide clarity to CMS' intention to disclose individual-specific information contained in this system. The proposed routine uses will be prioritized and reordered according to their proposed usage. We will also update any sections of the system that were affected by the recent reorganization and update language in the administrative sections to correspond with language used in other CMS SORs.

The primary purpose of the system of records is to maintain information on Medicare ESRD beneficiaries, non-Medicare ESRD patients, Medicare approved ESRD hospitals and dialysis facilities, and Department of Veterans Affairs (DVA) patients. The ESRD/PMMIS is used by CMS and the renal community to perform their duties and responsibilities in monitoring the Medicare status, transplant activities, dialysis activities, and Medicare utilization (inpatient and physician/supplier bills) of ESRD patients and their Medicare providers, as well as in calculating the Medicare covered periods of ESRD. Information retrieved from this system of records will also be disclosed to: support regulatory, reimbursement, and policy functions performed within the Agency or by a contractor or consultant, another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent, ESRD Network Organizations and QIOs to implement quality improvement programs, facilitate research on the quality and effectiveness of care provided and payment related projects, support constituent requests made to a congressional representative, support litigation involving the agency, and combat fraud and abuse in certain health benefits programs. We have provided background information about the modified system in the ''Supplementary Information'' section below. Although the Privacy Act requires only that CMS provide an opportunity for interested persons to comment on the proposed routine uses, CMS invites comments on all portions of this notice. See ''Effective Dates'' section for comment period.

EFFECTIVE DATES: CMS filed a modified or altered SOR report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on June 1, 2002. In any event, we will not disclose any information under a routine use until 40 days after publication. We may defer implementation of this SOR or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.

ADDRESS: The public should address comments to: Director, Division of Data Liaison and Distribution (DDLD), CMS, Room N2–04–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.–3 p.m., eastern daylight time.

FOR FURTHER INFORMATION CONTACT: Dennis Stricker, Director, Information Support Group, Office of Clinical Standards and Quality, CMS, Room S3–02–01, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. The telephone number is (410) 786–3116. The e-mail address is dstricker@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Description of the Modified System

A. Background

The ESRD Program was established in 1972 pursuant to the provisions of 299I, Public Law 92–603. Notice of this system, ESRD/PMMIS was published in a **Federal Register** at 53 FR 62792 (Dec. 29, 1988), 61 FR 6645 (Feb. 21, 1996) (added unnumbered SSA use), 63 FR 38414 (July 16, 1998) (added three fraud and abuse uses), and 65 FR 50552 (Aug. 18, 2000) (deleted one and modified two fraud and abuse uses).