Proposed Project

State Medicaid Survey—New—National Center for Chronic Disease Prevention and Control (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed 2004 State Medicaid Survey will assess State Medicaid Programs to determine the extent of coverage for tobacco-dependence treatment. Tobacco use is the leading preventable cause of death in the United States. One of the 2010 National Health Objectives is to increase insurance coverage of evidence-based treatment for nicotine dependence (*i.e.*, Food and Drug Administration [FDA]-approved pharmacotherapies and total coverage of behavioral therapies in Medicaid programs) from 36 states to all 50 states and the District of Columbia. To increase both the use of treatment by smokers attempting to quit and the number of smokers who quit successfully, the Guide to Community Preventive Services recommends reducing the out-of-pocket cost of effective tobacco-dependence treatments (*i.e.*, individual, group and telephone counseling and FDA-approved pharmacotherapies). The 2000 Public Health Service (PHS) Clinical Practice Guideline supports expanded insurance coverage for tobacco-dependence treatment.

In 2000, approximately 32 million low-income persons in the United States received their health insurance coverage through federally funded State Medicaid programs; approximately 11.5 million (36%) of these persons smoked. The amount and type of coverage for tobacco-dependence treatment offered by Medicaid has been reported for 1998 and annually from 2000–2003. In 2002 and 2003, surveys were funded by the Robert Wood Johnson Foundation (RWJF). RWJF will no longer be tracking this coverage; therefore, CDC proposes to fund the survey. CDC proposed to fund the survey from 2004–2010. The survey will allow CDC to continue to measure progress of State Medicaid Programs toward the 2010 National Health Objective and document changes in the provision of coverage toward reaching the Healthy People 2010 goal.

The objectives of the project are as follows:

- Conduct a study of all 50 states and the District of Columbia Medicaid Programs to determine coverage for tobacco dependence treatment (counseling and FDA-approved pharmacotherapies) and assess compliance with the PHS recommendations.
- Analyze and publish the data.

Medicaid recipients have approximately 50% greater smoking prevalence than the overall U.S. adult population, and they are disproportionately affected by tobacco-related disease and disability. Substantial action to improve coverage will be needed if the United States is to achieve the 2010 National Health Objective of 12% smoking prevalence among adults.

This project will provide an opportunity to assess the extent of coverage for tobacco-dependence treatment under Medicaid. In 2002, 36 states provided coverage for some FDA approved medications; however, only 10 states provided some form of coverage for counseling and only 2 states provided comprehensive coverage, counseling and medication. Fifteen states provided no coverage. This project will be conducted with a mailed request to State Medicaid directors to identify a knowledgeable person within their system to respond to the survey. The survey will be mailed to the identified individuals.

Respondents will be asked to submit a written copy of their Medicaid coverage policies. If responses are not received, individuals will receive a telephone follow-up. Respondents are mailed the survey that they completed the previous year and asked to make revisions if changes have occurred. If this is being done by the person who completed the survey the previous year, the response burden is reduced. If the questions are not answered or not answered clearly, follow-up is required which takes additional time. All 50 states plus the District of Columbia have reported in the past. There is no cost to respondents except the time to complete the survey. The estimated total burden hours are 26.45.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs)
State Medicaid Directors	51	1	2/60
State Medicaid Programs with Minimal Response	35	1	15/60
State Medicaid Programs with Maximum Response	16	1	1

Dated: May 31, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–0445X]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371–5983 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

A Multi-Center Study to Assess Exposure to Environmental Pollutants Among Primiparous Women in North America—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Persistent organic pollutants (POPs) are a group of man-made chemicals that can stay in the environment for long periods of time and can be transported long distances in the environment. Heavy metals such as lead and mercury are naturally found substances that can also be released into the environment as a result of human activities (*e.g.*, smelting). Exposure to these contaminants, even at low levels, may lead to adverse health effects, particularly in high-risk groups such as the unborn child. However, before we attempt to determine if these contaminants are associated with health effects, we have to find out if these contaminants are present in our blood and in what amounts. The Arctic Monitoring and Assessment Program (AMAP), established in 1991 under the Arctic Environmental Protection Strategy (AEPS), has the responsibility to monitor levels and assess effects of selected pollutants (*i.e.*, POPs and heavy metals) in all Arctic locations. To our knowledge, a similar integrated program for monitoring exposure to POPs and metals does not exist in North America.

The proposed program will monitor levels of POPs and heavy metals in first-time pregnant (Primiparous) women. The program will help determine geographical and temporal trends of these exposures in selected cities within the United States, Canada, and Mexico. CDC will be responsible for the investigation in the United States; Canada and Mexico will be responsible for the investigation in their countries. The findings will inform first-time pregnant women in the vicinity of the study sites of their exposure to selected POPs and heavy metals. This program will also provide unique information regarding accumulation of POPs and heavy metals in relation to dietary patterns, and will allow assessment of trends in diet, which is critical public health information. Biomonitoring for POPs and metals will enhance awareness among this vulnerable population of the risks posed by these chemicals in various regions of North America and help identify ways to reduce exposure. The program will enroll 25 pregnant women (20–25 years of age) per site (United States: 5 sites; Canada: 5 sites; Mexico: 10 sites). The current protocol only describes and seeks approval for enrollment of 75 pregnant women from three of the five U.S. sites. Two U.S. sites have ongoing studies, in collaboration with CDC, where they are testing maternal blood for POPs and metals; these two sites are non-federal, academic institutions, and CDC does not have a formal funding agreement with these institutions. Data from previous projects in the United States and Canada will be used for comparing results of the current project. As there has been little national or regional monitoring in Mexico, more sites will be selected in Mexico than in the United States and Canada.

In collaboration with obstetricians at the local sites, study participants will be recruited during their prenatal clinic visit, after their 36th week of pregnancy but prior to delivery. One person from the study team will approach the mother during a routine prenatal visit, explain the project, and obtain signed consent if the mother is willing to participate. The study will involve administering an exposure questionnaire and collection of blood and urine samples during the 3rd trimester of the pregnancy. This is only a one-time study; blood collection and administration of the questionnaire will only be done once. All samples will be analyzed at a single laboratory in each country, and the results will be distributed to the study participants and their physicians prior to publication. There are no costs to respondents other than their time. The estimated total annualized burden hours are 53 hours.

Estimate of Annualized Burden Table:

Type or respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Screening First-time Pregnant Women	106	1	5/60
Demographic and Health History Questionnaire	75	1	10/60
Food Frequency Questionnaire	75	1	25/60

Dated: May 31, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Administration on Children, Youth and Families, Family and Youth Services Bureau; FY 2005 Discretionary Grants for the Family Violence Prevention and Services Program—Demonstration of Enhanced Services to Children and Youth Who Have Been Exposed to Domestic Violence

Announcement Type: Initial.

Funding Opportunity Number: HHS–2005–ACF–ACYF–EV–0031.

CFDA Number: 93.592.

Due Date For Letter of Intent: Letter of Intent is due June 29, 2005.

Due Date for Applications: Application is due July 25, 2005.

Executive Summary Demonstration of Enhanced Services to Children and Youth Who Have Been Exposed to Domestic Violence

The Administration for Children and Families (ACF) announces this funding opportunity to offer awards for the demonstration of enhanced services for children and youth who have been exposed to domestic violence.

I. Funding Opportunity Description

Authorizing Statutes and Regulations: The Family Violence Prevention and Services Act (the Act) was originally enacted in sections 301–313 of Title III of the ''Child Abuse Amendments of 1984'' (Pub. L. 98–457, 10/9/84). The Act was most recently amended by the ''Keeping Children and Families Safe Act of 2003'' (Pub. L. 108–36).

Program and Focus Areas: It is the purpose of these demonstration grants to provide enhanced services and support to the children and youth who have been exposed to domestic violence in order to mitigate the impact of that exposure and increase the opportunity for these children and youth to lead healthy, non-violent, and safe lives as adults. The proposed demonstrations require the collaboration of the State agency that administers the family violence prevention and services programs and the State domestic violence coalition within that state. The collaboration need not be limited to the above entities but must include them as principal participants. The lead applicant may be the coalition or the