

where appropriate, coordinate services to individual women, children, and families.

**Nurse Practitioner** means a registered nurse who has successfully completed a formal program of study designed to prepare registered nurses to deliver primary health care, involving independent and interdependent decision making and direct accountability for clinical judgment, including the abilities to:

- Assess the health status of individuals and families through health and medical history taking, physical examination, ordering and interpreting diagnostic tests and making diagnoses;
- Institute and provide continuity of primary health care to individuals and families; and refer to other health care providers when appropriate;
- Prescribe treatments including pharmacological and non-pharmacological therapeutics, consistent with current standards of care;
- Provide instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention, including involving such persons in planning for their health care; and
- Collaborate with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

**Nurse Practitioner or Nurse-Midwifery Program** means a full-time educational program of study, as defined by the institution, (although students may be progressing through the program on a full-time or part-time basis), which meets the Guidelines prescribed herein. The program's objective is the education of nurses who will, upon completion of their studies in the program, be qualified to effectively provide primary health care in a variety of settings, including in homes, ambulatory care facilities, long-term care facilities, acute care, and other health care settings.

**Post-Nursing Master's Certificate Program** means a formal, post-graduate program for Registered Nurses with master's degrees that awards a certificate and academic credit for completion of the program of study as a Nurse Practitioner or Nurse-Midwife.

**Preceptorship** means a clinical learning experience in which the student is assigned to a faculty member or with oversight by program faculty to a designated preceptor who is a nurse practitioner or nurse-midwife or other health professional for specific aspects of the clinical learning experience. The preceptorship provides the student with practice experiences conducive to meeting the defined goals and objectives

of the particular clinical course. The preceptor is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the nurse practitioner or nurse-midwifery student. The preceptor teaches, supervises, and evaluates the student and provides the student with an environment that permits observation, active participation, and management of primary health care. Before and during this preceptorship program faculty visits and assesses clinical learning sites and prepares clinical faculty/preceptors for teaching their students.

**Primary Care** means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. Primary care and Primary Health Care are used interchangeably in this document. (Definition adapted from Barbara Starfield, *Primary Care Concept, Evaluation, and Policy*, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine:

Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, Committee on the Future of Primary Care, Division of Health Care Services, *Primary Care: America's Health in a New Era, Summary*, National Academy Press, Washington, DC, 1996, p. 23.)

Dated: October 27, 2003.

**Elizabeth M. Duke,**  
*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Privacy Act of 1974; New System of Records

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notification of new system of records.

**SUMMARY:** In accordance with the requirements of the Privacy Act, the Health Resources and Services Administration (HRSA) is publishing notice of a proposal to add a new system of records. The Smallpox Vaccine Injury Compensation Act of 2003 ("the Act"), amended title II of the Public Health Service Act (42 U.S.C. 202 *et seq.*) to provide benefits and other compensation for certain individuals with injuries resulting from the administration of smallpox countermeasures or as a result of vaccinia contracted through accidental vaccinia inoculation. The Act directs the Secretary, HHS, to establish administrative procedures to compensate certain individuals who sustained a covered injury as the direct result of the administration of smallpox vaccine, and certain individuals who sustained a covered injury as a direct result of accidental vaccinia inoculation through contact with the foregoing persons or with individuals accidentally inoculated by them. This system of records is required to comply with the implementation directives of the Act, Public Law 108-20. The records will be used for the Smallpox Vaccine Injury Compensation Program's (SVICP) planning, implementation, payment, evaluation, monitoring, and document storage purposes.

**DATES:** HRSA invites interested parties to submit comments on the proposed New System of Records on or before December 15, 2003. As of the date of the publication of this Notice, HRSA has sent a Report of New System of Records to Congress and to the Office of Management and Budget (OMB). The New System of Records will be effective 40 days from the date submitted to OMB unless HRSA receives comments that would result in a contrary determination.

**ADDRESSES:** Please address comments to Health Resources and Services Administration (HRSA) Privacy Act Officer, 5600 Fishers Lane, Room 14A-20, Rockville, Maryland 20857; telephone (301) 443-3780. This is not a toll-free number. Comments received will be available for inspection at this same address from 9 a.m. to 3 p.m., Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:** Director, Office of Special Programs, Health Resources and Services Administration, 5600 Fishers Lane, Room 16C-17, Rockville, Maryland 20857; telephone (301) 443-3300. This is not a toll-free number.