Services Administration, the Director, Bureau of Health Professions, the Director, Division of Nursing, and staff reports. The council will also meet in breakout groups to discuss current issues related to nurse education and practice.

The meeting will be closed to the public on April 28, 10:30 a.m. to 1:00 p.m. for review of grant applications for Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds. The closing is in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., and the Determination by the Associate Administrator for Policy Coordination, Health Resources and Services Administration, pursuant to Public Law 92– 463.

Anyone wishing to obtain a roster of members, minutes of meetings, or other relevant information should write or contact R. Margaret Truax, Executive Secretary, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9–35, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–5786.

Agenda Items are subject to change as priorities dictate.

Dated: March 3, 1995.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 95–5693 Filed 3–8–95; 8:45 am] BILLING CODE 4160–15–P

Social Security Administration

Privacy Act of 1974; Report of New Routine Use

AGENCY: Social Security Administration (SSA), Department of Health and Human Services (HHS). **ACTION:** New Routine Use.

SUMMARY: In accordance with the Privacy Act (5 U.S.C. 552a(e)(4) and (11)), we are issuing public notice of our intent to establish a new routine use applicable to the system of records entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, HHS/SSA/OSR, 09–60– 0058. Under agreement with participating States, the proposed routine use will allow SSA to disclose Social Security numbers assigned to newborn children to the State in which the births are registered.

We invite public comment on this publication.

DATES: We filed a report of a new routine use with the Chairman, Committee on Government Reform and Oversight of the House of Representatives, the Chairman, Committee on Governmental Affairs of the Senate, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget on February 28, 1995. The routine use will become effective as proposed, without further notice, on April 18, 1995, unless we receive comments on or before that date which would warrant preventing the routine use from taking effect. ADDRESSES: Interested individuals may comment on this publication by writing to the SSA Privacy Officer, Social Security Administration, Room 3–A–6 **Operations Building, 6401 Security** Boulevard, Baltimore, Maryland 21235. (FAX number: 410/966-0869). All comments received will be available for public inspection at that address. FOR FURTHER INFORMATION CONTACT: Thomas E. Price, Social Insurance Specialist, Confidentiality and Disclosure Branch, Office of Disclosure Policy, Social Security Administration, 3–A–6 Operations Building, 6401 Security Boulevard, Baltimore, Maryland 21235, telephone 410-965-6011.

SUPPLEMENTARY INFORMATION:

I. Discussion of Proposed Routine Use

More than four million children are born each year in the United States. The Social Security Administration (SSA) has encouraged application for, and assignment of, Social Security account numbers (SSN) to children at birth since 1989. To that end, SSA's Enumeration at Birth (EAB) program allows parents of newborn infants in most States to request an SSN as part of the State's birth registration process. When the EAB program is not used, parents can apply for a child's SSN for income tax purposes at a local SSA field office. State bureaus of vital statistics (BVS) accumulate the birth registration information received from hospitals and periodically send SSA an electronic file with the data needed to assign SSNs to the individuals in the file. SSA processes the file, assigns the SSNs, and sends an SSN card for each newborn to the child's parents.

Under the EAB program, SSA does not send the child's SSN to the State BVS unless the parents have agreed. Seven States now ask for parental consent to allow the child's SSN to become part of the birth record.

The proposed routine use would permit SSA to send the SSNs of newborns, and as a one time disclosure, the SSNs of children born since December 31, 1990, to the State BVS in which a birth is recorded without having to secure parental consent. The SSN would become part of the confidential portion of the birth record. Parents would also be given the option of requesting that their child's SSN not be included in the birth record.

States could use these SSNs as the primary identifying numbers in administering public health and income maintenance programs and in statistical research and evaluation projects. Public health program uses of the SSNs would include, but are not limited to, establishing public immunization registries, ensuring complete birth record registration by matching vital records with neonatal test results, conducting studies of factors contributing to infant mortality by linking birth and death records, and evaluating the efficacy of intervention programs such as the Women, Infants and Children (WIC) nutrition program, "Healthy Start" or other health maintenance programs. Income maintenance program purposes for which the States could use the SSNs include verifying the identity of applicants for services to families and children.

In all research and statistical studies involving record linkages with other data bases, the SSNs provided under this routine use would serve as the primary matching key, but would not be released for public use. Once the records are linked and a data set created, the personal identifying information (including SSNs) is usually removed. The resulting data set is used for aggregate analysis. Personal identifiers are retained in the data set only when they are determined to be necessary to the outcome of the study by an Institutional Review Board (IRB). Internal IRBs review all proposals for health research on human subjects in institutions conducting such research. IRBs also examine proposed protocols of investigations to determine if any unwarranted harm to individuals would result from the use of identifying data.

One benefit of the proposed new routine use is the potential value of the SSN to statewide Childhood Immunization Registries. Ensuring that all children complete the recommended series of immunizations (14 to 15 doses of vaccines by the second birthday) is the main goal of immunization programs. Although approximately 95% of all children in the United States begin the recommended series of immunizations, only about half complete the series by two years of age, a critical period for childhood disease prevention.

Statewide immunization information systems are a partial response to the problem of incomplete immunizations. Evaluating the immunization status of individuals is difficult because roughly 40% of children receive their immunizations from two or more providers and many parents do not