

Dated: June 3, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-14478 Filed 6-7-96; 8:45 am]

BILLING CODE 4120-03-P

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

AGENCY: Health Care Financing Administration, HHS.

In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Physical Therapist in Independent Practice Survey Report; **Form No.:** HCFA-3042; **Use:** The Medicare Program requires physical therapists in an independent practice to meet certain health and safety requirements. The survey report records the results of an onsite survey to confirm that the health and safety requirements are met; **Frequency:** On occasion; **Affected Public:** Business or other for profit; **Number of Respondents:** 2,196; **Total Annual Hours:** 2,196.

2. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Health Maintenance Organization (HMO) and Competitive Medical Plan (CMP) National Data Reporting Requirements (NDRR); **Form No.:** HCFA-906; **Use:** The NDRR provides the Office of Managed Care staff with information required to effectively monitor and evaluate the

progress and effectiveness of the HMO/CMPs as appropriate. This ensures the protection of Federal investment and enrolled members of HMO/CMPs. Additionally, the NDRR provides statistical data for continued regulation; **Frequency:** Quarterly, annually; **Affected Public:** Business or other for profit, not for profit institutions, and state, local or tribal governments; **Number of Respondents:** 292; **Total Annual Hours:** 2,920.

3. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Identification of Extension Units of Outpatient Physical Therapy and Outpatient Speech Pathology Providers; **Form No.:** HCFA-381; **Use:** The Medicare Program requires outpatient physical therapy and outpatient speech pathology (OPT/OSP) providers to be surveyed to determine compliance with Federal requirements. The HCFA-381 is the form used to identify OPT/OSP locations; **Frequency:** Annually; **Affected Public:** Business or other for profit; **Number of Respondents:** 2,300; **Total Annual Hours:** 575.

4. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Fire Safety Survey Report; **Form No.:** HCFA-2786 A,B,C,D,F,G,H,J,K,L,M,P,Q; **Use:** These forms are used by the State Agency to record data collected in order to determine compliance with individual conditions during fire safety surveys and report it to the Federal Government; **Frequency:** Annually; **Affected Public:** State, local or tribal governments; **Number of Respondents:** 53; **Total Annual Hours:** 20,637.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: June 3, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-14480 Filed 6-7-96; 8:45 am]

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Health Resources and Services Administration

Availability of Funds for the Nursing Education Loan Repayment Program for Service in Certain Health Facilities

AGENCY: Health Resources and Services Administration

ACTION: Notice of available funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 for awards under Section 846 of the Public Health Service (PHS) Act to repay up to 85 percent of the nursing education loans of registered nurses who agree to serve for not less than 2 years as nurse employees in certain health facilities.

The HRSA, through this notice, invites applications for participation in this loan repayment program. Approximately \$1,942,000 will be available, and with these funds, the HRSA estimates that approximately 179 loan repayment awards may be made.

The PHS is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2000*, a PHS-led national activity for setting health priorities. These programs will contribute to the *Healthy People 2000* objectives by improving access to primary health care services through coordinated systems of care for medically underserved populations in both rural and urban areas. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report, Stock No. 017-001-00474-01) or *Healthy People 2000* (Summary Report, Stock No. 017-001-00473-01) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone number: 202 783-3238).

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the

PHS mission to protect and advance the physical and mental health of the American people.

DATES: To receive consideration for funding, individuals must submit their applications by September 1, 1996.

Applications shall be considered as meeting the deadline if they are either:

(1) received on or before the deadline date; or

(2) sent on or before the deadline and received in time for submission to the reviewing program official. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing).

Late applications will not be considered for funding in FY 1996, but may be kept on file for consideration in FY 1997.

ADDRESSES: Application materials with a list of counties (parishes) with the greatest shortage of nurses may be obtained by calling or writing to: Sharley Chen, Chief, Loan Repayment Programs Branch, Division of Scholarships and Loan Repayments, Bureau of Primary Health Care, HRSA, 4350 East-West Highway, 10th Floor, Bethesda, MD 20814, (301-594-4400). The 24-hour toll-free phone number is 1-800-435-6464 and the FAX number is (301) 594-4981. Completed applications should be mailed to the same address. The application form has been approved under Office of Management and Budget (OMB) Number 0915-0140.

FOR FURTHER INFORMATION CONTACT: For further program information and technical assistance, please contact the Branch Chief at the above address, phone or FAX number.

SUPPLEMENTARY INFORMATION: Section 846 of the PHS Act provides that the Secretary will repay a portion of an individual's educational loans incurred for nursing education costs if that individual enters into a contract with the Secretary to serve as a registered nurse for not less than 2 years in a variety of eligible health facilities or in a health facility determined by the Secretary to have a critical shortage of nurses. For an individual who is selected to participate in this program, repayment shall be on the following basis:

(1) By the completion of the first year of agreed service, the Secretary will have paid 30 percent of the principal of, and interest on, the outstanding balance on each qualified loan as of the beginning date of service;

(2) By the completion of the second year of agreed service, the Secretary will have paid another 30 percent of the principal of, and interest on, the outstanding balance of each qualified loan as of the beginning date of service; and

(3) By the completion of a third year of agreed service, if applicable, the Secretary will have paid another 25 percent of the principal of, and interest on, the outstanding balance of each qualified loan as of the beginning date of service (option for third year of service is dependent on the availability of funds).

No more than 85 percent of the principal balance of any qualified loan which was unpaid as of the beginning date of service will be paid under this program.

Prior to entering a contract for repayment of loans, other than Nursing Student Loans, the Secretary will require that satisfactory evidence be provided of the existence and reasonableness of the educational loans.

These loan repayment amounts are unrelated to any salary paid to the nursing education loan repayment recipient by the health facility by which he or she has been employed.

To be eligible to participate in this program, an individual must:

(1) Have received, prior to the start of service, a baccalaureate or associate degree in nursing, a diploma in nursing, or a graduate degree in nursing;

(2) Have outstanding educational loans for the costs of his/her nursing education;

(3) Agree to be employed full-time for not less than 2 years in any of the following types of eligible health facilities: an Indian Health Service health center; a Native Hawaiian health center; a public hospital (operated by a State, county, or local government); a community or migrant health center [Sections 330(a) and 329(a)(1) of the PHS Act]; a Federally Qualified Health Center receiving Sections 330 or 329 funding; a rural health clinic (Section 1861 (aa)(2) of the Social Security Act); or a public or nonprofit private health facility determined by the Secretary to have a critical shortage of nurses; and

(4) Currently be employed or plan to begin employment as a registered nurse no later than July 31, 1996.

Funding Preferences

As required under Section 846, the Secretary will give preference to qualified applicants:

(1) Who have the greatest financial need; and

(2) Who agree to serve in the types of health facilities described in paragraph

(3) above, that are located in geographic areas determined by the Secretary to have a shortage of and need for nurses.

Breach of Contract

Participants in this program who fail to provide health services for the period specified in their contract with the Secretary, shall be liable to the Federal Government for payments made by the Secretary during the service period pursuant to such contract, plus interest on this amount at the maximum legal prevailing rate, payable within 3 years from the date the contract with the Secretary is breached.

Waiver or Suspension of Liability

A waiver or suspension of liability may be granted by the Secretary if compliance with the contract with the Secretary by the individual participant is impossible, or would involve extreme hardship to the individual, and if enforcement of the contract with respect to the individual would be unconscionable.

Other Award Information

This program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs, since payments to individuals are not covered. In addition, this program is not subject to the submission of a Public Health System Impact Statement.

The OMB *Catalog of Federal Domestic Assistance* number for this program is 93.908.

Dated: June 3, 1996.

Ciro V. Sumaya,
Administrator.

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Health Care Financing Administration [ORD-087-N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: April 1996

AGENCY: Health Care Financing Administration (HCFA).

ACTION: Notice.

SUMMARY: No new proposals for Medicaid demonstration projects were submitted to the Department of Health and Human Services during the month of April 1996 under the authority of section 1115 of the Social Security Act. This notice lists proposals that were approved or are pending during the month of April. None were disapproved or withdrawn during this time period.