

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****Agency for Toxic Substances and Disease Registry; Senior Executive Service; Performance Review Board Members**

AGENCY: Centers for Disease Control and Prevention (CDC), and Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Title 5, U.S. Code, Section 4314 (c) (4) of the Civil Service Reform Act of 1978, Public Law 95-454, requires that appointment of Performance Review Board members be published in the Federal Register.

FOR FURTHER INFORMATION CONTACT: Connie Clayton, Human Resources Management Office, Office of Program Support, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K-07, Atlanta, Georgia 30341-3724, (770) 488-1785.

SUPPLEMENTARY INFORMATION: The following persons will serve on the Performance Review Board which oversees the evaluation of performance appraisals of Senior Executive Service members of the Department of Health and Human Services in the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry:

Claire V. Broome, M.D., Chairperson

William D. Adams

Helene D. Gayle, M.D., M.P.H.

James M. Hughes, M.D.

Arthur C. Jackson

Richard J. Jackson, M.D., M.P.H.

Wanda K. Jones, Dr.P.H.

James S. Marks, M.D., M.P.H.

Linda Rosenstock, M.D., M.P.H.

Dated: November 5, 1996.

Claire Broome,

Deputy Director, Centers for Disease Control and Prevention (CDC) and Deputy Administrator, Agency for Toxic Substances and Disease Registry (ATSDR).

[FR Doc. 96-28896 Filed 11-8-96; 8:45 am]

BILLING CODE 4163-18-P

Food and Drug Administration

[Docket No. 96N-0340]

Lilly Research Laboratories, et al.; Withdrawal of Approval of 12 New Drug Applications, 8 Abbreviated Antibiotic Applications, and 23 Abbreviated New Drug Applications; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the Federal Register of October 2, 1996 (61 FR 51457). The document announced the withdrawal of approval of 12 new drug applications (NDA's), 8 abbreviated antibiotic applications (AADA's), and 23 abbreviated new drug applications (ANDA's). That document inadvertently withdrew approval of all of NDA 18-830 for Tambocor (flecainide acetate) 50, 100, 150, and 200 milligrams (mg) tablets held by 3M Pharmaceuticals, 3M Center, Bldg. 270-3A-01, St. Paul, MN 55144-1000. This notice confirms that approval of NDA 18-830 is still in effect, and approval is withdrawn only of portions pertaining to the 200 mg tablet.

EFFECTIVE DATE: October 2, 1996.

FOR FURTHER INFORMATION CONTACT: Olivia A. Vieira, Center for Drug Evaluation and Research (HFD-7), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301-594-1046.

In FR Doc. 96-25198, appearing on page 51457 in the Federal Register of Wednesday, October 2, 1996, the following correction is made: On page 51457, in the second column, in the table, the entry for NDA 18-830 is corrected to read "Tambocor (flecainide acetate), 200 mg Tablets (only those portions of the NDA that deal with 200 mg tablets)."

Dated: October 29, 1996.

Janet Woodcock,

Director, Center for Drug Evaluation and Research.

[FR Doc. 96-28931 Filed 11-8-96; 8:45 am]

BILLING CODE 4160-01-F

Health Resources and Services Administration**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with the requirement of Section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project

A Study of Physicians' Educational Preparation for Practice in Managed Care—(0915-0202)—Reinstatement— OMB approval was obtained in 1995 to conduct two mail surveys, one of primary care physicians and one of medical directors in managed care organizations (MCOs). The purpose of both is to assess their views of the adequacy of physician preparation for practice in a managed care setting. Data collection began in June 1996. Early responses indicated that a high proportion of the sampled physicians were not eligible for the survey, which was targeted to primary care physicians in group and staff model MCOs. Methods for increasing the proportion of eligibles to an acceptable rate are being explored, including the possibility of conducting brief screening phone calls to determine eligibility prior to mailing the questionnaires. Once a methodology has been selected and OMB approval is reinstated, data collection will resume. Few, if any, substantive changes to the questionnaire are expected. Note that the survey of medical directors had acceptable eligibility rates, and data collection is proceeding.

The survey of physicians will be limited to allopathic primary care physicians who graduated between 1986 and 1990. The information will be used by the Bureau of Health Professions to formulate recommendations for curriculum changes in medical

education. Automated collection techniques will not be used for either the mail survey or the brief screening

phone call. Burden estimates are as follows:

	Number of respondents	Number of responses per respondent	Avg. burden/response (hours)	Total hours of burden
Screening calls	1400	1	0.25	100
Mail survey of physicians	2000	1	0.25	500
Total	2400	1	0.25	600

¹ We estimate that it will require 400 phone calls to managed care organizations to obtain eligibility information on the sample of physicians. This is based on the total number of group and staff model MCOs (roughly 200) and an estimate of the average number of calls to an organization that will be needed to obtain eligibility information on all sampled physicians from that organization (2 calls per MCO).

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 5, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96-28934 Filed 11-8-96; 8:45 am]

BILLING CODE 4160-15-P

Special Projects of National Significance; Innovative HIV Service Delivery Models for Native American Communities

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1997 grants for the Special Projects of National Significance (SPNS) Program funded under the authority of Section 2691 of the Public Health Service Act, as established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (Pub. L. 101-381) and amended by the Ryan White CARE Act Amendments of 1996 (Pub. L. 104-146). Funds are available under the "Omnibus Consolidated Appropriations Act, 1997" (Pub. L. 104-208). This announcement solicits applications addressing the development and assessment of innovative service delivery models that are designed to ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease. Applicants can apply for project periods of up to 5 years. These grants are demonstrations and are not intended for the long-term support of any of the innovative models that are developed or assessed. The

SPNS Program, in collaboration with the SPNS Program funded Evaluation Technical Assistance Center grantee, will provide technical assistance and support for a project's program evaluation studies.

From one to four grants will be awarded. The total amount available is \$1,000,000. Funding will be allocated according to the number of grants awarded.

The SPNS Program is designed to demonstrate and evaluate innovative and potentially replicable HIV service delivery models. The authorizing legislation specifies three SPNS Program objectives: (1) To assess the effectiveness of particular models of care; (2) to support innovative program design; and (3) to promote replication of effective models.

DATES: *Application:* Applications for these announced grants must be received in the Grants Management Branch by the close of business December 20, 1996, to be considered for competition. Applications will meet the deadline if they are either: (1) Received on or before the deadline date; or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted as proof of timely mailing. Applications received after the deadline will be returned to the applicant.

ADDRESSES: Grant applications, guidance materials, and additional information regarding business, administrative, and fiscal issues related to the awarding of grants under this Notice should be directed to Mr. Neal Meyerson, Grants Management Branch, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-27, Rockville, MD 20857. The telephone number is (301) 443-5906 and the FAX number is (301) 594-6096. Applicants for grants will use

Form PHS 5161-1, approved under OMB Control No. 0937-0189. Completed applications should be sent to the Grants Management Branch.

FOR FURTHER INFORMATION CONTACT: Additional technical information may be obtained from the SPNS Branch, Office of Science and Epidemiology, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A-08, Rockville, MD 20857. The telephone number is (301) 443-9976 and the FAX number is (301) 443-4965.

HEALTHY PEOPLE 2000 OBJECTIVES: The Department of Health and Human Services (DHHS) urges applicants to address specific objectives of Healthy People 2000 in their work plans. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 200402-9325 (Telephone: (202) 783-3238).

SUPPLEMENTARY INFORMATION:

Background and Objectives

The SPNS Program endeavors to advance knowledge and skills in HIV services delivery, stimulate the design of innovative models of care, and provide short term (up to five years) support for the development of effective delivery systems for these services. The SPNS Program accomplishes its purpose through funding and technical support of innovative HIV service delivery models. For purposes of this announcement, models seeking SPNS Program support must address the development and assessment of innovative service delivery models that are designed to ensure the ongoing availability of services for Native American communities to enable such communities to care for Native Americans with HIV disease.