

be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street N.W., Washington, D.C. 20503.

Comments may also be sent to Douglas F. Mortl, PSC Reports Clearance Officer, Room 17A08, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 30 days of this notice.

Dated: December 14, 1996.

Lynnda M. Regan,

Director, Program Support Center.

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### **Health Resources and Services Administration; Statement of Organization, Functions and Delegations of Authority**

This notice amends Part R of the Statement of Organization Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995; as last amended at 61 FR 24939-40). This notice reflects the reorganization of the Office of the Administrator and the establishment of two independent components in the Health Resources and Services Administration (HRSA). The changes are as follows:

I. Delete the Office of the Administrator in its entirety and replace with the following:

*Section RA-00 Mission.* The mission of the Immediate Office of the Administrator is to improve the health of the Nation by assuring quality health care to underserved, vulnerable and special-need populations and by promoting appropriate health professions work force capacity and practice, particularly in primary care and public health.

*Section RA-10 Organization.* The Office of the Administrator (OA) is headed by the Administrator, who reports directly to the Secretary. The OA includes the following components:

- (A) Office of the Administrator (R)
- (B) Aids Program Office (RAA)
- (C) Office of Equal Opportunity and Civil Rights (RA2)
- (D) Office of Policy and Information Coordination (RA3)
- (E) Office of Planning, Evaluation and Legislation (RA5)
- (F) Office of Communications (RA6)
- (G) Office of Public Health Affairs (RA8)
- (H) Office of Minority Health (RA9)

*Section RA-20 Functions.* A. *Immediate Office the Administrator (RA).* Leads and directs programs and activities of the Agency and advises the Office of the Secretary of Health and Human Services on policy matters concerning them.

B. *AIDS Program Office (RAA).* Coordinates all AIDS-related activities within the Agency; (2) advises the Administrator on policy, clinical, and educational issues pertaining to the administration of HRSA's AIDS program; (3) keeps the Administrator informed of any difficulties arising within or outside HRSA that might adversely affect the Agency's ability to carry out its AIDS responsibilities; (4) coordinates the formulation of an overall strategy and policy for the HRSA AIDS programs; (5) working with the Office of Planning, Evaluation and Legislation, coordinates the preparation of HRSA's AIDS-related programmatic, budgetary and legislative proposals; (6) monitors and analyzes AIDS-related policy and legislative developments for their impact on HRSA's AIDS activities; (7) reviews AIDS-related program activities to determine their consistency with established policies; (8) coordinates HRSA's comments on AIDS-related reports, position papers, legislative proposals including requests from other agencies; (9) represents the Agency and the Department at AIDS-related meetings, conferences, task forces etc; (10) plans and carries out special AIDS-related assignments for the Administrator.

C. *Office of Equal Opportunity and Civil Rights (RA2).* Directs, coordinates, develops, and administers the Agency's equal opportunity, civil rights, and ethics programs. Specifically: (1) provides advice, counsel and recommendations to Agency personnel, including the field offices, on equal opportunity, and civil rights, and represents HRSA in all EEO areas; (2) administers affirmative action programs to ensure equality of opportunity in employment; (3) manages the civil service complaints system and prepares final Agency decisions; (4) manages the complaints system for Commissioned Corps personnel under provisions of Public Health Service Personnel Instruction 6 and issues proposed dispositions; (5) develops and directs implementation of the requirements of Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975 and the Americans With Disabilities Act, as they apply to recipients of HRSA funds; (6) provides technical assistance and guidance to the Agency on developing education and

training programs regarding equal opportunity and civil rights; (7) promotes the awarding of contracts under Section 8(a) of the Small Business Act which pertains to minorities and women; (8) approves settlement agreements and attorney fees; and (9) applies all applicable laws, guidelines, rules and regulations in accordance with those of the DHHS Office of Equal Employment Opportunity, and Civil Rights Staffs.

D. *Office of Policy and Information Coordination (RA3).* Advises the Administrator and other key Agency officials on program priorities and policy issues; (2) establishes and maintains review and tracking mechanisms and systems that provide agencywide coordination and clearance of policies, regulations and guidelines; (3) contributes to the analysis, development and implementation of agencywide programs and policies through coordination of information from relevant Agency program components and other related sources; (4) plans, organizes and directs the Agency's Executive Secretariat with primary responsibility for preparation and management of written policy and other routine communications to and from the Administrator; (5) coordinates the preparation of proposed rules and regulations relating to Agency programs and coordinates Agency review and comment on other DHHS regulations that may affect the Agency's programs; and (6) oversees and coordinates the Agency's committee management system.

E. *Office of Planning, Evaluation and Legislation (RA5).* Serves as the Administrator's primary staff element and principal source of advice on program planning, program evaluation and legislative affairs; (2) develops the Agency's long-range program plan; (3) develops the Agency's strategic plan encompassing its long-range goals, objectives and priorities; (4) directs all Agency efforts to analyze cost/benefit of Agency's programs; (5) develops and implements comprehensive Agency evaluation programs; (6) conducts policy analyses and develops policy positions in Agency programmatic areas; (7) directs Agency's legislative affairs to develop legislative proposals and an agencywide legislative program; (8) develops and coordinates the Agency's health services research plan; (9) directs performance measurement activities, including technical assistance and standards development and assessment; and (10) coordinates the program data activities across the Agency, including the design and

management of program tracking and surveillance.

*F. Office of Communications (RA6).* Provides communications expertise, advice and support to the Administrator and other Agency officials; (2) provides leadership and directs Agency strategic communications policies and programs; (3) serves as focal point for coordination of Agency communications with other DHHS agencies and with field, State, local, voluntary and professional organizations; (4) develops and implements national communications initiatives to inform and educate the public, health care professionals, policymakers and the media; (5) researches, writes and prepares speeches and audiovisual presentations for the Administrator; (6) develops and implements policies, guidelines, and procedures and coordinates Agency external and internal communications including those for the development, review, processing, quality control, and dissemination of Agency communications products, including those disseminated electronically; (7) serves as Agency Communications and Public Affairs Officer establishing and maintaining productive relationships with the media; (8) implements the Freedom of Information Act for the Agency; and (9) conducts and coordinates the Agency's exhibits and graphics design activities to promote the agencywide identity.

*G. Office of Public Health Affairs (RA8).* Serves as the Agency's principal advisor and coordinator for clinical, public health, women's, international and other health affairs. Specifically: (1) provides consultation and assistance to senior Agency officials and others on clinical and health professional issues; (2) serves as the Agency's focal point on efforts to strengthen the practice of public health as it pertains to the HRSA mission; (3) coordinates the Agency's international health activities; (4) advises on policies and promotes internal and external program activities that address women's health; and (5) establishes and maintains communications with health organizations in the public and private sectors to support the mission of HRSA.

*H. Office of Minority Health (RA9).* Serves as the principal Agency advisor and coordinator for the special needs of minority and disadvantaged populations including advice on committee membership; (2) establishes short and long-term objectives for health activities addressing minority and disadvantaged populations; (3) participates in organization and planning activities to meet national minority health needs and collaborates with Agency budget

officials to assure an appropriate share of funds is devoted to minority health programs; (4) consults with public and private sector agencies and organizations to assure minority health issues are addressed; (5) participates in focusing Agency activities and objectives to assure equity in access to resources and health careers for minorities and the disadvantaged; (6) establishes and manages an agencywide data collection system for minority health activities and initiatives, including White House, DHHS, Historically Black Colleges and Universities, and Educational Excellence for Hispanic Americans initiatives; (7) reviews inter/intra-Agency agreements related to racial/ethnic minority and disadvantaged populations; (8) participates in the formulation of HRSA's goals, policies, legislative proposals, priorities, and strategies as they affect medical, public health and other professional organizations and institutions of higher education involved in or concerned with the delivery of health services to minorities and disadvantaged populations; and (9) links HRSA minority and disadvantaged program efforts to potential partners at the Federal, State, and local levels and provides agencywide expertise on the development of culturally appropriate programs and materials.

II. Establish the Office of Rural Health Policy (RH) as follows:

Section RH-00 Mission  
Section RH-10 Organization  
Section RH-20 Function

*Section RH-00 Mission.* The Office of Rural Health Policy serves as a focal point within the Department and as a principal source of advice to the Administrator and Secretary for coordinating efforts to strengthen and improve the delivery of health services to populations in the nation's rural areas.

*Section RH-10 Organization.* The Office of Rural Health Policy.

*Section RH-20 Function.* Placed before Director, Maternal and Children Health Bureau (RM), as follows: (1) Collects and analyzes information regarding the special problems of rural health care providers and populations; (2) works with States, State hospital associations, private associations, foundations, and other organizations to focus attention on, and promote solutions to, problems related to the delivery of health services in rural communities; (3) provides staff support to the National Advisory Committee on Rural Health; (4) stimulates and coordinates interaction on rural health

activities and programs in the Agency, Department and with other federal agencies; (5) supports rural health center research and keeps informed of research and demonstration projects funded by States and foundations in the field of rural health care delivery; (6) establishes and maintains a resource center for the collection and dissemination of the latest information and research findings related to the delivery of health services in rural areas; (7) coordinates congressional and private sector inquiries related to rural health; (8) advises the Agency, Administrator and Department on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII and XIX of the Social Security Act on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals; (9) oversees compliance by HCPA with the requirement that rural hospital impact analyses are developed whenever proposed regulations might have a significant impact on a substantial number of small rural hospitals; (10) oversees compliance by HCPA with the requirement that 10 percent of its research and demonstration budget is used for rural projects; (11) supports specialized rural programs on minority health, mental health, and agricultural health and safety; (12) plans and manages a nationwide rural health grants program; and (13) plans and manages a program of grants to States to initiate and expand offices of rural health.

III. Establish the Office of management and Program Support (RS), as follows:

Section RS-00 Mission  
Section RS-10 Organization  
Section RS-20 Function

*Section RS-00 Mission.* The Office of Management and Program Support provides the highest quality management, financial, personnel and administrative leadership and service in support of the Health Resources and Services Administration.

*Section RS-10 Organization.* The Office of Management and Program Support (RS) consists of the following:

- A. Office of Management and Program Support (RS)
- B. Division of Management Services (RS1)
- C. Division of Financial Management (RS2)
- D. Office of Human Resources and Development (RS3)
- E. Division of Grants and Procurement Management (RS4)

F. Office of Field Coordination (RS5)

G. Office of Information Resources Management (RS6)

A. *Office of Management and Program Support (RS)*. Provides agencywide leadership, program direction and coordination to all phases of management; (2) provides management expertise and staff advice and support to the Administrator in program and policy formulation and execution; (3) plans, directs, and coordinates the Agency's activities in the areas of administrative management, financial management, human resources management, debt management, information resources management, grants and contracts management, procurement, real and personal property accountability and management, and administrative services; (4) oversees the development of annual operating objectives and coordinates HRSA work planning and appraisals; (5) serves as the Agency's focal point for field programs and activities except those field functions of the Division of Federal Occupational Health; (6) coordinates DHHS tort claims panel and associated activities; (7) administers the Agency's internal controls and integrity activities; and administers the Agency's Ethics program.

B. *Division of Management Services (RS1)*. Provides agencywide leadership and direction in the areas of management policies and procedures, and property management and serves as the Executive Officer for the Office of Management and Program Support and the Office of the Administrator. Specifically: (1) provides advice and guidance for the establishment or modification of organizational structures, functions, and delegations of authority; (2) conducts and coordinates the Agency's issuances, records, reports, forms, and mail management programs; (3) manages the intra- and interagency agreements process; (4) conducts agencywide management improvement programs; (5) conducts management and information studies and surveys; (6) oversees and coordinates the implementation of legislation, directives and policies relating to the Privacy Act; (7) plans, directs, and coordinates administrative management activities and services including personnel, financial, materiel management, and general administrative services for the Office of the Administrator and the Office of Management and Program Support; (8) acts for the Associate Administrator for Management and Program Support concerning space, parking and communications management for headquarters and represent him/her in matters relating to

the management of the Parklawn Building complex; and (9) advises on and coordinates agencywide policies and procedures required to implement General Services Administration and departmental regulations governing materiel management, including transportation, motor vehicle, and utilization and disposal of property.

C. *Division of Financial Management (RS2)*. Provides advice and assistance to the Administrator and the Associate Administrator for Management and Program Support on financial policy planning and analysis; (2) maintains liaison with the Office of the Secretary on all activities relating to the Agency's financial, fiscal and audit responsibilities; (3) develops the long-range program and financial plan for the Agency collaboration with the Office of Planning, Evaluation and Legislation and other administrative components; (4) develops policies and instructions for budget preparation and presentation; (5) prepares budget submissions and participates in budget hearings; (6) allocates resources, including dollars and positions; (7) manages a system of budgetary fund and full-time equivalent personnel controls; and (8) maintains Agency oversight of fiscal and auditing services provided to HRSA by the Program Support Center.

D. *Office of Human Resources and Development (RS3)*. Plans, conducts and evaluates the Agency's human resource studies, programs, policies and reports; (2) provides advice and assistance to management officials on individual actions arising from headquarters and field components; (3) administers the Agency's training functions; (4) acts as the focal point for the Agency's labor relations activities; (5) develops and provides guidelines and regulation for the Agency's personnel programs; (6) administers the Agency's merit and performance awards programs; (7) plans, directs and administers the appointing and processing of civil service employees; (8) plans and conducts position management surveys; (9) operates and oversees the Agency's merit promotion program; (10) manages and coordinates the Agency's personnel security program; (11) ensures that management practices and policies related to the Commissioned Corps are coordinated throughout the Agency; (12) ensures compliance with established personnel rules and regulations governing HRSA; (13) and administers the Agency's Ethics program.

E. *Division of Grants and Procurement Management (RS4)*. Provides leadership in the planning, development, and implementation of policies and procedures for grants, contracts, and

other assistance mechanisms; (2) exercises the sole responsibility within HRSA for the award and management of contracts; (3) provides advice and consultation of interpretation and application of the Department of Health and Human Services policies and procedures governing contracts and grants management; (4) develops and issues policy and procedural materials for the Agency's contracts and grants programs; (5) establishes standards and guides for and evaluates contracts and grants management operations throughout the Agency; (6) coordinates the Agency's positions and actions with respect to the audit of grants and contracts, and also coordinates responses to General Accounting Office audit reports and monitors the implementation of General Accounting Office recommendations; (7) provides professional accounting advice relative to the management of grants and contracts; and (8) maintains liaison directly or through the Office of Field Coordination with grantee and contractor institutions and organizations and other components of the Department.

F. *Office of Field Coordination (RS5)*. Serves as the Agency's focal point for Field programs and activities. Specifically: (1) oversees and manages HRSA activities in the field; (2) advises the Administrator on appropriate resource allocation for field activities; (3) at the direction of the Administrator, assists in the implementation and evaluation of HRSA programs in the field through coordination of activities, and assessing the effectiveness of programs to identify opportunities for improving policies and service delivery systems; (4) develops and implements activities in the field designed to improve customer service and relationships; (5) at the direction of the Administrator, develops and coordinates the field implementation of special program initiatives which involve multiple HRSA field components and/or multiple HRSA programs; (6) serves as field liaison to the Administrator, Bureau Directors, State and local health officials as well as private and professional organizations; (7) acts as liaison to provide administrative and financial support services to HRSA field components; (8) provides technical assistance to the Agency's Field Council; and (9) exercises line management authority as delegated from the Administrator to the Field Coordinators related to general administrative and management functions.

*G. Office of Information Resources Management (RS6).* Provides leadership in the development, review and implementation of policies and procedures to promote improved information resources management capabilities and practices throughout HRSA; (2) develops and coordinates HRSA-wide plans and budgets for the management of information technology and services, including centralized data processing, office automation, and telecommunications; (3) develops and recommends policies and procedures relating to information resources management and support services; (4) identifies and coordinates HRSA-wide information needs and develops or coordinates with others the development of creative answers to these needs; (5) plans, manages, administers and coordinates the HRSA-wide microcomputer network including all required linkages to other networks inside and outside HRSA including mainframe systems; (6) provides information support to the Office of the Administrator; (7) designs, develops, catalogues and manages data bases, information resources, including those data bases developed within the HRSA Bureaus, and the acquisition and use of external bases and information resources that support HRSA needs; (8) manages and coordinates state-of-the-art expertise for information science and technology; (9) provides consultation, technical advice and assistance and coordinates training in the use of ADP resources; (10) develops and coordinates the implementation of information security programs; (11) maintains liaison and coordinates information resources management with the HRSA Bureaus; (12) maintains liaison with HHS, PHS, other Federal agencies, States and professional organizations and associations concerning health information interests allied to the HRSA mission; and (13) reviews all HRSA requests for DP resources, providing ADP clearance for all appropriately justified requests.

*Section R-30 Delegations of Authority.* All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation.

This reorganization is effective upon date of signature.

Dated: November 14, 1996.

Ciro V. Sumaya,  
Administrator.

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## Agency for Health Care Policy and Research

### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Health Care Policy and Research, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the Agency for Health Care Policy and Research's (AHCPR) intention to request the Office of Management and Budget (OMB) to allow a proposed information collection project. In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHCPR invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by January 9, 1997.

**ADDRESSES:** Written comments on the proposed information collection should be submitted within 30 working days of this notice directly to the OMB Desk Officer at the following address: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, (OMB); New Executive Office Building, Room 10235; Washington, D.C. 20503.

**FOR FURTHER INFORMATION CONTACT:** Ruth A. Celtnieks, AHCPR Reports Clearance Officer, (303) 594-1406, ext. 1497.

### SUPPLEMENTARY INFORMATION: Proposed Project

The 1997 Medical Expenditure Panel Survey—Insurance Component (MEPS-IC). In early 1997, AHCPR intends to conduct a survey of establishments to collect information from employees concerning employer-sponsored health insurance. This survey is an integration of two previous surveys, now components of MEPS-IC. The two surveys, which collected similar information, were:

1. The 1987 Health Insurance Plans Survey (HIPS) sponsored by AHCPR's predecessor, the National Center for Health Services Research; and
2. The 1994 National Employer Health Insurance Survey (NEHIS) sponsored by AHCPR, the National Center for Health Statistics (NCHS) and the Health Care Financing Administration (HCFA).

The MEPS-IC survey will be conducted using a sample of employers (including both public and private sectors) and health insurance providers. The sample will be comprised of two parts:

1. A list sample of employers selected from sample frames available from the Bureau of the Census; and

2. A group of employers and other health insurance providers identified by respondents in the 1996 MEPS-Household Component (HC). The MEPS-HC is a household survey which collects information concerning health care expenditures and related data for individuals. This household survey collects information similar to the 1987 National Medical Expenditure Survey.

Data collected from each employer will include a description of the business (e.g., size, industry) and descriptions of health insurance plans available, plan enrollments, total plan costs, and costs to employees.

For employers that can be matched to the MEPS-HC respondents, data will also be collected indicating the actual plan selected by the respondent and the plan costs.

Data will be produced in two forms:

- (1) files containing employer information from the list sample of selected employers; and (2) files containing linked 1996 MEPS-HC respondent and employer information.

The data are intended to be used for purposes, such as:

- Generating national and State estimates of employer health care offerings;
- Producing aggregate data on national and State estimates of spending on employer-sponsored health insurance for analyzing results of national and State health care policy data to model the demand for health insurance; and
- When pooled with data from the 1996 MEPS-HC survey, providing a valuable source of information concerning household responses regarding choices of health plans and costs and benefits of these plans.

These data provide the basis for researchers to address significant questions for employers and policymakers alike.

### Method of Collection

The data will be collected using a combination of modes. AHCPR intends to first contact the employers by telephone. This contact will provide information on the availability of health insurance from that employer and essential persons to contact. Based upon this information, AHCPR will send a mail questionnaire to employers and others identified by employers. In order to assure high response rates, AHCPR will followup with a second mailing at an acceptable time interval, followed by a telephone call to collect data from