This notice provides HHS' interpretation as to whether any other HHS programs are subject to the PRWORA requirements regarding immigrants' eligibility for ''Federal means-tested'' benefits, and thereby serves to prevent confusion among administering agencies, grantee agencies, benefit providers, and the public. This interpretation has no effect on overall spending levels for any discretionary-funded HHS programs. Nor does this interpretation create burdens or mandates on states or small entities.

As a result of the PRWORA eligibility restrictions, this notice is classified as economically ''significant'' under Executive Order 12866's criterion of an economic effect of more than $100 million. For the same reason, it is classified as a ''major rule'' for purposes of Congressional review under 5 U.S.C. § 801 et. seq., Subtitle E of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121). And, for the same reasons noted in section III above, this notice is effective immediately under the exception procedures of § 808 of that statute because we have determined for good cause that delayed implementation is impractical and contrary to the public interest.

Dated: August 21, 1997.

Donna E. Shalala,

Secretary.

[FR Doc. 97–22683 Filed 8–25–97; 8:45 am]

BILLING CODE 4150–04–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Contract Review Meeting

In accordance with Section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), announcement is made of the following technical review committee to meet during the month of September 1997:

Name: Committee on the Agency for Health Care Policy and Research Health Insurance Plan Abstraction Data Base Project.

Date and Time: September 3, 1997, 10:00–12:00 p.m.

Place: Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 500, Rockville, Md 20852.

This meeting will be closed to the public.

Purpose: The Technical Review Committee's charge is to provide, on behalf of the Agency for Health Care Policy and Research (AHCPR) Contracts Review Committee, recommendations to the Administrator, AHCPR, regarding the technical merit of the contract proposals submitted in response to a specific Request for Proposals regarding the AHCPR Health Insurance Plan Abstraction Data Base Project.

The purpose of this contract is to create a data base of health insurance benefits information. These data describe the health benefits included in health insurance policy booklets that are collected as part of the Medical Expenditure Panel Survey. In order to develop a uniform set of benefits data, policy booklets are read, reviewed for completeness, and information is abstracted into an electronic data base. To support this effort, the contract also provides support for programming the required software and for implementing a training component. The training component is needed to instruct personnel in a uniform set of standards to be applied during the abstraction of information from health insurance policy booklets.

Agenda: The Committee meeting will be devoted entirely to the technical review and evaluation of the contract proposals submitted in response to the above referenced Request for Proposals. The Administrator, AHCPR, has made a formal determination that this meeting will not be open to the public. This action is necessary to protect the free and full exchange of views in the contract evaluation process and safeguard confidential proprietary information, and personal information concerning individuals associated with the proposals that may be revealed during the meeting. This action is taken in accordance with section 10(d) of the Federal Advisory Committee Act, 5 U.S.C., Appendix 2, 5 USC (b)(c)(6), 41 CFR Section 101–6.1023 and Department procurement regulations, 48 CFR section 315.604(d).

Anyone wishing to obtain information regarding this meeting should contact Jessica Vistnes, Center for Cost and Financing Studies, Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 500, Rockville, Maryland 20852, 301/594–1406.

Dated: August 20, 1997.

John M. Eisenberg,

Administrator.

[FR Doc. 97–22620 Filed 8–25–97; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–22–97]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639–7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Projects

1998 National Health Interview Survey, Basic Module (0920–0214)—Revision—The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2000.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the second full year of data collection using the Basic Module on CAPI, and for implementation of the first ''Topical Module'' (or supplement), which is on Health People 2000 Objectives. Ad hoc Topical Modules on various health issues are provided for in the redesigned NHIS. This data collection, planned for January–December 1998, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. In

particular, the topical module will provide end-point estimates for many of the Healthy People 2000 Objectives. The Basic Module of the new data system is expected to be in the field at least until 2006. The total annual burden hours are 57,000.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)
Family Core (adult family member)	42,000	1	0.5
Adult Core (sample adult)	42,000	1	0.5
Child Core (sample child)	18,000	1	0.25
Prevention Module (sample adult)	42,000	1	0.25

Dated: August 20, 1997.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–22614 Filed 8–25–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Document: Reporting of Pregnancy Success Rates From Assisted Reproductive Technology Programs; Notice of Comment Period

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice; request for comment.

SUMMARY: This notice is a request for comment and review of the draft document for the Reporting of Pregnancy Success Rates from Assisted Reproductive Technology (ART) Programs as required by the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA).

DATES: This notice is effective for the calendar year 1997 and beyond. In order to report outcomes of pregnancies during a calendar year, clinic specific data will be collected through October of the following calendar year (e.g., outcomes of pregnancies occurring during calendar year 1997 will be collected through October 1998). CDC will publish its first annual report under this notice in March 1999.

To ensure consideration, written comments on this document must be received on or before September 25, 1997.

ADDRESSES: Comments shall be submitted to: George Walter, M.S.P.H., Women's Health and Fertility Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Mailstop K–34, 4770 Buford Hwy, NE., Atlanta, Georgia 30341–3724.

FOR FURTHER INFORMATION CONTACT: George Walter, M.S.P.H., telephone (770) 488–5204, E–Mail Address: GBW4@CDC.GOV.

SUPPLEMENTARY INFORMATION: Section 2(a) of Pub. L. 102–493 (42 U.S.C. 263a–1) requires that each ART program shall annually report to the Secretary through the Centers for Disease Control and Prevention—(1) pregnancy success rates achieved by such ART program, and (2) the identity of each embryo laboratory used by such ART program and whether the laboratory is certified or has applied for such certification under this act.

Pub. L. 102–493, Section 8 (42 U.S.C. 263a–7) defines ''assisted reproductive technology'' (ART) as ''all treatments or procedures which include the handling of human oocytes or embryos, including in vitro fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer, and such other specific technologies as the Secretary may include in this definition, after making public any proposed definition in such manner as to facilitate comment from any person (including any Federal or other public agency).''

The Secretary is directed in Section 2(b) to define pregnancy success rates and ''make public any proposed definition in such a manner as to facilitate comment from any person during its development.''

Section 2c states: In developing the definitions under subsection (b), ''the Secretary shall consult with appropriate consumer and professional organizations with expertise in using, providing, and evaluating professional services and embryo laboratories associated with assisted reproductive technologies.''

Section 6 requires the Secretary, through the CDC, to annually ''publish and distribute to the States and the public—pregnancy success rates reported to the Secretary under section 2(a)(1) and, in the case of an assisted reproductive technology program which failed to report one or more success rates as required under each section, the name of each such program and each pregnancy success rate which the program failed to report.''

CDC has prepared these proposed reporting requirements after discussion with representatives of the Society for ART (a national professional association of ART clinical programs), the American Society for Reproductive Medicine (a national society of professional individuals who work with infertility issues), the College of American Pathologists (a national professional association of pathologists having an accreditation program for reproductive laboratories), the American College of Obstetricians and Gynecologists (a national society of obstetricians and gynecologists), RESOLVE (a national consumer association of couples with infertility diagnoses), and the New England Patients' Rights Group (a regional consumer association concerned with patients' rights and informed consent issues), as well as a variety of individuals with expertise and interest in this field.

This notice provides opportunity for public review and comment (see appendix).

Dated: August 20, 1997.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

Appendix: Notice for the Reporting of Pregnancy Success Rates From Assisted Reproductive Technology Programs

Introduction

This notice includes four sections:

I. Who Reports * * * describes who shall report to CDC.

II. Description of Reporting Process * * * describes the reporting system and process for reporting by each ART clinic.

III. Proposed Data to be Reported * * * includes the definition of terms used in the reporting database. These definitions are provided only for the purpose of clarity in reporting data and are not intended to define standards of medical care.

IV. Definitions * * * describes terms, and how pregnancy success rates will be defined and reported, and outlines the topics and analyses that will be included in the annual published reports, using the data collected in the reporting database.

I. Who Reports

The Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA) requires that each assisted reproductive technology program shall annually report to the Secretary of the Department of Health and Human Services through the CDC pregnancy success rates and the certification status of its embryology laboratory.

The Society for Assisted Reproductive Technology (SART), an affiliate of the