

securities brokerage activities; trust company functions, and the sale of credit life insurance, pursuant to §§ 225.28(b)(4), (b)(7), (b)(5), and (b)(11) of the Board's Regulation Y, respectively.

2. *National Australia Bank Limited*, Melbourne, Australia; to acquire Homeside, Inc., Jacksonville, Florida, and thereby indirectly acquire Homeside Lending, Inc., Jacksonville, Florida, and thereby engage in extending credit and servicing loans and activities related to extending credit, pursuant to §§ 225.28(b)(1) and 225.28(b)(2) of the Board's Regulation Y. Comments on this application must be received by December 26, 1997.

**B. Federal Reserve Bank of St. Louis** (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. *Mercantile Bancorporation Inc.*, St. Louis, Missouri; to acquire HomeCorp, Inc., Rockford, Illinois, and thereby indirectly acquire HomeBanc FSB, Rockford, Illinois, and thereby engage in the operation of a savings association, pursuant to § 225.28(b)(4)(ii) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, December 8, 1997.

**Jennifer J. Johnson**,

*Deputy Secretary of the Board.*

[FR Doc. 97-32442 Filed 12-10-97; 8:45 am]

BILLING CODE 6210-01-F

## FEDERAL RESERVE SYSTEM

### Sunshine Act Meeting

#### AGENCY HOLDING THE MEETING:

Committee on Employee Benefits of the Federal Reserve System\*.

**TIME AND DATE:** 2:30 p.m., Tuesday, December 16, 1997.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

**STATUS:** Closed.

#### MATTERS TO BE CONSIDERED:

1. Proposals relating to Federal Reserve System benefits.
2. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Office of Employee Benefits employees.
3. Any items carried forward from a previously announced meeting.

\* The Committee on Employee Benefits considers matters relating to the Retirement, Thrift, Long-Term Disability Income, and Insurance Plans for employees of the Federal Reserve System.

**CONTACT PERSON FOR MORE INFORMATION:** Joseph R. Coyne, Assistant to the Board; 202-452-3204.

**SUPPLEMENTARY INFORMATION:** You may contact the Board's Web site at <http://www.bog.frb.fed.us> for an electronic announcement of this meeting. (The Web site also includes procedural and other information about the meeting.)

Dated: December 9, 1997.

**William W. Wiles**,

*Secretary of the Board.*

[FR Doc. 97-32585 Filed 12-9-97; 2:13 pm]

BILLING CODE 6210-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Advisory Commission on Consumer Protection and Quality in the Health Care Industry; Notice of Public Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act, Public Law 92-463, notice is hereby given of the meeting of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. This two-day meeting will be open to the public, limited only by the space available.

*Place of meeting:* Omni Shoreham Hotel, 2500 Calvert Street, N.W., Washington, D.C. 20008. Exact locations of the sessions will be available at the registration area and on the Commission's web site, "<http://www.hcqualitycommission.gov>".

*Times and Dates:* The public meeting will span two days. On Tuesday, December 16, 1997, the subcommittee break-out sessions will take place from 8:30 a.m. until 4:30 p.m. On Wednesday, December 17, 1997, the general plenary session will begin at 8:00 a.m. and it will continue until 4:00 p.m.

*Purpose/Agenda:* To hear testimony and continue formal proceedings of the Commission and the three (3) remaining subcommittees (Subcommittee on Consumer Rights has completed its work). Agenda items are subject to change as priorities dictate.

*Contact Person:* For more information, including substantive program information and summaries of the meeting, please contact: Edward (Chip) Malin, Hubert Humphrey Building, Room 118F, 200 Independence Avenue, S.W., Washington, DC 20201; (202/205-3333).

Dated: December 3, 1997.

**Janet Corrigan**,

*Executive Director, Advisory Commission on Consumer Protection and Quality in the Health Care Industry.*

[FR Doc. 97-32361 Filed 12-10-97; 8:45 am]

BILLING CODE 4110-60-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[INFO-98-06]

### Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

### Proposed Projects

1. National Hospital Ambulatory Medical Care Survey—(0920-0278)—Extension—The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992 by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The NHAMCS is the principal source of data on the approximately 158 million visits to hospital emergency and outpatient departments and is the only source of nationally representative estimates on the demographic characteristics of outpatients, diagnoses, diagnostic services, medication therapy, and the patterns of use of care in hospitals which differ in size, location, and ownership. Additionally, the NHAMCS is the only source of national estimates on non-fatal causes of injury in the emergency department.

These data complement the data on visits to non-Federal physicians in office-based practices collected through the NHAMCS (0920-0234), together providing data on approximately 90 percent of the ambulatory care provided in the U.S. Data collected through the

NHAMCS are essential for the planning of health services, for improving medical education, determining health care work force needs and assessing the health status of the population. Users of NHAMCS data include, but are not limited to, congressional offices, Federal

agencies such as NIH., various private associations such as the American Heart Association, as well as universities and state health departments. The total cost to respondents is estimated to be \$292,223.

Noninstitutional general and short-stay hospital outpatient and emergency departments	Number of respondents (departments)	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Induction forms .....	440	6	1	2,640
Patient record forms:				
Emergency departments .....	425	50	0.066666	1,417
Outpatient departments .....	275	200	0.066666	3,667
<b>Total .....</b>				<b>7,724</b>

**2. Children's Longitudinal Development Study—New—**Since 1991, surveillance of children aged three to ten years who have one or more select developmental disabilities (cerebral palsy, mental retardation, hearing impairment, and vision impairment) has been conducted in the five-county Atlanta metropolitan area through the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP). Children have been identified primarily through the special education programs of the public schools in those five counties. Recently, surveillance has been expanded to identify children with cerebral palsy at younger ages through a broader array of medical facilities where diagnostic evaluations are performed, and to include autism as one of the developmental disabilities routinely under surveillance. An ongoing case-control study is proposed to yearly (1)

contact parents of all children with any of the five developmental disabilities who are newly identified in the surveillance data base and who were born in the metro Atlanta area (approximately 675 children per year) and contact parents of 250 children used as controls in order to request access to both maternal prenatal and labor and delivery hospital records and infant hospital records prior to newborn discharge (all accessed medical records will be reviewed to obtain detailed information on pre- and perinatal risk factors for developmental disabilities; this type of information typically is lacking or incomplete in school records or childhood medical records) and (2) conduct telephone interviews with mothers of approximately 250 children with cerebral palsy or severe mental retardation selected from the larger pool of approximately 675 children, plus interview mothers of the 250 control

children. The interviews will supply additional risk factor information relating to the mothers' medical and reproductive histories, prenatal behaviors and exposures, and family histories of developmental problems. Initially, to be cases, children in the interview sample would be under seven years of age at the time they were diagnosed as having cerebral palsy or severe mental retardation. A sample of Atlanta-born children of similar age and birth weight to the interview case children would be randomly identified from vital records and used as controls. Additionally, photographs and head circumference measurements of case and control mothers and children included in the interview sample will be taken either in the home or at a centralized location. The total cost to respondents is \$0.

Respondents	Number of respondents	Number of responses/respondents	Average burden/response (in hrs.)	Total burden (in hrs.)
Mothers:				
Contact calls .....	1,000	1	.33	330
Scheduling call .....	500	1	.33	165
Telephone interview .....	500	1	1.50	750
Photography/anthropometry .....	500	1	.75	375
<b>Total .....</b>				<b>1,620</b>

**3. Cognitive Function and Symptom Patterns in Gulf War Veterans—New—**This study will use functional magnetic resonance imaging (fMRI) on previously studied cohorts of Gulf War veterans and Germany-deployed Gulf War-era controls to determine if there are differences in patterns of brain activation between both Gulf War veterans reporting a high level of

physical symptoms and Gulf War veterans with fewer symptoms and between those veterans deployed to the Persian Gulf and those deployed to Germany. In addition, an assessment of the relationship between brain activation patterns and levels of cognitive functioning will be completed. Patterns of activation on fMRI will be measured while the subject is presented

with a number of challenge paradigms including a finger tapping task and a test of visual working memory. Conventional magnetic resonance imaging scans will also be acquired on all subjects prior to the fMRI in order to rule out subjects with brain pathology

(e.g., stroke, cancer) and also to examine whether there are volumetric differences between the groups within specific neuroanatomical areas. The total cost to respondents is \$0.00.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
High-symptom Gulf-deployed veterans .....	40	1	1.5	60
Low symptom Gulf-deployed veterans .....	40	1	1.5	60
Normal controls (non-Gulf-deployed veterans) .....	40	1	1.5	60
Total .....				180

4. X-ray Examination Program—(0920-0020)—Extension—The X-ray Examination Program is a federally mandated program under the Federal Mine Safety and Health Act of 1977, PL-95-164. The Act provides the regulatory guidance for the administration of the National Coal Workers' X-ray Surveillance Program, a surveillance program to protect the health and safety of underground coal miners. This program requires the gathering of information from coal mine operators, participating miners, participating x-ray facilities and participating physicians. The Appalachian Laboratory for Occupational Safety and Health (ALOSH), National Institute for Occupational Safety and Health (NIOSH) is charged with administration of this program. The total cost to respondents is \$47,910.00.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Physicians/interpretation .....	20,000	1	0.05	1,000
Physician/certification .....	350	1	0.166	58
Miners .....	10,000	1	0.3333	3,333
Mine operators .....	500	1	0.5	250
Facilities .....	300	1	0.5	150
Total .....				4,791

5. National Ambulatory Medical Care Survey—(0920-0234)—Extension—The National Ambulatory Medical Care Survey (NAMCS) was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989. It is directed by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The purpose of NAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The NAMCS target population consists of all office visits within the United States made by ambulatory patients to non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. The complement portion of data collection consists of the remaining physicians in the AMA and AOA files; that is,

physicians who AMA and AOA classify as being federally employed, or in the three specialties excluded from the traditional NAMCS, or as not spending the majority of their professional time in office based practice. Since more than 80 percent of all direct ambulatory medical care visits occur in physicians' offices, the NAMCS provides data on the majority of ambulatory medical care services. To complement these data, in 1992 NCHS initiated the National Hospital Ambulatory Medical Care Survey (NHAMCS, OMB No. 0920-0278) to provide data concerning patient visits to hospital outpatient and emergency departments. The NAMCS, together with the NHAMCS constitute the ambulatory component of the National Health Care Survey (NHCS), and will provide coverage of more than 90 percent of ambulatory medical care.

The NAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include the patients' demographic characteristics and medical problems, and the

physicians' diagnostic services, therapeutic prescriptions and disposition decisions. These data, together with trend data, may be used to monitor the effects of change in the health care system, provide new insights into ambulatory medical care, and stimulate further research on the use, organization, and delivery of ambulatory care.

Users of NAMCS data include congressional and other federal government agencies (e.g. NIMH, NIAAA, NCI, HRSA), state and local governments, medical schools, schools of public health, colleges and universities, private businesses, nonprofit foundations and corporations, professional associations, as well as individual practitioners, researchers, administrators and health planners. Users vary from the inclusion of a few selected statistics in a large research effort, to an in-depth analysis of the entire NAMCS data set covering several years. The total cost to respondents is estimated to be \$153,250.

Respondents	Number of respondents (physicians)	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Office-based physicians .....	2,500	1	0.25	625
Induction form .....	2,500	30	0.03333	2,500
Patient record form .....				

Respondents	Number of respondents (physicians)	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Complement physicians .....	500	1	0.25	125
Induction form .....	100	30	0.0333	100
Patient record form .....				
<b>Total</b> .....				<b>3,350</b>

6. Information Collection to Establish Community Assistance Panels (CAPs)—(0923–0007)—Extension—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the

exposure of hazardous substances into the environment. To facilitate this effort, ATSDR seeks the cooperation of the community being evaluated through direct communication and interaction. Direct community involvement is required to conduct a comprehensive scientific study and to effectively disseminate specific health information in a timely manner. Also, this direct interaction fosters a clear understanding of health issues that the community considers to be of importance and

establishes credibility for the agency. The Community Assistance Panel nomination forms are completed by individuals in the community to nominate themselves or others for participation on these panels. Other than the possible cost of a postage stamp, there is no cost to respondents. This request is for a 3-year extension of the current OMB approval of the Community Assistance Panel nominations form.

Respondents	Number of respondents	Number of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
General Public .....	300	1	.1666	50
<b>Total</b> .....				<b>50</b>

Dated: December 5, 1997.

**Wilma G. Johnson,**

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

[FR Doc. 97–32399 Filed 12–10–97; 8:45 am]

BILLING CODE 4163–18–M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting**

*Name:* Biomechanical Stress Control in Drywall Installation.

*Time and Date:* 9 a.m.—12 noon, January 15, 1998.

*Location:* Suncrest Facility, Large Conference Room, NIOSH, CDC, 3040 University Avenue, Morgantown, West Virginia 26505.

*Status:* Open to the public, limited only by the space available. The meeting

room accommodates approximately 50 people.

*Purpose:* Participants will provide NIOSH with their individual advice and comments regarding the technical and scientific aspects of the study protocol, “Biomechanical Stress Control in Drywall Installation,” being conducted at NIOSH. Participants on the peer review panel will review the study protocol and provide individual advice on the conduct of the study. Viewpoints and suggestions from industry, labor, academia, other governmental agencies, and the public are invited.

**CONTACT PERSON FOR ADDITIONAL INFORMATION:** Christopher S. Pan, Ph.D., NIOSH, CDC, M/S P119, 3030 University Avenue, Morgantown, West Virginia 26505, telephone 304/285–5978.

Dated: December 5, 1997.

**Julia M. Fuller,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97–32401 Filed 12–10–97; 8:45 am]

BILLING CODE 4160–19–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request Proposed Projects**

*Title:* OCSE–34 Child Support Enforcement Program Quarterly Report of Collections.

*OMB No.:* 0970–0013.

*Description:* Used by States to facilitate the reporting of collections under Title IV–D for the purposes of enforcing support obligations owed by absent parents to their children, locating absent parents, establishing paternity and obtaining child and spousal support.

*Respondents:* State, Local or Tribal Govt.