days of receiving the application and offer interested parties an opportunity to comment in writing within 60 days of the published notice.

Regulations at 42 CFR 486.316(d) provide that if HCFA changes the OPO designated for an area, hospitals located in that area must enter into agreements with the newly designated OPO or submit a request for a waiver within 30 days of notice of the change in designation. The criteria that the Secretary will use to evaluate the waiver in these cases are the same as that described above under section 1138(a)(2)(A) of the Act and incorporated in the regulations at § 486.316(e). The regulations further specify that a hospital may continue to operate under its existing agreement with an out-of-area OPO while HCFA is processing the waiver request.

## II. Waiver Request Procedures

In October 1995, we issued a Program Memorandum (Transmittal No. A–95–11) that has been supplied to each hospital. This Program Memorandum detailed the waiver process and discussed the information that hospitals must provide in requesting a waiver. We indicated that upon receipt of the waiver requests, we would publish a **Federal Register** notice to solicit public comments, as required by law (section 1138(a)(2)(D)).

We will then review the requests and comments received. During the review process, we may consult on an as-needed basis with agencies outside the HCFA Central Office, including the Public Health Service's Division of Transplantation, the United Network for Organ Sharing, and HCFA regional offices. If necessary, we may request additional clarifying information from the applying hospital or others. We then will make a final determination on the waiver requests and notify the affected hospitals and OPOs.

## III. Additional Hospital Waiver Request

As allowed under § 483.316(d), the following hospital has requested a waiver to have an agreement with an alternative, out-of-area OPO, as a result of changes in its designated OPO due to the latest redesignation of OPO service areas. The listing includes the name of the facility, the city and State location of the facility, the requested OPO, and the currently designated area OPO. The hospital has submitted a timely waiver request and may work on an interim basis with the requested out-of-area OPO, pending receipt of public comments and our final determination.

| Name of facility | City | State | Requested OPO | Designated OPO |
|---|---|---|---|---|
| Baptist Memorial Hospital—Union County | New Albany | MS | TNMS | MSOP. |

## IV. Keys to the OPO Codes

The keys to the acronyms used in the listing to identify OPOs and their addresses are as follows:

MSOP—MISSISSIPPI ORGAN RECOVERY AGENCY, 12 River Bend Place, Jackson, MS 39208

TNMS—MID–SOUTH TRANSPLANTATION FOUNDATION, 956 Court Avenue, Memphis, TN 38163.

## V. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information to be collected.

The information collection requirement and the burden associated with requiring a Medicare or Medicaid participating hospital to have an agreement with the OPO designated for its area or to submit a waiver request to HCFA for approval to have an agreement with a designated OPO other than the OPO designated for its service area currently are approved by OMB.

**Authority:** Sec. 1138 of the Social Security Act (42 U.S.C. 1320b-8).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, and No. 93.778, Medical Assistance Program)

Dated: February 27, 1998.

**Kathleen A. Buto,**

*Acting Director, Center for Health Plans and Providers, Health Care Financing Administration.*

[FR Doc. 98–6089 Filed 3–9–98; 8:45 am]

**BILLING CODE 4120–01–P**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

### Request for Public Comment: 60-Day Proposed Collection: Common Reporting Requirements for Urban Indian Health Program

**SUMMARY:** In compliance with Section 3506(C)(2)(A) of the Paperwork Reduction Act of 1995, to provide a 60-day advance opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

**Proposed Collection**

*Title:* 09–17–0007, ''Common Reporting Requirements For Urban Indian Health Program''.

*Type of Information Collection Request:* Revision of currently approved information collection, 09–17–0007, ''Common Reporting Requirements For Urban Indian Health Program'' which expires July 31, 1998.

*Form Number:* Reporting forms contained in IHS Instruction Manual, ''Urban Indian Health Programs Common Reporting Requirements.''

*Need and Use of Information Collection:* American Indian/Native (AI/AN) urban health organizations contracting with the IHS provide the information requested. The information is collected bi-annually and is used to monitor contractor performance, prepare budget reports, allocate resources and to evaluate the urban health contract program.

*Affected Public:* Businesses or other for-profit, Individuals, not-for-profit institutions and State, local or Tribal Government.

*Type of Respondents:* health care providers.

Table 1 below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual Number of Responses, Average burden

hour per response, and Total annual burden hour.

TABLE 1

| Data collection instruments | Estimated number of respondents | Responses per respondent | Annual number of responses | Average burden hr per response* | Total annual burden hours |
|---|---|---|---|---|---|
| Face Sheet | 34 | 2 | 68 | 0.25 (15 mins) | 17.0 |
| Table 1 | 34 | 1 | 34 | 2.00 (120 mins) | 68.0 |
| Table 2 | 34 | 2 | 68 | 0.50 (30 mins) | 34.0 |
| Table 3 | 34 | 2 | 68 | 2.25 (135 mins) | 153.0 |
| Table 4 | **23 | 1 | 23 | 0.50 (30 mins) | 11.5 |
| Table 5 | 34 | 2 | 68 | 2.00 (120 mins) | 136.0 |
| Table 6 | 34 | 2 | 68 | 2.00 (120 mins) | 136.0 |
| Table 7 | 34 | 2 | 68 | 0.50 (30 mins) | 34.0 |
| Table 8 | 34 | 2 | 68 | 2.00 (120 mins) | 136.0 |
| Total | 295 | | 533 | | 725.5 |

*For ease of understanding, burden hours are also provided in actual minutes.
**Excludes urban Indian health projects with no medical component.

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

**Request for Comments**

Your written comments and/or suggestions are invited on one or more of the following points: (a) whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**Send Comments and Request for Further Information**

Send your written comments, requests for more information on the proposed collection or requests to obtain a copy of the date collection instrument(s) and instructions to: Mr. Lance Hodahkwen, Sr., M.P.H. IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852–1601, call non-toll free (301) 443–1116, send via facsimile to (301) 443–1522, or send your E-mail requests, comments, and return address to: lhodahkw@hqe.ihs.gov.

**Comment Due Date**

Your comments regarding this information collection are best assured of having their full effect if received on or before May 11, 1998.

Dated: March 3, 1998.

**Michael H. Trujillo,**

*Assistant Surgeon General, Director.*

[FR Doc. 98–6154 Filed 3–9–98; 8:45 am]

BILLING CODE 4160–16–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### National Institute of Allergy and Infectious Diseases; Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Allergy and Infectious Diseases Special Emphasis Panel (SEP) meeting:

*Name of SEP:* NIAID Clinical Research Products Management Center (Telephone Conference Call).

*Date:* April 1, 1998.

*Time:* 3:15 p.m. to Adjournment.

*Place:* Teleconference, 6003 Executive Boulevard, Solar Bldg, Room 3C04, Bethesda, MD 20892, (301) 496–8371.

*Contact Person:* Brenda Velez, Technical Evaluation Adm., 6003 Executive Boulevard, Solar Bldg., Room 3C07, Bethesda, MD 20892, (301) 496–7117.

*Purpose/Agenda:* To evaluate contract proposals.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Programs Nos. 93.855, Immunology, Allergic and Immunologic Diseases Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health)

Dated: February 26, 1998.

**LaVerne Y. Stringfield,**

*Committee Management Officer, National Institutes of Health.*

[FR Doc. 98–6155 Filed 3–9–98; 8:45 am]

BILLING CODE 4140–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Electric and Magnetic Fields Research and Public Information Dissemination (EMFRAPID) Program; Environmental Toxicology Program, Office of Special Programs; National Institute of Environmental Health Sciences, National Institutes of Health Notice: Third EMF Science Review Symposium—EMFRAPID Program

**Background**

The National Institute of Environmental Health Sciences (NIEHS) and the Department of Energy (DOE) are coordinating the implementation of the Electric and Magnetic Fields (EMF) Research and Public Information Dissemination (RAPID) Program. The EMFRAPID Program was established by the 1992 Energy Policy Act (Section 2118 for Public Law 102–486) which was signed in October 1992. This five-year effort is designed to determine the potential effect from exposure to 60 Hz electric and magnetic fields on