

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Office of the Secretary

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Office of the Secretary publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following are those information collections recently submitted to OMB:

1: 42 CFR 50 Subpart B: Sterilization of Persons in Federally Assisted Family Planning Projects—0937–0166—Extension no Change—These regulations and informed consent procedures are associated with Federally-funded sterilization services. Selected consent forms are audited during site visits and program reviews to ensure compliance with regulations and the protection of the rights of individuals undergoing sterilization. Burden Estimate for Consent Form—Annual Responses: 40,000; Burden per Response: one hour; Total Burden for Consent Form: 40,000 hours—Burden Estimate for Recordkeeping Requirement—Number of Recordkeepers: 4,000; Average Burden per Recordkeeper: 2.5 hours; Total Burden for Recordkeeping: 10,000 hours. Total Burden: 50,000 hours.

OMB Desk Officer: Allison Eydt.

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690–6207. Written comments and recommendations for the proposed information collection should 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 Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue S.W., Washington DC, 20201. Written comments should be received within 30 days of this notice.

Dated: March 1, 1999.

**Dennis P. Williams,**

*Deputy Assistant Secretary, Budget.*

[FR Doc. 99–5830 Filed 3–9–99; 8:45 am]

BILLING CODE 4150–04–M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 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 of the "Medical Expenditure Panel Survey Medical Provider Component (MEPS-MPC) for 1998, 1999, and 2000." 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 May 10, 1999.

**ADDRESSES:** Written comments should be submitted to: Ruth A. Celtnieks, Reports Clearance Officer, AHCPR, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852–4908.

All comments will become a matter of public record.

**FOR FURTHER INFORMATION CONTACT:** Ruth A. Celtnieks, AHCPR Reports Clearance Officer, (301) 594–6659.

### SUPPLEMENTARY INFORMATION:

## Proposed Project; Medical Panel Expenditure Survey—Medical Provider Component (MEPS-MPC) for 1998 and 1999 and 2000

The MEPS-MPC is a survey of hospitals, physicians and other medical providers. The purpose of this survey is to supplement and verify the information provided by household respondents in the household component of the MEPS (MEPS-HC) about the use of medical services. With the permission of members of the households surveyed in the MEPS-HC, we plan to contact their medical providers to determine the actual dates of service, the diagnoses, the services provided, the amount that was charged, the amount that was paid and the source of payment. Thus, the MPC is derived from or is based upon the core survey, the MEPS-HC.

The MEPS-HC to be conducted will provide annual, nationally representative estimates of health care use, expenditures, sources of payment and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center For Health Statistics (NCHS).

MEPS data confidentiality is protected under sections 308(d) and 903(c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a–1).

Data from medical providers linked to household respondents in the MEPS-HC for calendar year 1998 will be collected beginning in 1999 and continuing into the year 2000, data for calendar year 1999 will be collected beginning in 2000 and continue into the year 2001. Data for calendar year 2000 will be collected beginning in 2001 and continue into the year 2002.

### Method of Collection

The medical provider survey will be conducted predominantly by telephone, but may include self-administered mail surveys, if requested by the respondent.

The estimated annual hour burden is as follows;

| Type of provider                | No. of respondents | Average No. of patients/providers | Average No. of events/patient | Average burden/event     | Total hours of burden |
|---------------------------------|--------------------|-----------------------------------|-------------------------------|--------------------------|-----------------------|
| Hospital .....                  | 3500               | 2                                 | 3.2                           | 5 min. (.083 hrs.) ..... | 1859                  |
| Office-based Doctor .....       | 8500               | 1.3                               | 3.5                           | 5 min .....              | 3210                  |
| Separately Billing Doctor ..... | 8000               | 1                                 | 1.3                           | 5 min .....              | 863                   |
| Home Health .....               | 500                | 1.1                               | 5.8                           | 5 min .....              | 265                   |
| Pharmacy .....                  | 6000               | 1.8                               | 10.3                          | 3 min .....              | 5562                  |

*Estimated Annual Burden Total:*  
11759.

### Request for Comments

Comments are invited on: (a) The necessity of the proposed collection; (b) the accuracy of the Agency's estimate of 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection.

Copies of these proposed collection plans and instruments can be obtained from the AHCPR Reports Clearance Officer (see above).

Dated: March 2, 1999.

**John M. Eisenberg,**  
Administrator.

[FR Doc. 99-5951 Filed 3-9-99; 8:45 am]

BILLING CODE 4160-90-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 99002]

### Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention; Notice of Availability of Funds

#### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal years (FY) 1999 and (FY) 2000 funds for a cooperative agreement program for Public Health Conference Support for Human Immunodeficiency Virus (HIV) Prevention. This program addresses the "Healthy People 2000" priority area of HIV infection.

Topics concerned with issues and areas other than HIV prevention should be directed to other public health agencies or in accordance with the current **Federal Register** notice (see **Federal Register** Notice 99006, [61 FR 19296] published on June 9, 1998).

#### B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities,

colleges, research institutions, hospitals, other public and private nonprofit organizations, and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. State and local health departments may apply for funding only under Category 2 (See E. Application Content). Conferences planned for *June 1, 1999*, through *May 31, 2000*, are eligible. Foreign organizations are not eligible to apply.

**Note:** Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

#### C. Availability of Funds

Approximately \$250,000 is available in FY 1999 to fund approximately 15 to 25 awards. It is expected that the average award will be \$20,000, ranging from \$10,000 to \$25,000. Organizations will be funded in rank order within each of the three categories. It is expected that the awards will begin on or after June 1, 1999, and will be funded for a 12-month budget and project period. Funding estimates may vary and are subject to change.

Contingency awards will be made allowing usage of only 10 percent of the total amount to be awarded until a final full agenda is approved by CDC. This will provide funds to support costs associated with preparation of the agenda. The remainder of funds will be released only upon CDC approval of the final full agenda. CDC reserves the right to terminate co-sponsorship at any time.

#### Use of Funds

a. CDC funds may be used for direct cost expenditures: salaries, speaker fees (for services rendered), rental of conference related equipment, registration fees, and transportation costs (not to exceed economy class fares) for non-Federal individuals.

b. CDC funds may not be used to purchase equipment, pay honoraria (for conferring distinction) or organizational dues, support entertainment, personal expenses, travel costs or payment of a Federal employee, or per diem and expenses, other than mileage, for local participants.

c. CDC funds may not be used to reimburse indirect costs.

d. CDC funds may not be used to purchase novelty items (e.g., bags, T-shirts, hats, pens) distributed at meetings.

e. CDC will not fund 100 percent of the proposed conference. Part of the cost

of the proposed conference must be supported with non-federal funds.

f. CDC will not fund a conference after it has taken place.

g. CDC funds may be used for only those parts of the conference specifically supported by CDC as documented on the notice of award.

h. This program is not meant for conferences to educate the general public or to deliver prevention interventions to persons at risk for HIV infection. Such conferences cannot be supported through this announcement.

#### Funding Preferences

Preference may be given to:

a. conferences sponsored by organizations that serve high-risk populations, especially populations and geographic areas that are under-served;

b. applications consistent with the CDC national goal of assisting in building and maintaining State, local, and community infrastructure and technical capacity to carry out necessary HIV and STD prevention programs; and

c. health departments collaborating with other State agencies and community-based organizations;

No preference will be given to organizations that have received funding in past years.

#### D. Program Requirements

Development of HIV prevention conferences may require substantial CDC collaboration and involvement. Because conference support by CDC creates the appearance of CDC co-sponsorship, there will be active participation by CDC in the development and approval of the conference agenda. In addition, CDC will reserve the right to approve or reject the content of the full agenda, press events, promotional materials (including press releases), speaker selection, and site selection.

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed under 1, Recipient Activities, and CDC will be responsible for the activities listed under 2, CDC Activities.

##### 1. Recipient Activities

a. Manage all activities related to conference content (e.g., objectives, topics, participants, session design, workshops, special exhibits, speakers, fees, agenda composition, printing). Many of these items may be developed in concert with CDC personnel assigned to support the conference.

b. Provide draft copies of the agenda and proposed ancillary activities to the CDC Grants Management Office for review and comment. Submit a copy of