

Centers for Disease Control and Prevention, 1600 Clifton Road, M/S E-52, Atlanta, Georgia 30333, Telephone: (404) 639-8375, Email address—dgk9@cdc.gov.

Copies of the "Standards for Pediatric Immunization Practices" and the National Coalition for Adult Immunization's "Standards for Adult Immunization Practices" may be obtained from the National Immunization Program, Immunization Services Division, Community Outreach and Planning Branch, Mailstop E-52, 1600 Clifton Road, NE, Atlanta, GA 30333. Telephone: (404) 639-8375.

Dated: January 25, 1999.

John L. Williams,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention
(CDC).*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities; Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health

Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

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 or other forms of information technology.

Proposed Project: Employment Sites of Nursing Graduates Supported by the Professional Nurse Traineeship Program (HRSA 98-141)—New.

Under Section 830 of Title VIII of the Public Health Service Act, Professional Nurse Traineeship (PNT) grants are awarded to eligible institutions for the support of students in advanced nursing education. Traineeships are then awarded by the institutions to individuals enrolled in graduate programs to prepare for practice as advanced practice nurses. These funds are distributed to institutions based on

a formula that incorporates three statutory funding factors. The factor to be studied is the funding preference which is given to institutions that can demonstrate either a high rate of placing graduates in medically underserved communities (MUCs), or achieving a significant increase in the rate of placing graduates in such settings.

This study is intended to assess the influence of funding preference on program performance and to determine program success in placing PNT graduates in MUCs. Approximately 5,000 graduates who received Master's or Doctoral degrees in academic years 1996-1997 and 1997-1998, including 1,200 who received PNT funds but were not graduates of the schools receiving the preference, will be included in this survey. Data will be obtained on the graduates place of residence and place of employment before, during and after their program of study. The study will examine various measures associated with the career paths chosen by these graduates and by comparing these measures within and between the two groups of graduates. Comparisons of employment sites of graduates in schools receiving the preference with those of graduates in schools not receiving the preference will indicate the significance of funding preference in promoting program objectives of increasing access to care in underserved communities. Information on both the nursing-specialty of graduates and their current employment setting will be analyzed for each of the two groups.

The estimated burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response (minutes)	Total burden hours
Survey	5000	1	20	1667

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 26, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 99-2232 Filed 1-29-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for

review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Grantee Reporting Requirements for the Rural Health Network Development Grant Program (OMB No. 0915-0218)—Revision.

This is a request for extension of the reporting requirements for the Rural Health Network Development Grant Program authorized by section 330A of the Public Health Service Act as amended by the Health Centers Consolidation Act of 1996 (Public Law 104-229). The purpose of the program is to assist in the development of vertically integrated

networks of health care providers in rural communities. Grantees will be working to change the delivery system in their service areas and will be using the Federal funds to develop network capabilities.

Grantees submit annual reports which provide information on progress towards goals and objectives of the network, progress toward developing

the governance and organizational arrangements for the network, specific network activities, certain financial data related to the grant budget, and health care services provided by the network. The information is used to evaluate progress on the grants, to understand barriers to network development in rural areas, to identify grantees in need

of technical assistance, and to identify best practices in the development of provider networks in rural communities. The information is also used to begin to evaluate the impact of networks on access to care. To minimize the burden on grantees, the reports will be submitted electronically. The estimated burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Baseline	16	1	2	32
Tracking	50	1	1	50
Total	50	82

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 26, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for

review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners: Regulations and Forms, OMB No. 0915-0126: Extension.

The National Practitioner Data Bank (Data Bank) was established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended. Final Regulations governing the Data Bank are codified at 45 CFR part 60. Responsibility for Data Bank implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The Data Bank began operation on September 1, 1990.

The intent of Title IV of Public Law 99-660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services, to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care

practitioners to move from State to State without disclosure of the practitioners' previous damaging or incompetent performance.

The Data Bank acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions, adverse clinical privileging actions, and adverse professional society actions is collected from, and disseminated to eligible entities. It is intended that Data Bank information should be considered with other relevant information in evaluating a practitioner's credentials.

This request is for an extension of reporting and querying forms previously approved in February 1996. The reporting forms and the request for information forms (query forms) may be accessed, completed, and submitted to the Data Bank electronically through the use of a program designated QPRAC 4 which is provided by the DHHS. The DHHS has developed a separate query form for practitioners making self-queries. This request also includes several administrative forms which have been developed since the last clearance.

The following estimates of burden are based on actual Data Bank operational experience:

Type of activity—45 CFR 60.0	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Reporting:				
Reports Correcting Errors and Omissions—60.6(a)	1,600	1.06	.25	424
Reports of Revision to Actions Previously Reported—60.6(b)	390	1.04	.75	304
Report of Medical Malpractice Payments—60.7(b)	525	27.3285	.75	10,760
Reports of Adverse Actions by State Medical and Dental Boards—60.8(b)	125	32.56	.75	3,053
Reports of Adverse Action Regarding Clinical Privileges and Professional Society Memberships—60.9(a)3.	975	1.03	.75	753
Entity Hearings:				
Requests for Hearing by Entities—60.9(c)	*1	1	8.0	8