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 CFR 1320.5. The following are those information collections recently submitted to OMB.

1. Application for Waiver of the twoyear Foreign Residence Requirement of the Exchange Visitor Program-0990-0001-Extension-the application is used by institutions (colleges, hospitals, etc.) To request a favorable recommendation to the USIA for waiver of the two-year Foreign Residence Requirement of the Exchange Visitor Program on behalf of foreign visitors working in areas of interest to HHS. Respondents: Individuals, State or local governments, Businesses or other forprofit, non-profit institutions; Total Number of Respondents: 200; Frequency of Response: one time; Average Burden per Response: 6 hours; Estimated Annual Burden: 1200 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 designate above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street, NW, Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Hubert H. Humphrey Building, 200 Independence Ave SW, Washington, DC, 20201. Written comemtns should be received within 30 days of this notice.

Dated: October 4, 1999.

Dennis P. Williams,

Deputy Assistant Secretary, Budget. [FR Doc. 99–26610 Filed 10–12–99; 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 intention of the Agency for Health Care Policy and Research (AHCPR) to request the Office of Management and Budget (OMB) to allow the proposed information collection project: 1999-2001 Medical Expenditure Panel Survey—Insurance Component (MEPS-IC). 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 December 13, 1999. ADDRESSES: Written comments should be submitted to: Cynthia McMichael, Reports Clearance Officer, AHCPR, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852-4908.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

In accordance with the above cited legislation, comments on the AHCPR information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency's estimate of the burden (including hours and costs) of the proposed collection 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 the use of automated collection techniques or other forms of information technology.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHCPR Reports Clearance Officer. **FOR FURTHER INFORMATION CONTACT:** Cynthia McMichael, AHCPR Reports Clearance Officer, (301) 594–6659. **SUPPLEMENTARY INFORMATION:**

Proposed Project

1999–2001 Medical Expenditure Panel Survey—Insurance Component (MEPS–IC).

The MEPS-IC, an annual survey of the characteristics of employersponsored health insurance, was first conducted by AHCPR in 1997, seeking data pertaining to the calendar year 1996. The survey has since been conducted annually for calendar years 1997 and 1998. AHCPR proposes to continue this annual survey of establishments for calendar years 1999 through 2001. The survey data for calendar year 1999 will be collected in 2000. Likewise, calendar year 2000 data will be collected in 2001 and calendar year 2001 data in 2002. The survey will collect information from both public and private employers.

This survey will be conducted for AHCPR by the Bureau of the Census using a sample comprised of:

1. Employers selected from Census Bureau lists of private sector employers and government employers (known as the List Sample); and

2. Employers identified by respondents to the MEPS-Household Component (MEPS–HC) for the same calendar year (known as the Household Sample). The MEPS–HC is an annual household survey designed to collect information concerning health care expenditures and related data for individuals.

Data to be collected from each employer will include a description of the business (*e.g.*, size, industry) and descriptions of health insurance plans available, plan enrollments, total plan costs and costs to employees.

Data Confidentiality Provisions

MEPS-IC List Sample data confidentiality is protected under section 9 of Title 13, United States Code (the U.S. Census Bureau statute). MEPS-IC Household Sample data confidentiality is protected under sections 308(ď) and 903(c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299a-1). Section 308(d), the confidentiality statute of the National Center for Health Statistics, is applicable because the MEPS-HC sample is derived from respondents of an earlier NCHS survey. Section 903(c) is the confidentiality statute of AHCPR. All data products listed below must fully comply with the data confidentiality statute under which the raw data was collected.

Data Products

Data will be produced in three forms: (1) Files derived from the Household

Sample, which can be linked back to other information from household respondents in the MEPS-HC; (2) files containing employer information from the List Sample (available for use by researchers at the Census Bureau's Research Data Centers); and (3) a large compendium of tables of estimates based on the List Sample (available on the AHCPR website). These tables will contain descriptive statistics, such as, numbers of establishments offering health insurance, average premiums, average contributions, total enrollments, numbers of self insured establishments and other related statistics for a large number of population subsets defined by firm size, state, industry and establishment characteristics, such as, age, profit/nonprofit status and union/ nonunion.

The data are intended to be used for purposes such as:

• Generating national and State estimates of employer health care offerings;

• Producing estimates to support the Bureau of Economic Analysis within the Department of Commerce and the Health Care Financing Administration in their respective calculations of health care expenditures for the Gross Domestic Product and National Health Accounts (annual totals for various categories of health care expenditures for the United States);

• Producing national and State estimates of spending on employersponsored health insurance to study the results of national and State health care policies;

• Supplying data for modeling the demand for health insurance; and

• Providing data on health plan choices, costs, and benefits that can be linked back to households' use of health care resources as were reported in the MEPS–HC survey for studies of the consumer health care selection process.

These data will provide the basis for researchers to address important

ESTIMATED ANNUAL RESPONDENT BURDEN

questions for the benefit of employers and policymakers alike.

Method of Collection

The data will be collected using a combination of modes. the Census Bureau's first contact with employers will be made by telephone. This contact will provide information on the availability of health insurance from that employer and essential persons to contact. Based upon this information, Census will mail a questionnaire to the employer. In order to assure high response rates, Census will follow-up with a second mailing at an acceptable interval, followed by a telephone call to collect data from those who have not responded by mail. For large organizational respondents with high burdens, such as State employers and very large firms, Census will, if needed, perform personal visits and do customized collection, such as, acceptance of data in computerized formats and use of special forms.

Annual number of respondents	Estimated time per respond- ent (in hours)	Estimated total annual burden hours	Estimated an- nual cost to the Govern- ment
33,839	.5	19,369	\$7,000,000

Estimates of annual respondent burden are based upon experience from collection of the previous three MEPS– IC surveys.

Dated: October 1, 1999.

John M. Eisenberg,

Administrator.

[FR Doc. 99–26597 Filed 10–12–99; 8:45 am] BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Request for Nominations for Voting Members on Public Advisory Panels or Committees

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is requesting nominations for voting members to serve on certain device panels of the Medical Devices Advisory Committee, the National Mammography Quality Assurance Advisory Committee, and the Technical Electronic Product Radiation Safety Standards Committee in the Center for Devices and Radiological Health (CDRH). Nominations will be accepted for current vacancies and for those that will or may occur through August 31, 2000.

FDA has a special interest in ensuring that women, minority groups, and individuals with disabilities are adequately represented on advisory committees and, therefore, encourages nominations of qualified candidates from these groups.

DATES: Because scheduled vacancies occur on various dates throughout each year, no cutoff date is established for the receipt of nominations. However, when possible, nominations should be received at least 6 months before the date of scheduled vacancies for each year, as indicated in this notice. ADDRESSES: All nominations and curricula vitae for the device panels should be sent to Nancy J. Pluhowski, Advisory Panel Coordinator, Office of Device Evaluation (HFZ–400), CDRH, Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850.

All nominations and curricula vitae for the National Mammography Quality Assurance Advisory Committee should be sent to Charles A. Finder, CDRH (HFZ-240), Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850.

All nominations and curricula vitae for government and industry representatives for the Technical Electronic Product Radiation Safety Standards Committee should be sent to Orhan H. Suleiman, CDRH (HFZ–240), Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850.

All nominations and curricula vitae for general public representatives for the Technical Electronic Product Radiation Safety Standards Committee should be sent to Annette Funn, Office of Consumer Affairs (HFE–88), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. **FOR FURTHER INFORMATION CONTACT:** Kathleen L. Walker, CDRH (HFZ–17), Food and Drug Administration, 2098

Food and Drug Administration, 2098 Gaither Rd., Rockville, MD 20850, 301– 594–1283, ext. 114.

SUPPLEMENTARY INFORMATION: FDA is requesting nominations of voting members for vacancies listed below.

1. Circulatory System Devices Panel: Three vacancies occurring June 30, 2000; interventional cardiologists, electrophysiologists, invasive (vascular) radiologists, vascular and cardiothoracic