cost of providing services funded under Title I and II of the Ryan White CARE Act

The primary purpose of the AAR is to: (1) Document the use of Title I and Title II funds and the providers who received them, (2) assess the effects of these funds on the number and diversity of individuals served, (3) evaluate the quantity of services received, and (4) help examine the effectiveness of coordinated systems of care in meeting the needs of individuals living with HIV. In addition to meeting the goal of accountability to Congress, clients,

advocacy groups, and the general public, the AAR supports critical efforts by HRSA, state and local grantees, and providers to assess the status of existing HIV-related service delivery systems.

Separate reports were developed to collect aggregate data from the three program types that receive funds under Title I and/or Title II: (1) Title I programs, Title II programs; (2) centrally administered state programs for the continuation of health insurance; and (3) state programs providing HIV prescription drug assistance.

The following changes to the AAR are proposed to improve the accuracy of the data collected and facilitate local analysis of primary medical care outcome measures: Certain funding questions will be eliminated, all questions will require numerical responses, not percentages; some questions will be restricted to certain providers; and a set of questions has been added to help evaluate primary medical services.

The estimated response burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Standard Ar	nnual Administra	tive Report (SA	AR)		
Medical providers Non-medical providers Grantees	660 1,975 105	1 1 1	660 1,975 105	35 20 24	23,100 39,500 2,520
AIDS Pharmaceutical Assistance Annual Administra	itive Report (inci	udes State ADA	P and local APA	pnarmaceutical	programs)
Administrator/Grantee	76	1	76	25	1,900
Health I	nsurance Contin	uation Program			
Administrative/Grantee	66	1	66	18.5	1,221
Total	2,882	1	2,882		68,241

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: October 29, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 99–28811 Filed 11–3–99; 8:45 am] BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of November 1999.

Name: Maternal and Child Health Research Grants Review Committee.

Date and Time: November 17–19, 1999; 8:00 a.m.–5:00 p.m.

Place: Holiday Inn Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland 20814.

The meeting is open to the public on Wednesday, November 17 from 8–10 a.m., and closed for the remainder of the meeting.

Agenda: The open portion of the meeting will cover opening remarks by the Acting Director, Division of Research, Training and Education, who will report on program issues, congressional activities, and other topics of interest to the field of maternal and child health. The meeting will be closed to the public on Wednesday, November 17, 1999, from 10:00 a.m., to the remainder of the meeting, for the review of grant applications. The closing is in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., and the Determination by the Associate Administrator for Management and Program Support, Health Resources and Services Administration, pursuant to Public Law 92-463.

Anyone wishing to obtain a roster of members, minutes of meetings, or other relevant information should write or contact Gontran Lamberty, Dr. P.H., Executive Secretary, Maternal and Child Health Research Grants Review Committee, Room 18A–55, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, or by telephone at (301) 443–2190.

Dated: October 28, 1999.

Jane M. Harrison.

Director, Division of Policy Review and Coordination.

[FR Doc. 99–28809 Filed 11–3–99; 8:45 am] BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Data Collection; Comment Request; California Health Interview Survey (CHIS)

summary: 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 National Institutes of Health (NIH), National Cancer Institute (NCI) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: California Health Interview Survey (CHIS) Cancer Control Topical Module (CCTM). Type of Information Collection Request: New. Need and Use of Information Collection: NCI has sponsored two Cancer Control Topical Modules to the National Health Interview Survey (NHIS) in 1987 and 1992, and will sponsor a third to be administered in 2000. While these national data have proven extremely useful in monitoring risk factors and screening related to cancer control, the national sample does not provide adequate numbers of racial-ethnic minorities to analyze particular domains within them, such as age by gender and income or education. The ČHIS is a new telephone survey designed to provide population-based, standardized healthrelated data for California counties.

Health Services (CDHS) Center for Health Statistics, the Public Health Institute (PHI), and the UCLA Center for Health Policy Research (UCLA), the survey will largely be funded by California sources. The 2000 CHIS CCTM will be similar in content to the 2000 NHIS CCTM, and will be administered to one sample adult in 55,000 households. California, the most populous state in the nation, is also the most racially and ethnically diverse. Specific populations of interest include Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Initiated by the California Department of Pacific Islander, and American Indian or

Alaska Native. NCI anticipates comparing the CHIS and NHIS data in order to conduct comparative and pooled analyses that will enable better estimates of health-related behaviors and cancer risk factors for smaller racial/ethnic minority populations. In this way, NCI anticipates improving its estimates for cancer risk factors and screening among racial/ethnic minority populations. Frequency of response: One-time. Affected public: Individuals. Types of Respondents: U.S. adults. The annual reporting burden is as follows:

TABLE A.12-1.—ANNUALIZED BURDEN ESTIMATES FOR CHIS DATA COLLECTION

Data collection	Estimated number of respondents	Frequency of response	Average time per response	Annual hour burden
Adult Core	55,000 55,000	1 1	.5 .2004	27,500 11,022
Totals	55,000			38,522

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proposed performance of the functions of the agency, including whether the information shall have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For further Information: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Nancy Breen, Ph.D., Project Officer, National Cancer Institute, EPN 313, 6130 Executive Boulevard MSC 7344, Bethesda Maryland 20892-7344, or call non-toll-free number (301) 496-8500, or FAX your request to (301) 435-3710, or E-mail your request, including your address, to nb19k@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before January 3, 2000.

Dated: October 26, 1999.

Reesa L. Nichols,

NCI Project Clearance Liaison. [FR Doc. 99-28919 Filed 11-3-99; 8:45 am] BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND **HUMAN SERVICES**

National Institutes of Health

National Cancer Institute; Notice of 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 meeting.

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

Name of Committee: National Cancer Institute Special Emphasis Panel, Minority Based Community Clinical Oncology Program.

Date: November 30-December 2, 1999. Time: 7 am to 3 pm.

Agenda: To review and evaluate grant applications.

Place: Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road, NW, Washington, DC 20015.

Contact person: Ray Bramhall, Scientific Review Administrator, Special Review, Referral and Resources Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6130 Executive Blvd, Rockville, MD 20892, (301) 496-3428.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393; Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: October 26, 1999.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 99-28922 Filed 11-3-99; 8:45 am] BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND **HUMAN SERVICES**

National Institutes of Health

National Cancer Institute; Notice of **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 meeting.