HRSA's *Bureau of Primary Health Care* is responsible for funding and oversight of the community health center network, while the *Bureau of Health Professions* is responsible for programs that attract, prepare, fund, distribute and retain a diverse health professions workforce in medically underserved areas.

Current Structure

Under HRSA's current structure, the Bureau of Primary Health Care has included three divisions that deal with issues, which actually fall within the Bureau of Health Professions' normal range of responsibilities:

- Division of the National Health Service Corps, which recruits health professionals into the National Health Service Corps and matches them with communities in Health Professional Shortage Areas;
- Division of Scholarships and Loan Repayments, which manages the National Health Service Corps' scholarship and loan repayments programs; and the
- Division of Shortage Designation, which reviews applications received from states for Health Professional Shortage Areas and Medically Underserved Areas/Populations and designates communities that meet program criteria.

Reorganization

HRSA's reorganization plan will transfer these three divisions from the Bureau of Primary Health Care to the Bureau of Health Professions. This will allow HRSA to streamline and rationalize its organization by placing within a single bureau the entire spectrum of recruitment, training, loan, scholarship and placement programs for health professionals.

At the same time, the reorganization will enable the Bureau of Primary Health Care to focus on the proposed rapid expansion of direct health care services for Americans without access to care. President Bush's proposed increases in Community Health Centers would double the number of persons served by the centers.

- The consolidation of HRSA's health professions programs within the Bureau of Health Professions will increase the internal coordination needed to ensure that the right number of health care professionals serve in the right communities. It will allow the bureau to offer a ''menu of options'' for health professionals' development through both the National Health Service Corps and the Public Health Service Act's Title VII and VIII programs.
- The restructuring also will give the Bureau of Health Professions responsibility for President Bush's proposed National Health Service Corps Presidential Management Reform Initiative. Designed to improve the Corps' service to America's neediest communities, the reform initiative will examine several issues, including the ratio of scholarships to loan repayments and other set-asides, and will consider amending the Health Professional Shortage Area definition to include non-physician providers and J–1 and H–1C visa providers practicing in communities. These efforts will enable the NHSC to more accurately define shortage areas and target placements to areas of greatest need.
- The reorganization will allow the Bureau of Primary Health Care to focus its staff and resources on its core responsibility—the Community Health Centers program. This increased focus is essential because President Bush's proposed Health Centers Presidential Initiative intends to increase the number of Community Health Center access sites over the next five years by 1,200—from 3,200 to 4,400. This planned increase will allow HRSA-funded centers and clinics to double the number of people they serve annually to 22 million. Most of these people have no health insurance.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; National Institutes of Health Construction Grants

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) 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: National Institutes of Health Construction Grants—42 CFR part 52b (Final Rule). *Type of Information Collection Request:* REVISION of No. 0925–0424, expiration date 11/30/2001. *Need and Use of the Information Collection:* This request is for OMB review and approval of a revision of the information collection and recordkeeping requirements contained in the regulation codified at 42 CFR part 52b. The purpose of the regulation is to govern the awarding and administration of grants awarded by NIH and its components for construction of new buildings and the alteration, renovation, remodeling, improvement, expansion, and repair of existing buildings, including the provision of equipment necessary to make the buildings (or applicable part of the buildings) suitable for the purpose for which it was constructed. The NIH is revising the estimated annual reporting and recordkeeping burden previously approved by OMB is to reflect the increase in the number of construction grants being awarded and administered by NIH. In terms of reporting requirements:

Section 52b.9(b) of the regulation requires the transferor of a facility which is sold or transferred, or owner of a facility, the use of which has changed, to provide written notice of the sale, transfer or change within 30 days. Section 5b10(f) requires a grantee to submit an approved copy of the construction schedule prior to the start of construction. Section 52b.10(g) requires a grantee to provide daily construction logs and monthly status reports upon request at the job site. Section 52b.11(b) requires applicants for a project involving the acquisition of existing facilities to provide the estimated cost of the project, cost of the acquisition of existing facilities, and cost of remodeling, renovating, or altering facilities to serve the purposes for which they are acquired.

In terms of recordkeeping requirements: Section 52b.10(g) requires grantees to maintain daily construction logs and monthly status reports at the job site. *Frequency of Response: On occasion. Affected Public:* Non-profit organizations and Federal agencies. *Type of respondents:* Grantees. The estimated respondent burden is as follows:

ESTIMATED ANNUAL REPORTING AND RECORDKEEPING BURDEN

	Estimated annual number of respondents	Estimated number of responses per response	Average burden hours per response	Estimated total annual burden hours requested
Reporting:				
Section 52b.9(b)	1	1	.50	.50
Section 52b.10(f)	60	1	1	60
Section 52b.10(g)	60	12	1	720
Section 52b.11(b)	100	1	1	100
Recordkeeping:				
Section 52b.10(g)	60	260	1	15,600
Total	381			16,480.5

The annualized cost to the public, based on an average of 60 active grants in the construction phase, is estimated at: $576,818. 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 should address one or more of the following points: (1) Evaluate whether the proposed collection of information and recordkeeping are necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information and recordkeeping, including the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected and the recordkeeping information to be maintained; and (4) 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 and recordkeeping techniques of other forms of information technology.

FOR FURTHER INFORMATION CONTACT: Contact Jerry Moore, NIH Regulations Officer, Office of Management Assessment, Division of Management Support, National Institutes of Health, 6011 Executive Boulevard, Room 601, MSC 7669, Rockville, Maryland 20852; call 301–496–4607 (this is not a toll-free number) or Email your request to jm40z@nih.gov.

Comments Due Date: Comments regarding this information collection and recordkeeping are best assured of having full effect if received on or before October 9, 2001.

Dated: July 30, 2001.

Jerry Moore,

Regulations Officer, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK): Opportunity for Cooperative Research and Development Agreements (CRADAs) to Implement a Multicenter, Clinical Trial to Study Viral Resistance to Pegylated Interferon Therapy in Combination with Ribavirin in Patients Who Have Chronic Hepatitis C, Genotype 1, Specifically Focusing Upon African Americans

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) is seeking proposals in the form of capability statements from companies for a Cooperative Research and Development Agreement (CRADA) to provide active agent(s) to study important issues surrounding viral resistance to interferon in hepatitis C, particularly in African Americans.

Pursuant to the Federal Technology Transfer Act of 1986 (FTTA, 15 U.S.C. 3710; and Executive Order 12591 of April 10, 1987, as amended by the National Technology Transfer and Advancement Act of 1995), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) of the Public Health Service (PHS) of the Department of Health and Human Services (DHHS) seeks a Cooperative Research and Development Agreement (CRADA) with a pharmaceutical or biotechnology company to provide active agent(s) to study important issues surrounding viral resistance to interferon in hepatitis C. The potential Collaborator(s) capability statement should provide proof of expertise in the design and implementation of pegylated interferon and ribavirin therapies for hepatitis C and should include the scientific rationale for the study proposed, proposed dosing regimes, possible strategies for assessing compliance, proposed methods for assessing interferon levels, pharmacokinetics, and drug distribution methodology.

DATES: Only written CRADA capability statements received by the NIDDK on or before August 24, 2001 will be considered. Applicants meeting the criteria as set forth in this announcement will be invited to discuss their plans, capabilities, and research findings pertinent to pegylated interferon and ribavirin with the study's Steering Committee on September 23–24, 2001. This will be at the Collaborator's expense. The Institute may issue an additional notice of CRADA opportunity. This notice is directed toward companies with resources to support collaborations.

FOR ADDITIONAL INFORMATION AND QUESTIONS: Capability statements should be submitted to Dr. Michael W. Edwards, Office of Technology Development, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, BSA Building, Suite 350 MSC 2690, 9190 Rockville Pike, Bethesda, MD 20814–3800; Tel: 301/496–7778, Fax: 301/402–0535; Email: mels@nih.gov.

SUPPLEMENTARY INFORMATION: A CRADA is an agreement designed to enable certain collaborations between Government laboratories and non-Government laboratories. It is not a grant, and is not a contract for the