among health care workers in hospital emergency rooms and among Native Americans and homeless persons. Other national data sources were examined, such as cohort studies of groups at risk, including homosexual and bisexual men and IV drug users, providing information on knowledge of AIDS and risk behaviors, changes in behavior, and incidence of HIV infection.

In 1987, OMB approved the ''Family of HIV Seroprevalence Surveys'' (0920–0232). These surveys included seven seroprevalence surveys which involved interaction with individuals (non-blinded surveys). One of these surveys was the surveillance and evaluation of blood donors positive for Human Immunodeficiency Virus (HIV) Antibody.

In 1993, OMB again approved for 3 years the surveillance and evaluation of blood donors who test positive for Human Immunodeficiency Virus (HIV) Antibody and their needle-sharing and sexual partners (0920–0329). This request is for an additional 3-year approval. The total annual burden is 172.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Blood donors (interviews)	160	1	1.0
Blood donors (refuse interview)	120	1	0.1

2. A CLIA Comprehension Survey and Information Program for Physicians—New—The purpose of this contract is to enable the Centers for Disease Control and Prevention (CDC) to assess the depth and accuracy of the knowledge base of clinicians regarding the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) regulations as they relate to physicians' office laboratories (POLs), and to provide specific information and training to practitioners based on this assessment. In 1990, CDC was designated by the Department of Health and Human Services to assist in the implementation of CLIA '88; this project is a direct response to that mandate.

Through contact with the laboratory and physician communities, CDC has become aware of gaps in information and understanding about the CLIA '88 regulations, especially as they relate to physicians'' office laboratories. Misconceptions regarding the CLIA '88 regulations in the community may be impeding successful implementation of the regulations and causing unnecessary and inappropriate responses in POL testing sites. Therefore, CDC is proposing a survey of practicing physicians to assess the depth and accuracy of the knowledge base of clinicians regarding the CLIA '88 regulations as they relate to POLs, and to provide specific information and training to practitioners based on this assessment. The total annual burden is 896.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Laboratories	4479	1	.2

3. Development and Implementation of a Comprehensive Evaluation for Project DIRECT (Diabetes Intervention: Reaching and Educating Communities Together)—New—Diabetes mellitus is more prevalent among African-Americans than whites, and African-Americans with diabetes are more likely to suffer its devastating complications. Compared to whites, African-Americans are more likely to develop blindness and end-stage renal disease and are more likely to have amputations. In addition, cardiovascular risk factors are more prevalent among African-Americans than whites and African-Americans are more likely to die with diabetes than are whites. In response to this disparity, the Centers for Disease Control and Prevention (CDC) has launched a large-scale community intervention trial known as Project DIRECT (Diabetes Intervention: Reaching and Educating Communities Together). Based in Raleigh, North Carolina, and sponsored by CDC's Division of Diabetes Translation, Project DIRECT will serve as a model for multilevel community-based diabetes prevention and control programs for urban African-Americans.

This evaluation will determine the effect of (1) diabetes care; (2) outreach, and (3) health promotion interventions in the targeted community and compare this effect to a control community. The intervention activities focus on the African-American population of a geographically defined area of southeast Raleigh, North Carolina. The control community is Greensboro, North Carolina. The populations consist primarily of African-Americans. Health care providers will be identified and solicited from practicing physicians in Raleigh and Greensboro.

The survey will be conducted in four phases. Phase I will randomly identify and solicit participation from household members with and without diabetes from the control and intervention communities. In Phase II, participants with and without diabetes will be randomly selected and administered the survey questionnaire upon granting informed consent. During Phase III, persons with diabetes will undergo a brief physical exam that will consist of physical measures for height, weight, blood pressure, and body mass index. In addition, collection of a venous blood sample and urine sample will be performed. In Phase IV, interviewers will administer a questionnaire to primary care physicians about their knowledge, attitude and practice patterns for caring for persons with diabetes. This study will undergo Institutional Review Board reviews and comply with human subject assurances in accordance with federal regulations. The total annual burden is 3,148.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Households	7,182	1	.1666
General Population Questionnaire	2,516	1	0.5
Diabetes Module ...	580	1	0.5
Laboratory Specimen Component	580	10.5	
Provider Survey ...	150	1	0.75

Dated: January 10, 1997.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–1064 Filed 1–15–97; 8:45 am]

BILLING CODE 4163–18–P

[Announcement 713]

National Institute for Occupational Safety and Health; Fatality Surveillance and Field Investigations at the State Level Using the NIOSH Fatality Assessment and Control Evaluation Model

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for cooperative agreements to

build State capacity for conducting traumatic occupational fatality surveillance, investigation, and intervention activities through the National Institute for Occupational Safety and Health (NIOSH) Fatality Assessment and Control Evaluation (FACE) Model.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of Occupational Safety and Health, and Surveillance and Data Systems. (To order a copy of Healthy People 2000, see the section Where To Obtain Additional Information.)

Authority

This program is authorized under section 20(a) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a)) and sections 301 (42 U.S.C. 241) and 317 (42 U.S.C. 247b) of the Public Health Service Act, as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are State Departments of Health, Departments of Labor, Departments of Industry, etc., located within any State or territory of the United States. Program activities, however, may not be carried out by departmental divisions that are responsible for enforcement of occupational safety and health standards. Awards will be limited to those organizations that can exercise public health authority for intervention into occupational safety and health problems. Only one application per State will be accepted under this announcement.

Availability of Funds

Approximately $315,615 will be available in FY 1997 to fund three to four awards. It is expected that the awards will range from $60,000 to $100,000 with an average award of $80,000. Individual awards may vary by State, and will be based upon the scope and nature of traumatic occupational fatalities documented by the respondent, and upon proposed personnel, administrative, and associated costs. The awards will be made on or about May 30, 1997, with 12-month budget periods within project periods of up to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be determined on the basis of satisfactory progress and the availability of funds.

Background

Traumatic occupational fatalities represent a public health problem of significant proportion. Based on data from the National Traumatic Occupational Fatalities (NTOF) surveillance system, nearly 6500 workers die each year in the U.S. from traumatic injuries sustained in the workplace. The four highest risk industries for fatal injury are: mining, construction, transportation/ communication/public utilities, and agriculture/ forestry/fishing. Each of these industrial sectors has a traumatic fatality rate that is at least twice the overall civilian workforce rate of 7.0 deaths per 100,000 workers. The leading causes of death for all industries are motor vehicles, machinery, homicide, falls, and electrocutions. These categories account for nearly 60 percent of the occupational fatalities each year. In order to adequately develop and implement intervention strategies aimed at reducing fatal injuries in the workplace, more specific data pertaining to the interaction of the worker, the work environment, and work processes are needed.

Purpose

The purpose of funding these cooperative agreements is to expand the State-based FACE project and significantly strengthen the occupational public health infrastructure. This will be accomplished by integrating resources for occupational safety and health research and public health prevention programs at the State and local levels. The ultimate goal of the project is to reduce traumatic occupational fatalities within the States.

Over the past eight years, State-level personnel have shown that the NIOSH FACE model for investigation of occupational fatalities can be successfully implemented in the States. The most immediate products of the State-level FACE programs have been accurate and timely surveillance systems for detecting traumatic occupational fatalities occurring within the State, fatality investigations identifying causal factors, and recommendations for prevention strategies. This program will permit awardees to efficiently integrate resources for prevention of occupational fatalities at the State and local level. Additionally, States will be encouraged to target occupational traumatic injury research and prevention programs based on specific State priority areas. FACE data will be shared with all award recipients.

The specific objectives for this cooperative agreement are as follows:

1. Develop a timely, comprehensive, multiple-source State-level surveillance system for identifying and recording basic epidemiologic data on all traumatic occupational fatalities occurring within the State.

2. Conduct on-site investigations of specific traumatic occupational fatalities using the NIOSH FACE investigative model.

3. Through case investigations, identify factors common to selected types of traumatic occupational fatalities leading to development and prioritization of prevention strategies.

4. Develop and disseminate prevention recommendations to reduce the risk of fatal occupational injuries within the State.

5. Develop and implement prevention strategies and projects for reducing State incidence of traumatic occupational injuries and fatalities.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for the activities under B. (CDC/NIOSH Activities):

A. Recipient Activities

1. Develop a comprehensive multiple-source, State-level surveillance system for prompt identification and reporting of epidemiologic data on all traumatic occupational fatalities occurring in the State.

2. Conduct in-depth site investigations of targeted occupational fatalities as determined by NIOSH. Currently, falls from elevations and machinery-related incidents are targeted fatality types. These are among the leading causes of work-place fatalities, as identified by national surveillance systems; however, they may change over the term of the agreement. Greatest emphasis must be placed on the determined targets; however, States may choose, in cooperation with NIOSH, to conduct in-depth investigations of other fatality types identified.

3. In specified format, develop and submit to NIOSH a narrative report of each in-depth fatality investigation which describes the fatal incident and includes recommendations for preventing future similar occurrences.

4. Submit first reports of fatalities, investigative narrative reports, and supplementary investigative data electronically to NIOSH through CDC's WONDER/PC system.

5. Evaluate surveillance data and investigative findings to identify specific worker populations to which prevention programs should be addressed. [1]

6. Identify entities such as employers, unions, and trade associations that can effect change in the workplace.

7. Communicate recommended preventions to those who can affect change in the workplace and to those at risk through targeted dissemination.

8. Prepare and submit periodic status reports of activities in designated format and an annual report that summarizes the activities and progress made by the State toward meeting the objectives for the State FACE program.

9. Participate in annual NIOSH-conducted FACE project workshop/ conference in Morgantown, West Virginia, or other selected site.

B. CDC/NIOSH Activities

1. Provide formats for data reporting forms, coding formats, computer software, and State personnel training for electronic transmission of FACE surveillance and investigative data to the NIOSH data base.

2. Provide assistance to awardee staff in establishing traumatic occupational fatality notification networks.

3. Provide initial training in procedures and subsequent technical assistance for conducting on-site fatality investigations using the FACE investigative methodology (including the use of FACE investigative data collection instruments).

4. Provide assistance in identifying sentinel events resulting from industrial applications of new and emerging technologies.

5. Provide technical assistance in the dissemination of summary reports and other published findings to State and local health and labor officials, voluntary health groups, workers, unions, employers and professional organizations.

6. Provide technical assistance in identifying and evaluating effective intervention strategies.

7. CDC will provide funds to purchase one IBM-compatible, Pentium-based personal computer, printer, telecommunications equipment, and needed software for use on appropriate activities related to this cooperative agreement, if necessary.

Technical Reporting Requirements

An original and two copies of a progress and Financial Status Report (FSR) are required no later than 90 days after the end of each budget period. A final progress report and FSR are due no later than 90 days after the end of the project period. Monthly electronically transmitted CDC WONDER/PC FACE status reports are due to NIOSH no later than the 10th of the following month. All other reports are submitted to the Grants Management Branch, CDC.

Application

1. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter-of-intent to apply is requested from potential applicants. The letter should be submitted to the Grants Management Branch, CDC. (See ''Application Submission and Deadline'' Section for the address.) It should be postmarked no later than February 15, 1997. The letter should identify the announcement number, name of principal investigator, and specify the priority area to be addressed by the proposed project. The letter-of-intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

2. Application Content

A. Abstract

A one-page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract should be included in the APPLICATION CONTENT Section of the application, under INTRODUCTION. This abstract is not in lieu of (but in addition to) the INTRODUCTION Section.

B. Narrative

The narrative of the application should:

1. Document the applicant's understanding of the objectives of the project and the proposed agreement.

2. Describe the scope and nature of occupational fatalities in the applicant's State.

3. Describe the applicant's ability to provide qualified and appropriate staff and other resources necessary to implement the project. This may be supported by documentation of the applicant's experience in conducting similar research efforts, including surveillance activities.

4. Describe an implementation plan and provide a proposed schedule for accomplishing each of the activities to be carried out in this project including the implementation of the surveillance, field investigations, dissemination, and prevention components, and a method for evaluating the accomplishments.

5. Provide the names, qualifications, and time allocations of the principal investigator, professional staff to be assigned to this project; the support staff available for performance of this project; and the facilities, space, and equipment available for performance of this project.

6. Provide a detailed description of the proposed first year activities, as well as a brief description of future year activities.

7. Not exceed 20 double-spaced typewritten pages exclusive of budget and biographical information and addenda. Information that should be part of the narrative will not be accepted if placed in the appendices.

C. Budget

Completed budget forms should be placed at the beginning of the application. The applicant should provide a detailed budget, with accompanying justification of all operating expenses, that is consistent with the stated objectives and planned activities of the project. CDC may not approve or fund all proposed activities. Applicants should be precise about the program purpose of each budget item, providing anticipated costs for personnel, travel (including travel expenses for annual NIOSH-conducted FACE project workshop/ conference in Morgantown, West Virginia, or other selected site), communications, postage, equipment (see Item 7 under CDC/ NIOSH Activities), supplies, etc., and all sources of funds to meet those needs.

For contracts described within the application budget, if known, applicants should name the contractor; describe the service(s) to be performed; provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Budget

[1] A Framework for Assessing the Effectiveness of Disease and Injury Prevention. Morbidity and Mortality Weekly Report (MMWR), March 27, 1992/ Vol.41/Jn. The MMWR can be accessed through World-Wide Web (http://www.cdc.gov/epo/mmwr/ mmwr.html).

narrative pages showing, in detail, how funds in each object class will be spent should be placed directly behind form 424A. Do not put these pages in the body of the application.

The application pages must be clearly numbered, and a complete index to the application and its appendices must be included. Please begin each section of the application on a new page. The original and each copy of the application set must be submitted UNSTAPLED and UNBOUND. All material must be typewritten (observing same type size throughout the application), double spaced on 8½″ by 11″ paper with at least 1″ margins, heading and footers, and printed on one side only. All graphics, maps, overlays, etc., should be in black and white and meet the above criteria.

3. Application Submission and Deadline

The original and two copies of the application PHS Form 5161–1 (OMB Number 0937–0189) must be submitted to Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before March 21, 1997.

Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

Late Applications: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered and will be returned to the applicants.

Evaluation Criteria

Evaluation of the applications will be based on the following criteria:

1. Ability to communicate the scope and nature of traumatic occupational fatalities in the State as evidenced by the quality of the narrative and documented research and experience. (10%)

2. The qualifications and time commitment of proposed project staff (principal investigator, field investigator (if already identified), administrative and technical support staff). (30%—Total)

a. The existence of or potential for acquiring expertise in investigation of occupational fatalities. There should be a full-time field investigator dedicated to the project. (15%)

b. The existence of or potential for acquiring safety expertise relevant to formulation of injury prevention strategies. (15%)

3. Applicant's collaborative relationships with various relevant State or territorial agencies or organizations in addressing the problem of traumatic occupational fatality surveillance, investigation, and intervention.(30%—Total)

a. The existence of or potential for establishment of a multiple-source network for identification and reporting of traumatic occupational fatalities. (15%)

b. The existence of or potential for establishment of relationships with public safety departments, safety compliance agencies, and other entities that can provide background and supplementary data relating to specific fatality cases. (15%)

4. Demonstrated ability to communicate recommended preventions to those at risk through targeted dissemination. (25%)

5. Additional personnel/facilities/equipment already in place that can contribute to successful implementation of the project. (5%)

6. Human Subjects (Not Scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for protection of human subjects? Recommendations on the adequacy of protections include: (1) protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

7. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are subject to the Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit.

If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application deadline date. The granting agency does not guarantee to ''accommodate or explain'' State recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance for this program is 93.283.

Other Requirements

Paperwork Reduction Act

Projects funded through a cooperative agreement that involve collection of information from ten or more individuals will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulation, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines provided in the application kit.

Where to Obtain Additional Information

A complete program description and information on application procedures are contained in the application

package. Business management technical assistance may be obtained from

Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA, 30305, telephone (404) 842–6804, Internet: vxw1@opspgo1.em.cdc.gov.

Programmatic technical assistance may be obtained from Ted A. Pettit, State FACE Project Officer, Chief, Trauma Investigations Section, Surveillance and Field Investigations Branch, Division of Safety Research, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop 180P, 1095 Willowdale Road, Morgantown, WV, 26505–2888, telephone (304) 285–5972, *Internet:* tap3@niosr1.em.cdc.gov or Dr. Nancy Stout, Acting Chief, Surveillance and Field Investigations Branch (at the same address), telephone (304) 285–5916.

Please refer to Announcement Number 713 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock Number 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock Number 017–001–00473–1) referenced in the INTRODUCTION through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: January 9, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–1030 Filed 1–15–97; 8:45 am]

BILLING CODE 4163–19–P

Food and Drug Administration

[Docket No. 97F–0004]

Ciba Specialty Chemicals Corp.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Ciba Specialty Chemicals Corp. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of 2-(4,6-diphenyl-1,3,5-triazin-2-yl)-5-(hexyloxy)phenol as a light stabilizer/ultraviolet (UV) absorber for polycarbonate resins and polyester elastomers intended for use in contact with food.

DATES: Written comments on the petitioner's environmental assessment by February 18, 1997.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS–216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3081.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 7B4531) has been filed by Ciba Specialty Chemicals Corp., 540 White Plains Rd., Tarrytown, NY 10591–9005. The petition proposes to amend the food additive regulations in § 178.2010 *Antioxidants and/or stabilizers for polymers* (21 CFR 178.2010) to provide for the safe use of 2-(4,6-diphenyl-1,3,5-triazin-2-yl)-5-(hexyloxy)phenol as a light stabilizer/UV absorber for polycarbonate resins complying with 21 CFR 177.1580 and polyester elastomers complying with 21 CFR 177.1590 intended for use in contact with food.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before February 18, 1997, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the Federal Register. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the Federal Register in accordance with 21 CFR 25.40(c).

Dated: December 26, 1996.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 97–1116 Filed 1–15–97; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

[ORD–095–N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: November 1996

AGENCY: Health Care Financing Administration (HCFA).

ACTION: Notice.

SUMMARY: This notice announces that during the month of November 1996, no proposals, under the authority of section 1115 of the Social Security Act were approved, disapproved, or withdrawn. (This notice can be accessed on the Internet at HTTP://WWW.HCFA.GOV/ORD/ORDHP1.HTML.)

DATES: *Comments.* We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, Mail Stop C3–11–07, 7500 Security Boulevard, Baltimore, MD 21244–1850.

FOR FURTHER INFORMATION CONTACT: Susan Anderson, (410) 786–3996.

SUPPLEMENTARY INFORMATION:

I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act. In exercising her discretionary authority, the Secretary has developed a number of policies and