

and the development of Center regulatory policy and guidance.

Evaluates the potential application of computer-based toxicology predictive modeling systems for pharmaceuticals. Utilizes toxicology information in Center databases to enhance the predictive power of modeling systems for pharmaceuticals.

5. Insert the following new subparagraphs under the Laboratory of Clinical Pharmacology (HFNSD-2), *Office of Testing and Research (HFNSD)* reading as follows:

Laboratory of Clinical Pharmacology (HFNSD-2). Serves as the Center's principal resource for laboratory research which is related to the discipline of clinical pharmacology.

Develops preclinical model systems which assist in expediting the initiation of early clinical trials.

Collaborates with the Office of Clinical Pharmacology and Biopharmaceutics and other Center components on appropriate research.

Collaborates in joint projects with other Government agencies.

6. Prior Delegations of Authority. Pending further delegations, directives, or orders by the Commissioner of Food and Drugs, all delegations of authority to positions of the affected organizations in effect prior to this date shall continue in effect in them or their successors.

Dated: December 27, 1996.  
Michael A. Friedman,  
*Deputy Commissioner for Operations.*  
[FR Doc. 97-1201 Filed 1-16-97; 8:45 am]  
BILLING CODE 4160-01-F

## 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 35, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) will publish 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, 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: Area Health Education Centers (AHEC) and Health Education Training Centers (HETC): Managed Care Inventory Project—New—Section 746(a) of the Public

Health Service Act authorizes Federal assistance to schools of medicine (allopathic and osteopathic) which have cooperative arrangements with one or more public or nonprofit private area health education centers (AHECs) for the planning, development and operation of area health education center programs. Section 746(f) of the PHS Act authorizes Federal assistance to schools of allopathic and osteopathic medicine, or parent institutions on behalf of such schools, or a consortium of such schools to plan, develop, establish, maintain or operate HETCs. The support is designed to improve the supply, distribution, quality, and efficiency of (a) personnel providing health services in the State of Florida or along the border between the United States and Mexico and (b) personnel providing, in other urban and rural areas of the U.S., health services to any population group, including Hispanic individuals and recent refugees, that have demonstrated serious health care needs. Program support is also used to encourage health promotion and disease prevention through public education.

A telephone survey is proposed of federally funded AHEC and HETC programs to determine the variety and extent of managed care training activities that are ongoing or planned within the next two years. The survey results will be used to formulate recommendations for managed care training, and to help guide the AHEC/HETCs in planning and directing training programs and clinical experience in managed care. The burden estimates are as follows:

Type of center	No. of respondents	Re-sponses per respondent	Hours per response	Total burden hours
AHECs .....	36	1	2 hrs	72 hrs.
HETCs .....	10	1	2 hrs	20 hrs.
Total .....	46	1	2 hrs	92 hrs.

Send comments to Patricia Royston, 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 14, 1997.  
J. Henry Montes,  
*Director, Office of Policy and Information Coordination.*  
[FR Doc. 97-1260 Filed 1-16-97; 8:45 am]  
BILLING CODE 4160-15-P

### National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

The Health Resources and Services Administration is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Subtitle 2 of Title XXI of the Public Health Service Act, as enacted by the National Childhood Vaccine Injury Act

of 1986 and as amended, governs the VICP. The VICP, administered by the Secretary of Health and Human Services (the Secretary), provides that a proceeding for compensation for a vaccine-related injury or death shall be initiated by service upon the Secretary and the filing of a petition with the United States Court of Federal Claims. In some cases, the injured individual may receive compensation for future lost earnings, less appropriate taxes and

the “average cost of a health insurance policy, as determined by the Secretary.”

Section 100.2 of the VICP’s implementing regulations (42 CFR part 100) provides that revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published from time to time in a notice in the Federal Register. The previously published amount of an average cost of a health insurance policy was \$202.46 per month (60 FR 32533, June 22, 1995); this amount was based on data from a survey by the Health Insurance Association of America, updated by a formula using changes in the medical care component of the Consumer Price Index (CPI) (All Urban Consumers, U.S. City average) for the period July 1, 1993, through December 31, 1994.

The Secretary announces that for the 12-month period, January 1, 1995, through December 31, 1995, the medical care component of the CPI increased 3.9 percent. According to the regulatory formula (§ 100.2), 2 percent is added to the actual CPI change for each year. Therefore, the adjusted CPI change results in an increase of 5.9 percent for this 12-month period. Applied to the baseline amount of \$202.46, this results in the amount of \$214.41.

The medical care component of the CPI change for the 6-month period, January 1, 1996, through June 30, 1996, was 1.8 percent. According to the regulatory formula, one-half of the annual adjustment, or 1.00 percent, is added to the actual CPI change for this 6-month period. Therefore, according to

the current regulatory formula, the adjusted CPI change results in an increase of 2.8 percent for this 6-month period. Applied to the \$214.41 amount, this results in a new amount of \$220.41.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is \$220.41 per month. In accordance with § 100.2, the revised amount was effective upon its delivery by the Secretary to the United States Court of Federal Claims (formerly known as the United States Claims Court). Such notice was delivered to the Court on December 13, 1996.

Dated: January 10, 1997.  
Ciro V. Sumaya,  
*Administrator.*  
[FR Doc. 97-1203 Filed 1-16-97; 8:45 am]  
BILLING CODE 4160-15-P

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and

instruments, the SAMHSA Reports Clearance Officer on (301) 443-8005.

*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:* Access to Community Care and Effective Services and Supports (ACCESS) evaluation study—Revision—The Center for Mental Health Services (CMHS) will seek OMB approval to continue an evaluation study that is assessing service systems integration (SI) approaches for homeless persons with serious mental illnesses. The evaluation study will collect data through interviews with homeless persons with serious mental illness and providers of services to homeless persons. SI sites will be contrasted with comparison sites to assess the impact of SI. The evaluation will describe approaches to SI, processes by which SI takes place, factors that influence SI, and the impact that SI has on homeless persons with serious mental illness. The estimated annualized burden is shown below.

	Number of respondents (5 Years)	Number of responses per respondent	Average burden per response	Total burden hours (5 Years)	Total annualized burden hours
Clients (homeless persons) .....	7,200	2.6	.98	18,702	3,742
Service providers .....	1,159	111.6	.11	13,587	2,717

Send comments to Beatrice Rouse, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 12, 1997.  
Richard Kopanda,  
*Executive Officer, Substance Abuse and Mental Health Administration.*  
[FR Doc. 97-1209 Filed 1-16-97; 8:45 am]  
BILLING CODE 4162-20-P

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, the SAMHSA Reports Clearance Officer on (301) 443-8005.

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:* The Annual Census of Patient Characteristics in State and County Mental Hospital Inpatient Services—Revision—The Census is a