

standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 7, 1997.

A. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. *First National Security Company*, DeQueen, Arkansas; to acquire 100 percent of the voting shares of First Financial Corporation of Idabel, Idabel, Oklahoma, and thereby indirectly acquire First State Bank of Idabel, Idabel, Oklahoma.

B. Federal Reserve Bank of San Francisco (Pat Marshall, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. *City National Corporation*, Beverly Hills, California; to acquire 100 percent of the voting shares of Harbor Bancorp, Long Beach, California, and thereby indirectly acquire Harbor Bank, Long Beach, California.

Board of Governors of the Federal Reserve System, October 7, 1997.

William W. Wiles,

Secretary of the Board.

[FR Doc. 97-27028 Filed 10-9-97; 8:45 am]

BILLING CODE 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-98-01]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) 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, call the CDC Reports Clearance Officer on (404) 639-7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. The National Home and Hospice Care Survey (NHHCS)—(0920-0298)—Revision—The National Home and Hospice Care survey (NHHCS) was

conducted in 1992, 1993, 1994, 1996, and 1997. It is part of the Long-Term Care component of the National Health Care Survey. Section 306 of the Public Health Service Act states that the National Center for Health Statistics "shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions." NHHCS data are used to examine this most rapidly expanding sector of the health care industry. Data from the NHHCS are used widely by the health care industry and policy makers for such diverse analyses as the need for various medical supplies; minority access to health care; and planning for the health care needs of the elderly. The NHHCS also reveals detailed information on utilization patterns, as needed to make accurate assessments of the need for and costs associated with such care. Data from earlier NHHCS collections have been used by the Congressional Budget Office, the Bureau of Health Professionals, the Maryland Health Resources Planning Commission, the National Association for Home Care, and by several newspapers and journals. Additional uses are expected to be similar to the uses of the National Nursing Home Survey. NHHCS data cover: baseline data on the characteristics of hospices and home health agencies in relation to their patients and staff, Medicare and Medicaid certification, costs to patients, sources of payment, patients' functional status and diagnoses. Data collection is planned for the period July–November, 1998. Survey design is in process now. Sample selection and preparation of layout forms will precede the data collection by several months. The total costs to respondents is estimated at \$194,000.

Respondents	Number of respondents	Number of responses/respondents	Average burden/response (in hrs.)	Total burden (in hrs.)
Agency Questionnaire	1350	1	0.333	450
Current Patient Sampling List	1350	1	0.333	450
Current Patient Questionnaire	1350	6	0.25	2025
Discharged Patient Sampling List	1350	1	0.50	675
Discharged Patient Questionnaire	1350	6	0.25	2025
Total				5625

2. Provider Survey of Partner Notification and Partner Management Practices following Diagnosis of a Sexually-Transmitted Disease—New—The National Center for HIV, STD, and TB prevention, Division of STD

Prevention, CDC is proposing to conduct a national survey of physician's partner management practices following the diagnosis of a sexually-transmitted disease. Partner notification, a technique for controlling the spread of

sexually-transmitted diseases is one of the five key elements of a long standing public health strategy to control sexually-transmitted infections in the U.S. At present, there is very little knowledge about partner notification

practices outside public health settings despite the fact that most STD cases are seen in private health care settings. No descriptive data currently exist that allow the Centers for Disease Control and Prevention to characterize partner notification practices among the broad range of clinical practice settings where STDs are diagnosed, including acute or urgent care, emergency room, or primary and ambulatory care clinics. The existing literature contains descriptive studies of partner notification in public health clinics, but no baseline data exist as to the practices of different physician specialties across different practice settings.

The CDC proposes to fill that gap through a national sample survey of 7300 office managers and physicians who treat patients with STDs in a wide variety of clinical settings; a 70% completion rate is anticipated (n=5110 surveys). This survey will provide the baseline data necessary to characterize infection control practices, especially

partner notification practices, for syphilis, gonorrhea, HIV, and chlamydia and the contextual factors that influence those practices. Findings from the proposed national survey of office managers and physicians will assist CDC to better focus STD control and partner notification program efforts and to allocate program resources appropriately. Without this information, CDC will have little information about STD treatment, reporting, and partner management services provided by physicians practicing in the U.S. With changes underway in the manner in which medical care is delivered and the move toward managed care, clinical functions typically provided in the public health sector will now be required of private medical providers. At present, CDC does not have sufficient information to guide future STD control efforts in the private medical sector.

Data collection will involve a mail survey of practicing physicians. The questionnaire mailing will be followed

by a reminder postcard after one week, a second mailing to non-respondents at three weeks, telephone follow-up with non-respondents at five weeks, and a final certified mailing of the survey to non-respondents at eight weeks. A study specific computerized tracking and reporting system will monitor all phases of the study. Receipt of the completed questionnaire or a refusal will be logged into this computerized control system to ensure that respondents who return the survey are not contacted with reminders.

Estimated cost to respondents and government based on an average pay rate of \$25/hour, the estimated total cost burden for office managers to answer Section 1 is \$10,650. Based on an average pay rate of \$70/hour, the estimated cost burden for physicians is \$94,640. Thus the total cost burden for the data collection effort is estimated to be \$105,290.

Respondents	Sections	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Office Managers	Section 1	7300	1	.08	584
Physicians	Sections 2-4	5110	3	.03	460
Physicians	Section 5-10	5110	6	.20	6132
Total	7176

Dated: October 6, 1997.

Wilma G. Johnson,

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

[FR Doc. 97-26983 Filed 10-9-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-01-98]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance

Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Projects

1. Prenatal HIV Prevention Survey: Knowledge, Attitudes And Practices of Health Care Providers Serving Pregnant Women Regarding HIV Counseling and Testing and the Use Of Zidovudine (ZDV) During Pregnancy—New—This is a new data collection. The purpose of this survey is to assess the knowledge, attitudes, and practices of health care providers serving pregnant women regarding HIV counseling and testing and use of ZDV during pregnancy. Data will be collected and reported to CDC to describe:

(1) providers' current practices in providing prenatal care to HIV-infected women, offering HIV counseling and

testing to pregnant women, and offering ZDV to HIV-infected pregnant women; (2) providers' knowledge of the ACTG 076 results and PHS perinatal transmission guidelines; (3) providers' attitudes regarding HIV counseling and testing of pregnant women; and, (4) providers' knowledge and experience in the use of ZDV in treating HIV-infected pregnant women.

The intended population to be studied is physicians and nurse-midwives providing prenatal care in four areas (State of Connecticut, potential population approximately 685; State of North Carolina, potential population approximately 1,500; Dade County, FL, potential population approximately 500; Brooklyn, NY, potential population approximately 260) where institutions are currently conducting a CDC-funded study related to implementation of the PHS guidelines to prevent perinatal transmission of HIV. The total annual burden hours are 685.