

(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 8B4563) has been filed by Ciba Specialty Chemicals Corp., c/o Keller and Heckman, 1001 G St. NW., suite 500 West, Washington, DC 20001. 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 tris(2,4-di-*tert*-butylphenyl)phosphite by removing the restriction on the temperature of use in low density polyethylene films of thickness greater than 0.051 mm (0.002 in), provided that the film does not contain a total of tris(2,4-di-*tert*-butylphenyl)phosphite in excess of 0.062 mg per in² of the food-contact surface.

The agency has determined under 21 CFR 25.32(i) that this action is of the type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: November 4, 1997.

Alan M. Rulis,

*Director, Office of Premarket Approval,
Center for Food Safety and Applied Nutrition.*
[FR Doc. 97-31149 Filed 11-26-97; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 44, 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 and draft instruments, 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: Assessment of Bureau of Primary Health Care (BPHC)-Funded Providers' Level of Knowledge and Training Needs for Reducing Perinatal Transmission of HIV—NEW

The HIV/AIDS Bureau (HAB) intends to conduct a survey of 300 health care providers who work in BPHC-funded programs and who treat women of childbearing age. The specific topic area for this study relates to perinatal transmission of HIV.

The purpose of this survey is to determine:

- the specific training and learning needs of providers in BPHC-funded programs with regard to HIV/AIDS issues (especially perinatal transmission of HIV) and women of childbearing age.
- the preferred modes of training.
- the level of knowledge of, and adherence to, Government protocols for treating women of childbearing age and reducing the risk of perinatal transmission of HIV.
- the familiarity of practitioners with recent advances in HIV/AIDS treatments such as protease inhibitors and combined therapies.

Results from this research will be used to develop specific training curricula for these providers and to enhance educational and service delivery-related support for Bureau-funded providers and clinics.

The study will be done by mail, with phone follow-up if necessary to improve response rates. The estimate of burden is as follows:

Type of Respondent	(1)
Number of Respondents	300
Responses Per Respondent	1
Hours Per Response25
Total Burden Hours	75

¹ Physicians.

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 on or before January 27, 1998.

Dated: November 21, 1997.

Jane Harrison,

Acting Director,

Division of Policy Review and Coordination.

[FR Doc. 97-31207 Filed 11-26-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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Proposed Project: Data Collection and Reporting Requirements for Healthy Schools, Healthy Communities Program (OMB No. 0915-0188)—Extension, No Change—The Healthy schools, Healthy Communities (HSHC) Initiative was established in Fiscal Year 1994 by the HRSA Bureau of Primary Health Care (BPHC) in coordination with the HRSA Maternal and Child Health Bureau.

HSHC grantees are required to offer comprehensive primary care services to

children in school-based health centers. Grants are made to organizations that demonstrate that the communities they serve are subject to poverty and a wide range of health risks, including school failure and poor health. Many of these programs are located in medically underserved communities which are geographically and ethnically diverse. Programs are located in elementary, middle, high and k-12 schools.

The school-based health centers are collecting data through School HealthCare ONLINE!!! (SHO), a software

program developed for school-based and school-linked health centers, Headstart through High School. Grantees abstract information from health center records on persons served, services provided, and health status, and enter the data into the SHO System.

The software system is programmed to generate user profiles (aggregate data only) which are submitted to the BPHC. BPHC uses the profiles to monitor program activities, assess where technical assistance is needed, and to

respond to inquiries from Congress and others.

The SHO system is also programmed to produce export files containing person-level information (stripped of personal identifiers) which are submitted to the national evaluator. The export data serves as the basis for the program evaluation and is used for analysis beyond the scope of the user profiles.

There will be no changes in the forms. Estimates of respondent burden are as follows:

Burden type	No. of respondents	Responses per respondent	Total annual responses	Hours per response	Response burden (hours)
SHO System data entry	26	600	15,600	0.2	3,120
User Profiles	26	4	104	0.5	52
Data Export Files	26	4	104	0.5	52
Total	26	15,808	3,224

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 on or before January 27, 1998.

Dated: November 21, 1997.

Jane Harrison,

Acting Director.

Division of Policy Review and Coordination
[FR Doc. 97-31217 Filed 11-28-97; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

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Proposed Project: The Health Education Assistance Loan (HEAL) Program: Physician's Certification of Borrower's Total and Permanent Disability Form (OMB No. 0915-0204)—Extension and Revision

The Health Education Assistance Loan (HEAL) program provides federally-insured loans to students in schools of allopathic medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, allied health, or chiropractic, and graduate students in health administration or clinical psychology. Eligible lenders, such as banks, savings and loan associations, credit unions, pension funds, State agencies, HEAL schools, and insurance companies, make HEAL loans which are insured by the Federal Government against loss due to borrower's death, disability, bankruptcy, and default. The basic purpose of the program is to assure the

availability of funds for loans to eligible students who need to borrow money to pay for their educational loans.

The HEAL borrower, the borrower's physician, and the holder of the loan completes the Physician's Certification form to certify that the HEAL borrower meets the total and permanent disability provisions.

The HEAL program is being phased out and no new loans will be made after September 30, 1998 unless reauthorization is enacted. We are, however, requesting a 3-year extension of the OMB approval of the HEAL Physician's Certification of Borrower's Total and Permanent Disability Form, HRSA-539 because this form will be used throughout the repayment period for existing loans. The Department uses this form to obtain information about disability claims which includes the following: (1) the borrower's consent to release medical records to the Department of Health and Human Services and to the holder of the borrower's HEAL loans, (2) pertinent information supplied by the certifying physician, (3) the physician's certification that the borrower is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death, and (4) information from the lender on the unpaid balance. Failure to submit the required documentation will result in disapproval of a disability claim. The form is being revised to make