

Proposed Project: Study of Health Care Services to Children in Foster Care Homes—New

The Maternal and Child Health Bureau of HRSA is planning to conduct a survey of health care services for children in foster care and other out-of-home care in the United States. This project is aimed at identifying the contributing factors affecting the delivery of health care services to these children.

The project will be carried out in two stages. In the first stage a survey will be conducted of the directors of child welfare programs and the directors of maternal and child health programs in all 50 States and the District of Columbia, in 5 counties in each of seven

States with county administered child welfare systems, and in 30 large municipalities. The purpose of this initial data collection is to document the range of institutional arrangements, policies, and activities being undertaken to address the issue of health care for children in foster care and other out-of-home care.

The second stage will include a detailed follow-up survey of child welfare, maternal and child health, Medicaid, and juvenile court officials in a subset of 20 States (13 with State administered child welfare systems and 7 with county administered child welfare systems), 35 counties (5 from each of the 7 States with county administered child welfare systems),

and 10 municipalities. The second stage will document (a) demographic characteristics of children in foster care, (b) health care policies, (c) characteristics of health assessments and ongoing care, (d) standards of care, (e) financial arrangements, and (f) interagency collaborations.

The second stage will also include a written survey sent to 220 advocacy, provider, and professional organizations in the subset of States and counties being surveyed. This component will collect information on the same 6 categories noted above from organizations with a broad base of experience working on health care issues for children in foster care and other out-of-home care.

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Child welfare and maternal and child health directors	232	1	1	232
Child welfare, maternal and child health, Medicaid, and juvenile court officials	260	1	2.4	624
Advocacy and professional organizations	220	1	1.5	330
Total	712	1	1.67	1186

Send comments to HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 19, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration (HRSA)

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration publishes abstracts of information collection requests under review by the Office of Management and Budget. These data collection requirements are authorized

by section 241 of the PHS Act (42 USC 238j). To request a copy of the clearance request submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Healthy Schools, Healthy Communities Data System (OMB No. 0915-0188)

Extension—This is a request for extension of approval of the Healthy Schools Data System, which contains the annual reporting requirements for the Healthy Schools, Healthy Communities grantees funded by the Bureau of Primary Health Care (BPHC), HRSA. Authorizing legislation is found in Pub. L. 104-299, Health Center Consolidation Act of 1996, enacting Section 330 of the Public Health Service Act.

The BPHC collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these

objectives with respect to the Healthy Schools, Healthy Communities grant program, BPHC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. This data system, "School Health Care Online (SHO)", includes information on such specific program elements as:

- Student patient characteristics (e.g., age, grade level, gender, pre-existing conditions, disease chronicity, and insurance status).
- Service utilization (e.g., immunization rates, health screening, referrals).
- Referrals to the Women, Infant and Children (WIC) nutritional program and other social services providers.
- Information on provider productivity.
- Use of emergency rooms for non-emergency care.

There are to be no revisions to the data collection instruments.

The reporting burden has decreased slightly because reporting has been changed from quarterly to annually. Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Hours per response	Total burden hours
Data Entry	30	0.2	3,600
User Profile	30	0.5	15
Data Export	30	0.5	15

Type of report	Number of respondents	Hours per response	Total burden hours
Total	30	3,630

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Laura Oliven, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 19, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219-9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A35, Rockville, MD 20857, (301) 443-6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title

XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by HRSA on January 5, 1998, through March 31, 1998.

Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and
2. Any allegation in a petition that the petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by" one of the vaccines referred to in the Table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Acting Associate Administrator for Health Professions, 5600 Fishers Lane, Room 8-05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

List of Petitions

1. Stephanie and John Hatzenbuehler, on behalf of John Ross Hatzenbuehler Bismark, North Dakota, Court of Federal Claims Number 98-0008V
2. Basmah Zamrik and Mohammad Ramez Chawki on behalf of Hedaya Chawki, Broken Arrow, Oklahoma, Court of Federal Claims Number 98-0010V
3. Dennis Foster on behalf of Felisha Foster, Rockford, Illinois, Court of Federal Claims Number 98-0033V
4. Dolores Cohen-Lowry, Phoenixville, Pennsylvania, Court of Federal Claims Number 98-0034V
5. Pamela S. and Andrew L. Wilson on behalf of Daniel J. Wilson, Beaver, Pennsylvania, Court of Federal Claims Number 98-0040V
6. Christine E. Kramer, Mayfield Heights, Ohio, Court of Federal Claims Number 98-0053V
7. Thuy Yang on behalf of Chandra Ly, Deceased, Philadelphia, Pennsylvania, Court of Federal Claims Number 98-0054V