collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New Collection;

Title of Information Collection: Children's Health Insurance Program (CHIP) Budget and Expenditure System State Reporting Forms.

Form Nos.: HCFA–21, 21B, 21P, 21.11A, 21E;

Use: These forms will be used by State CHIP agencies to report CHIP program budget projections and actual CHIP program benefits and administrative expenditures, and the numbers of children being served in the CHIP program, to the Health Care Financing Administration (HCFA). The information provided by these new forms will be used by HCFA to prepare the grant awards to States for the CHIP, to ensure that the appropriate level of Federal payments for State expenditures under the CHIP are made in accordance with the CHIP-related BBA legislative provisions of 1997, and to track, monitor, and evaluate the numbers of children being served by the CHIP.

Note: at this time Form HCFA–21E of this package is for States to report the numbers of children, by service delivery system, that are served in the States' CHIPs based on age categories. However, we are continuing to work with the States to develop an appropriate format for States to report the numbers of children, by service delivery system, that are served in the CHIP based on Federal poverty income level categories and under the age categories previously requested. When this format is finalized it will be incorporated into Form HCFA–21E.

For a short description of the CHIP reporting forms, see below:

- Form HCFA–21 Summary Sheet. Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI Summary Sheet. This form summarizes the total expenditures in the State's CHIP reported by the State for the reporting quarter.
- Form HCFA–21. Children's Health Expenditures by Type of Service for the Title XXI Program, Expenditures in this Quarter. States use this form to report CHIP current quarter expenditures in accordance with services categories authorized under title XXI.
- Form HCFA–21B. Children's Health Insurance Program Budget Report for the Title XXI Program State Expenditure Plan. States use this form to report their budget projections each quarter for their Title XXI CHIPs for the current and budget Federal fiscal years and broken out by quarter.
- Form HCFA–21P. Children's Health Expenditures by Type of Service for the Title XXI Program, Prior Period Adjustments. States use this form to report CHIP prior period adjustment expenditures claimed in the submission quarter in accordance with services categories authorized under title XXI.
- Form HCFA–21.11A. Provider-Related Donations and Health Care Related Taxes, Fees, and Assessments Received Under Section 1903(w) for Title XXI. States use this form to report CHIP-related State receipts of provider related donations, and health care related taxes, fees, and assessments.
- Form HCFA–21E. Children's Health Insurance Program, Number of Children Served. States use this form to report the numbers of children, by service delivery system, that are served in the States' CHIPs based on age categories.

Note: HCFA is working with States to develop an appropriate format for States to report numbers of children, by service delivery system, that are served in the CHIP based on Federal poverty income level categories and under the age categories previously requested. When the format is finalized it will be incorporated into this form.

Frequency: Quarterly;

Affected Public: State and Federal government;

Number of Respondents: 56;

Total Annual Responses: 224;

Total Annual Hours: 7,840.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http://www.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: John Rudolph, Room C2–26–17, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: July 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, Division of HCFA Enterprise Standards, Security and Standards Group, Health Care Financing Administration.

[FR Doc. 98–19256 Filed 7–17–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–P–11]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Medicare Home Health Quality Assurance Demonstration and Supporting Regulations 42 CFR 484.48; *Form No.:* HCFA—P–11, OMB # 0938–0519; *Use:* Do to the accelerated growth in the home health Care industry, the Health Care Financing Administration (HCFA) has identified a need to measure the effectiveness of home health services by analyzing patient outcomes. The Medicare Home Health Quality Assurance Demonstration will test the feasibility of collecting patient outcome data in Medicare-certified Home Health Agencies (HHAs) nationally. *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, business or other for-profit, and individuals or households; *Number of Respondents:* 35,905; *Total Annual Responses:* 99,825; *Total Annual Hours:* 7,697.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: July 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–19257 Filed 7–17–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institute of Health

Government-Owned Inventions; Availability for Licensing: Compound, Composition and Method for Treating Cancer

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The National Institutes of Health is seeking licensees for the further development, evaluation and commercialization of materials and methods for a novel cancer treatment strategy. The invention claimed in DHHS reference No. E–013–96/0, ''Compound, Composition and Method for Treating Cancer,'' (Hartman, N., *et al.*) filed on 3 June 1996 as USSN 60/019,086, and in corresponding international filings, is available for licensing (in accordance with 35 U.S.C. 207 and 37 CFR Part 404).

ADDRESSES: Questions about the licensing opportunity should be addressed to Girish C. Barua, Ph.D., Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; Telephone: 301/496–7056 ext. 263; Fax: 301/402–0220.

SUPPLEMENTARY INFORMATION: The invention is a novel compound for treating cancer, Demethylpenclomedine, which is a derivative of the drug Penclomedine. Penclomedine is already under investigation for its remarkable preclinical activity against breast cancer, but it suffers from several dose-limiting side effects. The invention, Demethylpenclomedine, appears to have reduced toxicity while still having a similar therapeutic efficacy to that of Penclomedine in animal models.

Demethylpenclomedine may thus prove to be a useful chemotherapeutic against breast cancer and other cancers. The lower toxicity may allow use at higher levels than have been tried with Penclomedine, and other possible cancers, such as brain tumors, could be targeted.

Information about the patent application and pertinent information not yet publicly described can be obtained under a Confidential Disclosure Agreement. Respondees interested in licensing the invention will be required to submit an Application for License to Public Health Service Inventions.

Dated: July 6, 1998.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 98–19145 Filed 7–17–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Murine Intracisternal a Particle Constitutive Transport Elements and Uses Thereof

BK Felber, C Tabernero, AS Zolotukhin (NCI)

Serial No. 60/070,204 filed 31 Dec 97

Licensing Contact: Robert Benson, 301/496–7056 ext. 267

This invention concerns recombinant attenuated HIV strains useful as vaccines. HIV regulates its expression by controlling the nuclear transport of unspliced mRNA encoding structural proteins. HIV utilizes the Rev/RRE system. RRE (Rev. Responsive Element) is an HIV encoded nucleo-cytoplasmic transport element (NCTE), which is part of every HIV RNA encoding the structural genes (gas/pol and env). Rev is an HIV encoded protein which binds to the RRE. This interaction is essential for the nucleo-cytoplasmic transport of the RRE-containing viral mRNAs and the expression of Gap/Pol and Env proteins. The inventors have produced an attenuated HIV by disabling rev/RRE, by point mutations, and inserting in its place a novel murine NCTE, isolated form an intracisternal A-type particle (IAP). The resultant HIV is attenuated between 50 and 200 fold compared to wild-type HIV. Claimed are the novel murine NCTE, recombinant retroviruses comprising the NCTE, and vaccines. The use of another NCTE is described in Zolotukhin *et al.*, (1994) J. Virology 68:7944–7952.

Design and Construction of Non-Infectious Human Retroviral Mutants Deficient in Genomic RNA

RJ Gorelick, LO Arthur, A Rein, LE Henderson, S Oroszlan (NCI)

U.S. Patent No. 5,674,720 issued 07 Oct 97

Licensing Contract: Robert Benson, 301/496–7056 ext. 267

This invention describes methods for generating non-replicating (i.e. non-infectious) virus-like particles that mimic HIV–1, SIV and other retroviruses, which are capable of generating a protective immune response. In addition to being replication defective, these virus like particles are deficient in packaged genomic RNA but have the added benefit of a normal compliment of viral and cellular proteins that remain in their native conformations. Also claimed are methods of making the mutant retroviruses which may potentially be used as immunogens for vaccines, particularly against HIV–1. The basis of the method and the mutant viruses of the claims is the finding that a conserved amino acid sequence motif, found in the nucleocapsid domain of