

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.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, within ten working days:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,
Division of HCFA Enterprise
Standards, Room N2-14-26, 7500
Security Boulevard, Baltimore, MD
21244-1850, Fax Number: (410) 786-
0262, Attn: John Rudolph HCFA-R-
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and,

Office of Information and Regulatory
Affairs, Office of Management and
Budget, Room 10235, New Executive
Office Building, Washington, DC
20503, Fax Number: (202) 395-6974
or (202) 395-5167, Attn: Allison
Herron Eydt, HCFA Desk Officer

Dated: September 10, 1998.

John P. Burke III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier HCFA-R-257]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

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 (DHHS), is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this

collection of information, including any of the following subjects: (1) The necessity of the 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. Due to the unanticipated event and the fact that this collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320, we are requesting an emergency review.

With the creation of the Medicare+Choice program, as required by the Balanced Budget Act of 1997 (Pub. L. 105-33), new provisions have been implemented to coordinate Medicare beneficiaries' choices through the Medicare+Choice organizations. Specifically, the provisions require the establishment of procedures through which Medicare+Choice elections are made and changed, including the form and manner in which such elections are made and changed, as required by section 4001 of the Balanced Budget Act (BBA) of 1997. This necessitated a need to create an additional mechanism for beneficiaries make election to disenroll to original Medicare. This also provided the opportunity to collect information on beneficiary disenrollment behavior, as the BBA provisions required the development of quality and performance measures, specifically including collection of information regarding disenrollment rates. Collection of disenrollment reason data will promote active, informed selection by beneficiaries of options as well as to conduct quality control studies. By allowing beneficiaries the ability to request the disenrollment forms from the customer teleservice representatives, HCFA will ultimately be providing the beneficiary with more flexibility and options.

The purpose of this submission is to request approval of a disenrollment form that beneficiaries will be able to obtain from the Medicare+Choice toll-free number that is to be established (as required by the BBA). Such a form

allows the beneficiary to disenroll from a Medicare+Choice organization to original (fee-for-service) Medicare and allows HCFA to collect information for analysis of disenrollment rates and reasons for disenrollment. The Medicare+Choice toll-free number will be operational in November 1998 and a more expedient review is needed in order for the form to be ready to provide to the beneficiaries when the call center is operational.

HCFA is requesting OMB review and approval of this collection within eleven working days, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individual designated below, within ten working days of publication of this notice in the **Federal Register**.

During this 180-day period, HCFA will pursue OMB clearance of this collection as stipulated by 5 CFR 1320.

Type of Information Collection

Request: New Collection.

Title of Information Collection:

Medicare+Choice Disenrollment Form.

Form Nos.: HCFA-R-257.

Use: The primary purpose of the new form is to receive and process the beneficiary's request for disenrollment from a Medicare+Choice plan and to return to original (fee-for-service) Medicare. The secondary purpose of the new form is to obtain the reason for the disenrollment, for analysis and reporting.

Frequency: As requested by beneficiary.

Affected Public: Individuals or households, Business or other for-profit, Not-for-profit institutions, and Federal government.

Number of Respondents: 60,000 annually.

Total Annual Responses: 20,000 in first year, 60,000 thereafter.

Total Annual Hours: 3,960.

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Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and record keeping requirements must be mailed and/or faxed to the designee referenced below, within ten working days of

publication of this collection in the **Federal Register**:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,
Division of HCFA Enterprise
Standards, Room N2-14-26, 7500
Security Boulevard, Baltimore, MD
21244-1850, Fax Number: (410) 786-
0262, Attn: Louis Blank HCFA-R-257
and

Office of Information and Regulatory
Affairs, Office of Management and
Budget, Room 10235, New Executive
Office Building, Washington, DC
20503, Fax Number: (202) 395-6974
or (202) 395-5167, Attn: Allison
Herron Eydt, HCFA Desk Officer.

Dated: September 10, 1998.

John P. Burke III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Partners for the National Organ and Tissue Donation Initiative

AGENCY: Health Resources and Services
Administration, HHS.

ACTION: Notice of opportunity for
partnerships.

SUMMARY: The Health Resources and
Services Administration (HRSA),
Department of Health and Human
Services (DHHS), announces the
opportunity for public or private
nonprofit or for-profit organizations or
corporations to develop partnerships
with DHHS to carry out specific
components of the National Organ and
Tissue Donation Initiative.

DATES: To receive consideration,
requests to participate as a partner must
be received by D.W. Chen, M.D., M.P.H.,
Acting Director, Division of
Transplantation, Office of Special
Programs (OSP), HRSA. There are no
deadlines applicable to this partnership
opportunity.

FOR FURTHER INFORMATION CONTACT: Dr.
D.W. Chen, Acting Director, Division of
Transplantation, OSP, HRSA, Parklawn
Building, Room 7-29, 5600 Fishers
Lane, Rockville, Maryland, 20857, (301)
443-7577.

SUPPLEMENTARY INFORMATION:

Background

While medical advances now enable
more than 20,000 Americans per year to
receive organ transplants that save or
enhance their lives, not enough organs
are available to help everyone in need.
As a result, about 4,000 people die in
the U.S. each year—about 10 every
day—while waiting for a donated
kidney, liver, heart, lung, or other organ.
Today, more than 56,000 people are on
the national organ transplant waiting
list, yet fewer than 9,000 people became
organ donors in 1997. Two major
impediments to donation are that many
families of potential donors are not
asked about donation possibilities, and
many who are asked refuse.

As part of DHHS' efforts to increase
organ and tissue donation, DHHS has
developed the National Organ and
Tissue Donation Initiative (Initiative) to
implement strategies for surmounting
current barriers to donation. The goals
of the Initiative are to: (1) increase
consent to donation, (2) ensure that
families of potential donors are given
the option of donation, and (3) focus
research and increase knowledge about
what works to increase donation.

To address these goals, DHHS will
create a broad national partnership of
public, private, and volunteer
organizations to encourage Americans to
agree to organ and tissue donation. The
partnerships will emphasize the need to
make decisions about donation and to
share these decisions with one's family,
targeting the general public as well as
minority populations.

The Initiative also will address health
care providers, consumers, and
physicians so that all potential donors
are referred by hospitals to organ
procurement organizations (OPOs) and
families may have the option to donate
or not to donate.

Finally, the Initiative encourages
research and evaluation to identify
effective strategies for increasing
donation. This Initiative will build on
more than a decade of experience
gained from government, private, and
volunteer efforts.

Requirements for Partnership

The Initiative is seeking partnerships
with public or private nonprofit or for-
profit organizations or corporations to
develop and implement strategies
addressing the goals and incorporating
the messages of this Initiative with the
overall aim of increasing organ and
tissue donation and focusing on relevant
target groups, including minorities,
health care professionals, government
agencies, community organizations,
businesses, the general public and

others. DHHS will reserve the right to
determine the form, content, and
methods utilized in strategies proposed
by prospective partners. The Initiative
envisioned partnerships with a wide
variety of groups and corporations that
can reach the American public with the
Initiative's message and help to increase
the number of Americans willing to be
organ and tissue donors. These partners
would assist in the development and
implementation of programs and the
development and dissemination of
information materials. Evaluation of
partnership efforts is highly
recommended. Partners' duties will
include:

(1) Identification of strategies to
increase organ and tissue donation and,
where appropriate, evaluation protocols
for measuring the impact of these
strategies; and

(2) Implementation of identified
strategies with evaluation procedures,
where appropriate.

Specific partnerships may be
dependent on the availability of
resources to perform the partnership
activities. Partners may collaborate with
other partners as one way to leverage
and maximize resources.

Eligibility for Partnership

To be eligible, an interested party
must be: (1) a public or a private
nonprofit or for-profit organization or
corporation, and (2) an entity that, by
virtue of its nature and purpose, has a
legitimate interest in the Nation's
health.

Expressions of Interest

Each request for partnership should
be in writing and contain information
pertinent to the partnership
opportunity.

Evaluation Criteria

The partners will be selected by the
Division of Organ Transplantation,
HRSA, in consultation with the Office of
the Secretary, DHHS, based on the
following evaluation criteria:

(1) The interested party's
qualifications and capability to develop,
implement, and (where appropriate)
evaluate strategies to increase organ and
tissue donation that are congruent with
the goals and messages of this Initiative;

(2) The ability of the interested party
to provide or acquire resources for the
development, implementation, and
evaluation (as appropriate) of the
proposed strategy and the interested
party's capability of reaching the
specific population(s) targeted by the
strategy;

(3) A description of the interested
party's dealings with DHHS.