enormous diversity of minor species for which animal drugs are needed. Each proposal has merit with respect to certain minor species or minor uses.

Many of the proposals require legislative change. Congress recognized the possibility that statutory changes might be needed in its charge at Section 2(f) of the ADAA. On close examination, the existing statutes simply fail to provide adequate options for FDA and sponsors to fully serve the minor species and minor use needs of the literally hundreds of animal species that people care for. To achieve the goal of increasing the availability of safe and effective drugs for minor species and minor uses, FDA concludes that Federal statutes must be amended.

FDA is willing to work with Congress and other concerned parties to further characterize any proposed statutory changes and to assist as requested and as appropriate in their enactment. If the act is amended as a result of these proposals, the agency will focus its efforts on issuing any necessary regulations through notice and comment rulemaking or otherwise implementing the statutory changes as directed. Increasing the availability of drugs for minor species and minor uses increases protection of public and animal health and is a significant issue for FDA.

### **III. Comments**

Interested persons, may at any time, submit written comments to the Dockets Management Branch (address above) regarding this report. Two copies of any comments are to be submitted, except individuals may submit one copy. Comments should be identified with the docket number found in brackets in the heading of this document. A copy of the document and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: September 16, 1998.

#### William B. Schultz,

Deputy Commissioner for Policy.
[FR Doc. 98–28903 Filed 10–28–98; 8:45 am]
BILLING CODE 4160–01–F

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Health Care Financing Administration** 

[Document Identifier: HCFA-R-263]

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

**AGENCY:** Health Care Financing Administration, HHS.

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, 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 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.

We are, however, requesting an emergency review of the Information collections 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. We are requesting an emergency review because we have determined that the information collection instrument in question is necessary for our contractor and subcontractor to carry out site visits of suppliers of durable medical equipment, prosthetics, orthotics, or supplies who wish to bill the Medicare program. These site visits are being carried out in accordance with an announcement by the President on January 24, 1998, that all such suppliers would receive site visits. The visits commenced on June 1, 1998, and the instrument was developed after we had gained some experience with the visits. We are requesting emergency clearance to maximize the benefits to be gained from this effort and to avoid discontinuity in this important fraud prevention mechanism.

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 individuals designated below within ten working days. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

*Type of Information Collection Request:* New Collection.

*Title of Information Collection:* On-Site Inspection for Durable Medical Equipment (DME). Supplier Location and Supporting Regulations in 42 CFR 424.57.

Form No.: HCFA-R-263 (OMB# 0938-NEW).

Use: To identify and implement measures to prevent fraud and abuse in the Medicare program. Controlling the entry of suppliers of durable medical equipment, prosthetics, orthotics, or supplies (DMEPOS) to Medicare has been identified as one of the most effective ways to prevent fraud and abuse. To meet this challenge, HCFA is moving forward with a plan to improve the quality of the process for enrolling and reenrolling DMEPOS suppliers into the Medicare program by enhancing procedures for verifying supplier information collected on the Form HCFA 855S (DMEPOS Supplier Enrollment Application, OMB Approval No. 0938-0685). This form will be used to complete information on DMEPOS suppliers' compliance with regulations found in 42 CFR 424.57.

Frequency: On occasion.

Affected Public: Business or other forprofit, Not-for-profit institutions, and State, Local or Tribal Government.

Number of Respondents: 40,000. Total Annual Responses: 40,000. Total Annual Hours: 20,000.

To obtain copies of the supporting statement and any related forms 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, 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, Attention: Dawn Willinghan, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850 AŇD

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: October 22, 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. 98-29024 Filed 10-28-98; 8:45 am] BILLING CODE 4120-03-P

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

#### **Health Care Financing Administration**

[Document Identifier: HCFA-R-246]

## **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 Request: **Extension of Currently Approved** Collection.

Title of Information Collection: HEDIS 3.0 (Health Plan Data and Information Set) CAHPS (Consumer Assessment of Health Plans Study) Survey and

Supporting Regulations 42 CFR 417.470, 417.126.

Form Number: HCFA-R-246 (OMB approval #: 0938-0732)

Use: This collection effort (CAHPS) will be used to hold the Medicare managed care industry accountable for the quality of care they are delivering. This requirement will allow HCFA to obtain the information necessary for the proper oversight of the program. It is critical to HCFA's mission that we collect and disseminate information that will help beneficiaries choose among plans, contribute to the improved quality of care through identification of quality improvement opportunities, and assist HCFA in carrying out its responsibilities.

Frequency: Annually.
Affected Public: Businesses or other for profit, Individuals or Households. Number of Respondents: 150,240. Total Annual Responses: 150,240. Total Annual Hours Requested: 49.579.

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: October 22, 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. 98-29025 Filed 10-28-98; 8:45 am] BILLING CODE 4120-03-P

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

#### **National Institutes of Health**

Submission of OMB Review; Comment Request, National Institutes of Health Loan Repayment Programs, Office of Loan Repayment and Scholarship

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of Loan Repayment and Scholarship, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on March 3, 1998, pages 10404-10405 and allowed 60 days for public comment. One response to the notice was received. A revision reconciled this response. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

# **Proposed Collection**

Title: National Institutes of Health Loan Repayment Programs. Type of Information Collection Request: Revision of currently approved collection (OMB No. 0925-0361, expiration date 9/30/98). Form Numbers: NIH 2674-1, NIH 2874-2, and NIH 2674-3. Need and Use of Information Collection: NIH makes available financial assistance, in the form of educational loan repayment to M.D., Ph.D., D.D.S., D.M.D., and D.V.M. degree holders, or the equivalent, who perform biomedical or biobehavioral research in NIH intramural laboratories for a minimum of 2 years in research areas supporting the mission and priorities of the NIH. The AIDS Research Loan Program (AIDS-LRP) is authorized by Section 478A of the Public Health Service Act (42 U.S.C. 288-1); the General Research Loan Repayment Program (General-LRP) is authorized by Section 487C of the Public Health Service Act (42 U.S.C. 288–3); and the Clinical Research Loan Repayment Program (CR-LRP) is authorized by Section 487E (42 U.S.C. 288–5). The loan repayment programs can repay a maximum of \$20,000 per year toward a participant's extant eligible educational loans, directly to lenders, in addition to NIH salary and benefits. Participants must have qualifying educational debt in excess of 20 percent of their annual NIH base salaries on the expected date of program eligibility. The information proposed for collection will be used by the Office of Loan Repayment and Scholarship to determine an applicant's eligibility for participation in the program. Frequency of Response: Initial application and annual renewal application. Affected Public: Applicants, financial institutions, recommenders. Type of Respondents: Physicians and other scientific or medical personnel. The annual reporting burden is as follows: