developed systems to retain the records and provide the disclosures required by the Rule. Rule compliance does not require the use of any capital goods, other than ordinary office equipment, to which providers would already have access.

The only additional cost imposed on IDSMs operating under the Rule that would not be incurred for other IDSMs is the annual audit requirement. One of the two IDSMs currently operating under the Rule estimates the total annual costs of this requirement to be less than $100,000. Since there are two IDSMs operating under the Rule, the total non-labor cost imposed by them is an estimated $200,000. This total includes copying costs of roughly $20,000, which is based on estimated copying costs of 5 cents per page and several conservative assumptions or estimates. Staff estimates that the ''average'' dispute-related file is about 25 pages long and that a typical annual audit file is about 200 pages in length. For purposes of estimating copying costs, staff conservatively assumes that every consumer complainant requests a copy of the file relating to his or her dispute. Staff also assumes that, for 1,000 of the estimated 6,500 disputes each year, consumers request copies of warrantors' annual audit reports (although, based on requests for audit reports made directly to the FTC, the indications are that considerably less requests are actually made). Thus, the estimated total annual copying costs for average-sized files would be approximately $8,125 (25 pages/file $\times$.05 $\times$ 6,500 requests) and $10,000 for copies of annual audits (200 pages/audit report $\times$.05 $\times$ 1,000 requests), rounded to a total of $20,000.

Combined with estimated annual labor cost of $103,000, total estimated annual cost burden is $303,000 ($200,000 + $103,000).

Debra A. Valentine,

General Counsel.

[FR Doc. 98–30604 Filed 11–13–98; 8:45 am]

BILLING CODE 6750–01–M

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0246]

Submission for OMB Review; Comment Request Entitled Packing List Clause

AGENCY: Office of Acquisition Policy, GSA.

ACTION: Notice of request for an extension to a previously approved OMB Clearance (3090–0246).

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Office of Acquisition Policy has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a previously approved information collection requirement concerning Packing List clause. The information collection was previously published in the **Federal Register** on September 3, 1998 at 63 FR 47025, allowing for a 60-day comment period. No comments were received.

DATES: *Comment Due Date:* December 16, 1998.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: Edward Springer, GSA Desk Officer, Room 3235, NEOB, Washington, DC 20503, and may also be submitted to Marjorie Ashby, General Services Administration (MVP), 1800 F Street NW, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT:

Al Matera, Office of GSA Acquisition Policy (202) 501–1224.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSA is requesting the Office of Management and Budget (OMB) to review and approve information collection, 3090–0246, concerning Packing List clause. A uniquely numbered Government credit card has been authorized for making payment for orders under $25,000 placed against certain schedule contracts. Acceptance of the card is not mandatory. In order to verify receipt of orders placed orally the cardholder's name and telephone number must be included on the packing list.

B. Annual Reporting Burden

Respondents: 4,000; *annual responses:* 931,219; *average hours per response:* .02; *burden hours:* 31.

Copy of Proposal: A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street NW, Washington, DC 20405, or by telephoning (202) 501–3822, or by faxing your request to (202) 501–3341.

Dated: November 9, 1998.

Ida M. Ustad,

Deputy Associate Administrator, Office of Acquisition Policy.

[FR Doc. 98–30572 Filed 11–13–98; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–02–99]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Projects

1. The Second Longitudinal Study of Aging (LSOA II)–(0920–0411)—Revision—National Center for Health Statistics (NCHS). The Second Longitudinal Study of Aging is a second-generation, longitudinal survey of a nationally representative sample of civilian, non-institutionalized persons 70 years of age and older. Participation is voluntary, and individually identified data are confidential. The LSOA II replicates portions of the first Longitudinal Study of Aging (LSOA), particularly the causes and consequences of changes in functional status. In addition, the LSOA II is designed to monitor the impact of changes in Medicare, Medicaid, and managed care on the health status of the elderly and their patterns of health care utilization. Both LSOAs are joint projects of the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA).

The Supplement on Aging (SOA), part of the 1984 National Health Interview Survey (NHIS), established a baseline on 7,527 persons who were then aged 70 and older. The first LSOA reinterviewed them in 1986, 1988 and 1990. Data from the SOA and LSOA have been widely used for research and policy analysis relevant to the older population.

In 1994, 9,447 persons aged 70 and over were interviewed as part of the National Health Interview Survey's Second Supplement on Aging (SOA II) between October of 1994 and March of 1996. The first LSOA II re-interview wave was conducted between May 1997 and March 1998. The LSOA II will re-interview the SOA II sample two

additional times: in 1999 and 2001. As in the first LSOA, these reinterviews will be conducted using computer assisted telephone interviewing (CATI). Beyond that, LSOA II will use methodological and conceptual developments of the past decade.

The LSOA II contains substantive topics on scientifically important and policy-relevant domains, including: (1) Assistance with activities of daily living, (2) chronic conditions and impairments, (3) family structure, relationships, and living arrangements, (4) health opinions and behaviors, (5) use of health, personal care and social services, (6) use of assistive devices and technologies, (7) health insurance, (8) housing and long-term care, (9) social activity, (10) employment history, (11) transportation, and (12) cognition. This new data will result in publication of new national health statistics on the elderly and the release of public use micro data files. The total annual burden hours are 6,854.

Respondent	Number of respondents	Number of responses/ respondent	Avg. burden per response (in minutes)
Practice	50	1	0.75
Telephone Locator Calls	8,472	1	0.05
Telephone Interview	8,222	1	0.75
Mailout Interview	250	1	0.90

2. 1999 National Health Interview Survey, Basic Module (0920–0214)—Revision—National Center for Health Statistics. The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2000.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the third full year of data collection using the Basic Module on CAPI, and for implementation of the first ''Periodic Module'', which include additional detail questions on conditions, access to care, and health care utilization. This data collection, planned for January–December 1999, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. The 1999 Basic Module will include a few new questions on health insurance, and program participation. The Basic Module of the new data system is expected to be in the field at least until 2006. The total annual burden hours are 48,600.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ responses (in hrs.)
Family Core (adult family member)	42,000	1	0.35
Adult Core (sample adult)	42,000	1	0.35
Child Core (adult family member)	18,000	1	0.25
Periodic Module (sample adult)	42,000	1	0.35

3. National Tuberculosis Surveillance Activity Form (CDC 72.9)—(0920–0026)—Extension—The National Center for HIV, STD and TB Prevention (NCHSTP)—Tuberculosis (TB) is transmitted when contagious TB patients aerosolize Mycobacterium tuberculosis and susceptible persons (i.e., ''contacts'') are exposed. Some contacts are especially endangered by TB if they become infected—children younger than 5 years old, and anyone with an illness that weakens the immune system (e.g., the acquired immunodeficiency syndrome, AIDS). The prompt evaluation of all contacts is crucial for finding early TB cases and latent infections. For latent TB infections, treatment with isoniazid preventive therapy can prevent new TB cases from developing.

Evaluation, follow-up, and preventive therapy for contacts comprise the most efficient approach for finding and treating recent TB infections and preventing future cases. Therefore, it is one of the highest priorities for the national TB control strategy, second only to finding and treating contagious cases. NCHSTP is requesting an extension of this package with a few modifications. The Program Management Reports, which was a part of this OMB submission has been separated from this request as they are undergoing significant revision. The new Program Management Reports will be submitted as a new package. The total burden hours are 400.

Report	Number of respondents	Number of responses/ respondent (in hrs.)	Avg. burden/ response (in hrs.)
Report of Verified Case of Tuberculosis	1600	1	0.25

4. Lead Exposure and Blood Pressure During Pregnancy Study (Charles Drew Medical)—(0923–0015)—EXTENSION—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. Disadvantaged minorities in large urban areas have higher than national blood lead levels.

Some of these groups also suffer from disproportionately high rates of hypertension. Previous data shows a relationship between higher blood lead levels and higher blood pressure, even at the lowest lead exposure. To facilitate this effort, this study examines the relationship between lead exposure history in inner city minorities and blood pressure, using a group at special risk for elevated blood pressure, pregnant women. Elevated blood lead and elevated blood pressure are two problems that disproportionately affect minority groups. Establishing a link between blood pressure and lead exposure, especially utilizing two new biomarkers of lead exposure, bone lead and serum lead, can provide a new tool for dealing with elevated blood pressure nationwide.

This request is for a 3-year extension. Two previously approved questionnaires will continue to be used to collect socioeconomic data, and data pertaining to risk factors for elevated blood pressure and lead exposure. A new questionnaire assessing social stress (Scale of Chronic Social Role Stressors) and a 16 item, four response choice scale will be added to better control for social stress factors affecting blood pressure. The total annual burden hours are 838.

Type of respondent	Number of respondents per Year	Number of responses/ respondent	Avg. burden per Response (in hrs)
Screening Questionnaire	583	1	0.5
Perceived Stress Scale	583	1	0.08
Risk Questionnaire	330	2	0.75
St. Francis Medical Center Participants	292	1	0.008

5. Substance—Specific Applied Research Program Epidemiologic Studies on Lead (Morehouse School of Medicine)—New—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from exposure to hazardous substances in the environment. Lead exposure has been associated with negative pregnancy outcomes in humans, including low birth weight, spontaneous abortion, congenital malformation, and various neurological effects in newborns and young children. The level of lead considered to be toxic has been lowered over the years by major research groups, organizations, and agencies. While lead has been shown to affect all organs, the brain or nervous system seems to be the most sensitive to lead toxicity, especially in young children. Blood lead levels as low as 10 ''µ/dL have been shown to result in delayed cognitive development, reduced IQ scores, and impaired hearing.

This study, originally approved by OMB in 1995, examines the long-term effects of low and marginal toxic blood lead levels in neonates and preschool African-American children in the Atlanta area. This study is divided into two components, (i) prevalence of lead exposure in children of preschool age and (ii) longitudinal health effects of low and marginal lead exposure. These studies are conducted concurrently.

The primary focus of the prevalence study is the evaluation of the relationship between socio-economic status, elemental blood lead levels within the home environment, and blood lead levels of preschool aged children. The objective of the longitudinal study is the evaluation of the relationship between lead levels found in maternal and cord blood and adverse health effects in the infant, including deficits in behavioral, cognitive and physical development. To correlate cognitive and behavioral development with varying blood lead levels, each newborn is to undergo a series of psychometric testing at birth, then again at 6 months, 1, and 2 years of age. Evaluations of physician development will be conducted by reviewing the medical records of each newborn within the first year after birth.

This request is for a 3-year extension of the current OMB approval; however we are requesting a new OMB authority (and number) as the old number (0923–0015) will now apply only to the Substance Specific Applied Research Program (AMHPS) [King/Drew Lead Study in-Person Interview, Lead and Hypertension Screening Questionnaire/ Risk Factor Questionnaire]. The requests for OMB approval for the two studies has been separated, with the King/Drew investigation retaining the old OMB number (0923–0015). The total annual burden hours are 882.*

Study	Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)
Prevalence	Child Questionnaire	400	1	0.333

Study	Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)
	Family Questionnaire	400	1	0.083
	Household Questionnaire	400	1	0.333
	Environmental Survey	400	1	0.25
	Day Care Center Participation	20	1	0.25
Longitudinal	Hospital/Clinic Participants	1	1	0.083
Childhood Lead Poisoning Questionnaire				
	Family Questionnaire	600	1	0.083
	Household Questionnaire	12	1	0.333
	Environmental Survey	12	1	0.166
	Home Visits	600	9	0.25
Neurobehavioral and Developmental Testing in Children				
	Brazelton Assessment	600	2	0.583
	Denver Screening	600	1	0.5
	Bayley Scales	600	2	1
	Fagan Battery	600	1	0.666

*Estimate of annualized burden was determined by taking the total burden and dividing it by 5 years.

Dated: November 4, 1998.

Charles W. Gollmar,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–30459 Filed 11–13–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Infectious Diseases: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Board of Scientific Counselors, National Center for Infectious Diseases (NCID).

Times and Dates: 9 a.m.–5:30 p.m., December 2, 1998. 8:30 a.m.–2:30 p.m., December 3, 1998.

Place: Holiday Inn Hotel and Conference Center, 130 Clairmont Avenue, Decatur, Georgia 30030.

Status: Open to the public, limited only by the space available.

Purpose: The Board of Scientific Counselors, NCID, provides advice and guidance to the Director, CDC, and Director, NCID, in the following areas: program goals and objectives; strategies; program organization and resources for infectious disease prevention and control; and program priorities.

Matters to be Discussed: The agenda will include:

1. NCID Update
2. EID Plan: Release and Implementation
3. Scientific Updates:
   Pandemic Influenza Preparedness
   Hepatitis C Update
4. Emergency Preparedness
5. International Outbreak Response
7. Prevention Research
8. Minority Health
9. Program Update: Hospital Infections Program
10. Late breaking scientific reports
11. Comments from CDC Director
12. Discussion and Recommendations

Other agenda items include announcements/introductions; follow-up on actions recommended by the Board April 1998; consideration of future directions, goals, and recommendations.

Agenda items are subject to change as priorities dictate.

Written comments are welcome and should be received by the contact person listed below prior to the opening of the meeting.

Contact Person for More Information: Diane S. Holley, Office of the Director, NCID, CDC, Mailstop C–20, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/639–0078.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: November 9, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–30534 Filed 11–13–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Federal Allotments to States for Social Services Expenditures, Pursuant to Title XX, Block Grants to States for Social Services; Revised Promulgation for Fiscal Year 1999

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notification of allocation of title XX—social services block grant allotments for Fiscal Year 1999.

SUMMARY: This issuance sets forth the individual revised allotments to States for Fiscal Year 1999, pursuant to title XX of the Social Security Act, as amended (Act). The initial **Federal Register** notice was published on November 21, 1997 based on the authorization level of $2.380 billion. The grant awards for Fiscal Year 1999 will be issued based upon the appropriation amount of $1.190 billion.

FOR FURTHER INFORMATION CONTACT: John J. Jolley, (202) 401–5284.

SUPPLEMENTARY INFORMATION: For Fiscal Year 1999, the allotments are based upon the Bureau of Census population statistics contained in its reports ''Estimates of the Population of U.S. Regions, and States by Selected Age Groups and Sex: 1990 and 1996 (CB97–64, released April 21, 1997), and ''1990 Census of Population and Housing'' (CPH–6–AS and CPH–6–CNMI) published April 1992, which was the most recent data available from the