document and received comments may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: June 30, 1999.

#### Linda S. Kahan,

Deputy Director for Regulations Policy, Center for Devices and Radiological Health.

[FR Doc. 99–19531 Filed 7–29–99; 8:45 am] BILLING CODE 4160–01–F

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **Health Care Financing Administration**

[Document Identifier: HCFA-0377/0378/R-0054]

## Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing Administration.

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.

Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Request for Certification, HCFA-377 and the Ambulatory Surgical Center Survey Report Form, HCFA-378 and HCFA-R-0054 Supporting Regulations Contained in 42 CFR 416.1 thru 416.49; Form No.: HCFA-0377/0378/R-0054 (OMB# 0938-0200); *Use:* The ASC request for certification form is utilized as an application for facilities wishing to participate in the Medicare program as an ASC. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met. It also promotes data retrieval from the Online Data Input Edit (ODIE system, a subsystem of the Online Survey

Certification and Report (OSCAR) system by the Health Care Financing Administration's (HCFA) Regional Offices (RO)). The ASC report form is an instrument used by the State survey agency to record data collection in order to determine supplier compliance with individual conditions of coverage and to report it to the Federal government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ODIE/OSCAR system at the HCFA ROs. This form includes basic information on compliance (i.e., met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself.; Frequency: Annually; Affected Public: State, Local, or Tribal Government; Number of Respondents: 2,798; Total Annual Responses: 2,798; Total Annual Hours: 2,100.

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, OMB number, and HCFA document identifier, 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: Louis Blank, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: July 22, 1999.

### John P. Burke III,

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

[FR Doc. 99–19482 Filed 7–29–99; 8:45 am] BILLING CODE 4120–03–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Health Care Financing Administration** 

[Document Identifier: HCFA-R-0106 and HCFA-R-0284]

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

**AGENCY:** Health Care Financing Administration.

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.

1. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; Title of Information Collection: Criteria for Medicare Coverage of Heart Transplants; Form No.: HCFA-R-106 (OMB No 0938–0490); Use: Medicare participating hospitals must file an application to be approved for coverage and payment of heart transplants performed on Medicare beneficiaries. The application must include the following data: patient selection, patient management, commitment, facility plans, experience and survival rates, maintenance of data, organ procurement, laboratory procedures, and billing. Frequency: Annually; Affected Public: Business or other for-profit; Number of Respondents: 5; Total Annual Responses: 5; Total Annual Hours Requested: 500.

2. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Medicaid Statistical Information System (MSIS); Form No.: HCFA-R-0284 (OMB# 0938-0345); Use: State data are reported by a Federally mandated process known as MSIS. These data are the basis for: Medicaid actuarial forecasts for service utilization and costs; Medicaid legislative analysis and cost savings estimates; and responding to requests for information from HCFA components, the Department, Congress, and other customers. The national MSIS database will contain details that will allow constructive or predictive analysis of today's Medicaid issues (e.g., pregnant women, and infants).; Frequency: Quarterly and Annually; Affected Public: State, Local, or Tribal

Government; Number of Respondents: 53; Total Annual Responses: 212; Total Annual Hours: 2,120.

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, OMB number, and HCFA document identifier, 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: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: July 22, 1999.

#### John P. Burke III,

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

[FR Doc. 99–19481 Filed 7–29–99; 8:45 am] BILLING CODE 4120–03–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **Health Care Financing Administration**

[Document Identifier: HCFA-R-0282]

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

**AGENCY:** Health Care Financing Administration.

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 the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. This is necessary to ensure compliance with § 1852(c) of the Social Security Act and §§ 422.64, 422.111 and 422.560—422.622 of the CFR. We cannot reasonably comply with the normal clearance procedures because all beneficiaries who are eligible to elect M+C plans have had a legal right to receive appeals and grievance information from M+C organizations as of 1/1/99. If the agency does not provide formal guidance to M+C organizations, then it will be difficult for M+C organizations to operationalize the statutory and regulatory requirements. Furthermore, beneficiaries may be harmed by receiving inconsistent information across M+C organizations.

HCFA is requesting OMB review and approval of this collection by August 10, 1999, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by August 9, 1999. 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 Request: New collection.

Title of Information Collection:
Medicare + Choice (M+C) Organization
Appeals and Grievance Data Collection
and Reporting Requirements and
Supporting Regulations in 42 CFR
422.64, 422.111, and 422.560–422.622.
HCFA Form Number: HCFA-R-0282

HCFA Form Number: HCFA-R-028 (OMB approval #: 0938-NEW).

Use: These information collection pertains to the aggregate number and disposition of grievances and appeals by M+C organizations. Both the Balanced Budget Act (BBA) of 1997 and the Government Performance and Results Act (GPRA) of 1993 establish a need for HCFA to set and monitor performance standards in the area of appeals. The purpose is to hold M+C organizations

accountable to regulators and consumers, as well as promote informed choice.

Frequency: Semi-annually.
Affected Public: Business or other forprofit and Individuals or Households. Number of Respondents: 331. Total Annual Responses: 662.

Total Annual Responses: 662. Total Annual Burden Hours: 662. We have submitted a copy of this

notice to OMB for its review of these information collections. A notice will be published in the **Federal Register** when approval is obtained.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, E-mail your request, including your address, phone number, and HCFA form number(s) referenced above, 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 by August 9, 1999: 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– 0282

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: July 22, 1999.

#### John P. Burke III,

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

[FR Doc. 99–19483 Filed 7–29–99; 8:45 am] BILLING CODE 4120–03–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **National Institutes of Health**

Proposed Collection: Comment Request; Contraception and Infertility Research Loan Repayment Program

**SUMMARY:** In compliance with the requirement of section 3506(c)(2)(A) of