

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 12, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 01-1611 Filed 1-19-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources And Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries

of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Grantee Data Reporting System for the Rural Health Outreach Grant Program (RHOGP): New

The Rural Health Outreach Grant Program (RHOGP) is one of the major grant programs managed and funded by the Office of Rural Health Policy, Health

Resources and Services Administration. The overall objectives of the program are to expand access to, coordinate, restrain the cost of, and improve the quality of essential health care services, including preventive and emergency services, through the development of integrated health care delivery systems or networks in rural areas and regions. While each project has different objectives and activities, all grantee projects involve the use of Networks of three or more organizations working together to improve health care in their communities. Projects may be carried out by networks of the same providers (e.g., all hospitals) or more diversified networks.

The proposed data collection instruments are intended to strengthen the Office of Rural Health Policy's (ORHP) Outreach Grant Program's existing grantee evaluation process and grantee data collection. This information collection activity will provide ORHP with an increased capacity for monitoring and evaluation and will permit the efficient review of the grant projects in relation to HRSA's strategic objectives.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Grantee Reporting Form	53	1	8	424
Year 1 Progress Report	140	1	8	1120
Year 2 Progress Report	140	1	8	1120
Final Report	53	1	12	636
Total	193			3300

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 11, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management

and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Scholarship Program for Students of Exceptional Financial Need (EFN) and Program of Financial Assistance for Disadvantaged Health Professions Students (FADHPS): Regulatory Requirements (OMB No. 0915-0028)—Reinstatement, With Change

The EFN Scholarship Program, authorized by section 736 of the Public Health Service (PHS) Act, and the FADHPS Program, authorized by section 740(a)(2)(F) of the PHS Act, provides financial assistance to schools of allopathic and osteopathic medicine and dentistry for awarding tuition scholarships to health professions students who are of exceptional financial need. To be eligible for support under the FADHPS Program, a student must also be from a

disadvantaged background. In return for this support, students of allopathic and osteopathic medicine must agree to complete residency training in primary care in 4 years, and practice in primary

care for 5 years after completing residency training.

The program regulations contain recordkeeping requirements designed to ensure that schools maintain adequate

records for the government to monitor program activity and that funds are spent as intended. The estimate of burden for the regulatory requirements of this clearance are as follows:

Form	Number of respondents	Responses per respondents	Total responses	Minutes per response	Total burden hours
EFN/FADHPS	80	1	80	10	14

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Morrall, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 12, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of February 2001.

Name: National Advisory Council on the National Health Service Corps.

Date and Time: February 1, 2001; 6:00 p.m.–9:00 p.m.; February 2, 2001; 8:30 a.m.–4:30 p.m.; February 3, 2001; 9:00 a.m. to 5:00 p.m.; February 4, 2001; 8:30 a.m.–10:30 a.m.

Place: Double Tree Hotel, 1750 Rockville Pike, Rockville, MD 20852. Phone: (301) 468-1100.

The meeting is open to the public.

Agenda: The Council will focus its agenda on strategic and operational plans for the current fiscal year.

For further information, call Ms. Eve Morrow, Division of National Health Service Corps, at (301) 594-4144.

Agenda items and times are subject to change as priorities dictate.

Dated: January 12, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 01-1610 Filed 1-19-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of February 2001.

The National Advisory Committee on Rural Health will convene its thirty-seventh meeting at the time and place specified below:

Name: National Advisory Committee on Rural Health.

Date and Time: February 4, 2001; 2:00 p.m.–4:45 p.m.; February 5, 2001; 8:30 a.m.–4:45 p.m.; and February 6, 2001; 8:30 a.m.–4:15 a.m.

Place: Washington Court Hotel, 525 New Jersey Avenue, NW., Washington, DC 20001, Phone: (202) 628-2100.

The meeting is open to the public.

Purpose: The National Advisory Committee on Rural Health provides advice and recommendations to the Secretary with respect to the delivery, research, development, and administration of health care services in rural areas.

Agenda: Sunday, February 4, at 2:00 p.m. the chairperson, Senator Nancy Kassebaum Baker will open the meeting and welcome the committee members. The new director of the Office of Rural Health Policy (ORHP) will give an update on office activities. The first plenary session will be a presentation on the Medicare Reform Report. The day will close at 4:45 PM.

Monday morning at 8:30 a.m., there will be presentations on federally qualified health centers and rural health clinics. After lunch, there will be a presentation on what the States are doing about the uninsured. The day will close at 4:45 PM.

Tuesday morning at 8:30 am, the Committee will discuss report recommendations. There will be a presentation on rural public health, and an update on Health Care Financing Administration (HCFA) activities. After lunch, additional presentations and discussion on the uninsured. At the end of the day the Committee will discuss future activities and next meeting. The meeting will be adjourned at 4:15 PM.

Anyone requiring information regarding the Committee should contact Marcia K. Brand, Ph.D., Executive Secretary, National Advisory Committee on Rural Health, Health Resources and Services Administration, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, telephone (301) 443-0835, FAX (301) 443-2803.

Persons interested in attending any portion of the meeting should contact Sandi Lyles or Lilly Smetana, Office of Rural Health Policy, (301) 443-0835. The National Advisory Committee meeting agenda will be posted on ORHP's website, www.ruralhealth.hrsa.gov.

Dated: January 16, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General; Program Exclusions: December 2000

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of December 2000, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, *e.g.*, a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive