damaged and repaired. The Commission's decision notes in part,

''Even in the absence of affirmative misrepresentation, it is misleading for the seller of late model used cars to fail to reveal the particularized uses to which they have been put * * * When a later model car is sold at close to list price * * * the assumption likely to be made by some purchasers is that, absent disclosure to the contrary, such car has not previously been used in a way that might substantially impair its value.'', *at 1557–8.* ''Absent a clear and early disclosure of the prior use of a late model car, deception can result from the setting in which a sale is made and the expectations of the buyer * * *'' *at 1555.*

The facts in the typical ''lemon laundering'' situation clearly conform to the Commission's Policy Statement on Deception.[15] The misrepresentation in question is committed by omission; it is likely to mislead consumers acting reasonably under the circumstances; and it is material, in that it is important, it is likely to affect the consumer's choice of a product, and its omission is likely to cause the consumer to suffer injury.

Summary

The practice of ''lemon laundering'' presents a compelling case for deception and consumer injury. The type of deception evidenced by the practice is similar to that addressed in Commission precedents, and conforms to the Commission's stated Policy on Deception. The problem demands a remedy from the Commission, with its expertise in fashioning effective consumer disclosures. Petitioners are confident the Commission can fashion a remedy, through rulemaking or enforcement proceedings, that will preserve state laws protections and will bring effective consumer protection to all used car buyers.

Petitioners stand ready to assist the Commission to develop the factual record of these practices and to fashion appropriate remedies.

Respectfully submitted,

Lawrence Kanter,

Counsel.

The following organizations join as Co-petitioners in this matter:

Consumers for Auto Reliability & Safety, Sacramento, CA
Consumer Federation of America, Washington, DC
U.S. Public Interest Research Group, Washington, DC
Consumer Action, San Francisco, CA
New York Public Interest Research Group, New York, NY
Florida Public Interest Research Group, Tallahassee, FL
Oregon State Public Interest Research Group, Portland, OR
Center for Auto Safety, Washington, DC
Public Citizen, Washington, DC
Virginia Citizens Consumer Council, Yorktown, VA
California Public Interest Research Group, Los Angeles, CA
Connecticut Public Interest Research Group, Hartford, CT
Massachusetts Public Interest Research Group, Boston, MA

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[15] Letter to Hon. John Dingell, October 14, 1983; incorporated in the Commission's decision in *Cliffdale Associates*, 103 F.T.C. 110 (1984).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–96–15]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. National Survey of Ambulatory Surgery—(0920–0334)—Extension

The National Survey of Ambulatory Surgery (NSAS) has been conducted annually since 1994 by the National Center for Health Statistics, CDC. It is the only source of clinical information nationally on utilization of ambulatory surgery. It complements surgery data obtained in another NCHS survey, the National Hospital Discharge Survey (NHDS), which provides annual data concerning the nation's use of inpatient medical and surgical care provided in short-stay, non-Federal hospitals. These NHDS data have been used for more than two decades to analyze the types of surgical treatment provided to hospital inpatients. However, due to advances in medical technology, many surgical treatments and diagnostic procedures are now provided in ambulatory settings which are outside the scope of the NHDS. The NSAS, a national probability sample of hospital-based and freestanding ambulatory surgery centers in the U.S., has been designed to provide valid data about medical and surgical care received in ambulatory surgery locations. Data for the NSAS are collected annually on approximately 120,000 ambulatory surgery cases. The data items which are abstracted from medical records are the basic core of variables from the Uniform Hospital Discharge Data Set (UHDDS) as well as surgery times, total charges and information on anesthesia. These NSAS data will be used for a variety of planning, administrative, and evaluation activities by government, professional, scientific, academic, and commercial institutions. Data collected through the NSAS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field. For example, selected government agencies are interested in specific NSAS data to track the incidence of selected ambulatory procedures, e.g., estimates of tubal sterilization, estimates of endoscopies and related digestive tract procedures, and estimates of endoscopic removal of pre-cancerous polyps. In addition, NSAS data will provide annual updates for numerous tables in the Congressionally-mandated NCHS report, Health, United States. The total cost to respondents is estimated at $256,000.

Respondents	No. of responses	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Induction	40	1	1.5	60
Out-of-scope Verification	140	1	0.066	9
Sample Listing Sheet:				
ASC Personnel	224	12	0.5	1,344
Census Personnel	267	12	0	0
Medical Abstract:				
ASC Personnel	324	250	0.2	16,200
Census Personnel	167	250	0.03333	1,392
Annual Update	491	1	0.083	41
Quality Control	245	200	.0333	163
Total	.....	.....	.....	19,209

Dated: April 24, 1996.

Wilma G. Johnson,

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

[FR Doc. 96–10627 Filed 4–29–96; 8:45 am]

BILLING CODE 4163–18–P

National Center for Health Statistics; ICD–9–CM E Code Revisions

AGENCY: National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), DHHS.

ACTION: Notice.

SUMMARY: The National Center for Health Statistics has approved the following expansion to the External Cause Codes in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM). These ICD–9–CM E-Code revisions will become effective October 1, 1996. The official guidelines for the application of E-codes for morbidity purposes will also be updated at that time. The official government version of the ICD–9–CM which will include all the revisions effective October 1, 1996, will be found on the ICD–9–CM CD–ROM which will be available through the Government Printing Office.

E967 Child and adult battering and other maltreatment
- E967.0 By father or stepfather
- E967.2 By mother or stepmother
- E967.3 By spouse or partner
- E967.4 By child
- E967.5 By sibling
- E967.6 By grandparent
- E967.7 By other relative
- E967.8 By non-related caregiver

FOR FURTHER INFORMATION CONTACT: Donna Pickett, R.R.A., Co-chair, ICD–9–CM Coordination and Maintenance Committee, National Center for Health Statistics, CDC, telephone (301) 436–7050.

Dated: April 24, 1996.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–10628 Filed 4–29–96; 8:45 am]

BILLING CODE 4163–18–P

[Announcement 619]

HIV-Related Tuberculosis Preventive Therapy Regimen Demonstration Cooperative Agreements

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds to continue the cooperative agreement program started in FY 1992 through announcement number 261 entitled ''Human Immunodeficiency Virus (HIV) Related Tuberculosis (TB) Preventive Therapy Regimen (PTR) Demonstration Cooperative Agreements.'' Current recipients will compete to extend the project period for an additional three years to allow sufficient time to actively monitor and ensure compliance with drug therapy, assess toxicity, and appropriately evaluate patients for up to two years after completion of preventive therapy. All applicants, however, who meet the eligibility criteria will be considered. See the section entitled *Eligible Applicants.*

CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of HIV Infection and Immunization and Infectious Diseases. (For ordering a copy of ''Healthy People 2000,'' see the section *Where To Obtain Additional Information.*)

Authority

This program is authorized under Section 317E of the Public Health Service Act, [42 U.S.C. 247b–6], as amended.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke- free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, and colleges; and research institutions, hospitals, other public and private organizations, State and local governments or their bonafide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply. Applicants must have the ability to (1) identify, obtain informed consent, and enroll a minimum of 25 dually-infected (TB/HIV-infected) persons and start them on one of two TB preventive regimens according to the randomization schedule provided by CDC and (2) conduct patient follow-up according to accepted clinical study practices. A copy of the prescribed regimens is included in the application kit. Applicants must be able to complete all phases of the project within the proposed three year project period.

Preference will be given to competing continuation applications submitted by the current cooperative agreement recipients funded in FY 1992 through competitive announcement number 261 entitled ''Human Immunodeficiency