

and Applied Nutrition (HFS-451), Food and Drug Administration, 200 C St. SW., rm. 2804, Washington, DC 20204, 202-205-4168.

SUPPLEMENTARY INFORMATION: FDA has a contract with NHLBI to provide partial support of the NAS project entitled "Calcium and Related Nutrients: Needs of Americans." Recent research and data have suggested that calcium intakes may be inadequate to meet the needs of many population groups in the United States, particularly with regard to the calcium intake during adolescence and young adulthood. However, controversy exists regarding what the optimal intake should be for calcium and related nutrients (such as vitamin D, magnesium, phosphorus, and fluoride) in order to prevent deficiency states (such as osteomalacia and rickets) while at the same time reducing the risk of degenerative diseases (such as osteoporosis) and also taking into account the potential effects of chronic ingestion of lower levels of intake during some life stages.

In response to recent suggestions that calcium requirements of healthy Americans are greater than previous estimates, the NAS/IOM is undertaking a study to review both the scientific literature on calcium metabolism in humans throughout their lives and also available data on calcium intakes by the U.S. population. The analysis also will include a review of the requirements for the related nutrients, vitamin D, magnesium, phosphorus, and fluoride. The impact of these nutrients and of other nonnutrient components of foods (such as phytosterols, fiber) on bioavailability of calcium will also be evaluated.

The study also will review existing data and will develop estimates of dietary intake levels that are compatible with good nutrition throughout the life cycle, which may result in decreasing risk of chronic disease. In addition, reviews will be conducted to determine upper safe levels of intake that will diminish the potential risk of adverse effects.

On July 9 and 10, 1996, a meeting to solicit scientific opinion on the functional indicators of calcium, phosphorus, magnesium, fluoride, and vitamin D status for each stage of the life span will be held. This meeting will be held by the panel on calcium and related nutrients, a subunit of the standing committee on the Scientific Evaluation of Dietary Reference Intakes, a committee of the FNB of the IOM. Speakers have been invited to present their views on appropriate measures to ensure adequate intake of these

nutrients. In addition, interested individuals and organizations may present their perspectives regarding the determination of dietary reference intakes during the open forum session of the meeting. In order to be considered for a 3-minute presentation to the panel, an abstract with references must be submitted to the FNB by June 24, 1996. Interested parties should contact Sandra A. Schlicker (address above) for further information.

On July 15 and 16, 1996, a meeting to solicit scientific opinion on criteria to evaluate risk assessment data in developing a model for establishing maximum levels of nutrient intake compatible with low risk of adverse effects will be held. This meeting will be held by the Subcommittee on Upper Reference Levels of Nutrients, a subunit of the Standing Committee on the Scientific Evaluation of Dietary Reference Intakes, a committee of the FNB of the IOM. Speakers have been invited to present their views on appropriate measures of adequacy for these nutrients. In addition, interested individuals and organizations may present their perspectives regarding the determination of dietary reference intakes during the open forum session of the meeting. In order to be considered for a 3-minute presentation to the panel, an abstract with references must be submitted to the FNB by June 17, 1996. Interested parties should contact Sandra A. Schlicker (address above) for further information. This study will provide guidance useful in the development of recommendations for requirements and upper safe limits of the topic nutrients.

Dated: May 29, 1996.

William K. Hubbard,
Associate Commissioner for Policy
Coordination.

[FR Doc. 96-14137 Filed 6-5-96; 8:45 am]

BILLING CODE 4160-01-F

Health Care Financing Administration **[2728, R-142]**

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.

1. Type of Information Collection
Request: Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration; *Form No.:* HCFA-2728; *Use:* This form captures the necessary medical information required to determine Medicare eligibility of an end stage renal disease claimant. It also captures the specific medical data required for research and policy decisions on this population as required by law. *Frequency:* Annually; *Affected Public:* Individuals or households, Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 60,000; *Total Annual Hours Requested:* 25,000.

2. Type of Information Collection
Request: Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Information Collection Requirements Contained in BPD-393, Examination and Treatment for Emergency Medical Conditions and Women in Labor; *Form No.:* HCFA-R-142; *Use:* BPD-393 contains information collection requirements for hospitals that would seek to prevent them from inappropriately transferring individuals with emergency medical conditions, as mandated by Congress. HCFA will use this information to help assure compliance with this mandate. This information is not contained elsewhere in regulations. *Frequency:* On occasion; *Affected Public:* Individuals or households, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 7,000; *Total Annual Responses:* 7,000; *Total Annual Hours Requested:* 8,818,577.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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, D.C. 20503.

Dated: May 29, 1996.

Kathleen B. Larson,
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-14208 Filed 6-5-96; 8:45 am]

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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:

BURDEN ESTIMATES ARE AS FOLLOWS

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Physicians	200	1	0.50	100
Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives	100	1	0.50	50

Estimated Total Annual Burden: 150 hours.

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

Dated: May 31, 1996.

J. Henry Montes,
Associate Administrator for Policy Coordination.

[FR Doc. 96-14136 Filed 6-5-96; 8:45 am]

BILLING CODE 4160-15-U

Public Health Service

National Toxicology Program; Fiscal Year 1995 Annual Plan

The National Toxicology Program (NTP) announces the availability of the NTP Annual Plan for Fiscal Year 1995, solicits comments on it, and urges all interested persons to propose chemicals for possible toxicological evaluation.

The seventeenth edition consists of two parts. First, the NTP Annual Plan for Fiscal Year 1995 describes FY 1995 NTP plans in research, applied studies, methods development and validation efforts, as well as resources and FY 1994

program accomplishments. Second, the Review of Current DHHS, DOE, and EPA Research related to Toxicology lists chemicals being studied by the various DHHS agencies, the Department of Energy, and the Environmental Protection Agency, and describes toxicology research and toxicology methods currently being developed by these agencies.

Background

The National Toxicology Program (NTP) was established within the Public Health Service of the Department of Health and Human Services (DHHS) in November 1978. The continuing broad goals of the NTP are to coordinate and strengthen DHHS basic and applied toxicology research and methods development and validation, and to provide toxicological information for use by health research and regulatory agencies and others in protecting the public health. Overall objectives are to:

- Broaden the spectrum of toxicological information obtained on selected chemicals;
- Develop and validate more sensitive and more specific test methods;
- Develop improved strategies for generating scientific data that strengthen the scientific foundation for risk assessments; and
- Communicate Program plans and results to government agencies, the

National Health Service Corps (NHSC) Professional Training and Information Questionnaire (PTIQ)—The mission of the National Health Service Corps (NHSC) is to provide health professionals to those communities and populations located in federally designated health professional shortage areas (HPSAs) of greatest need. Through the NHSC Scholarship Program, health professions students receive scholarship support in return for a commitment to serve in a HPSA for a specified period of time. The NHSC will utilize the Professional Training and Information Questionnaire (PTIQ) to collect information from NHSC scholarship recipients on individual interests, family concerns, and assignment preferences which will be used in matching scholars to HPSAs with the greatest need for providers.

medical and scientific communities, and the public.

The NTP coordinates selected toxicology activities of the National Institute of Environmental Health Sciences, National Institutes of Health; the National Center for Toxicological Research, Food and Drug Administration; and the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. The Director of the NTP is also the Director of the National Institute of Environmental Health Sciences.

Primary program oversight is provided by the NTP Executive Committee, which links DHHS health research institutes and centers with Federal health regulatory agencies to ensure that the basic and applied toxicology research and development activities are responsive to regulatory and public health needs. Agencies represented on the Executive Committee are:

- Agency for Toxic Substances and Disease Registry
- Consumer Product Safety Commission
- Environmental Protection Agency
- Food and Drug Administration
- National Cancer Institute
- National Institute for Occupational Safety and Health