

ended August 31, 1995. Comments were received from 5 individuals representing tribal governments and intertribal councils. This document reflects finalization of the ATSDR policy after consideration of those comments.

FOR FURTHER INFORMATION CONTACT:

Dr. Mark M. Bashor, Associate Administrator for Federal Programs, Office of Federal Programs, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-28, Atlanta, Georgia 30333, telephone (404) 639-0730.

SUPPLEMENTARY INFORMATION: The Agency for Toxic Substances and Disease Registry issues the following policy statement related to its Government-to-Government Relations with Native American Tribal Governments:

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment. In carrying out its programs, ATSDR works with other Federal, State, and local government agencies, and tribal organizations to protect public health.

The U.S. Government has a unique government-to-government relationship with tribal governments as established by the U.S. Constitution, by treaties, by statute, by court decisions, and by Executive Orders. This relationship respects the U.S. Government's trust responsibility to American Indians and Alaskan Natives and their rights of self-government because of their sovereign status. ATSDR is strongly committed to building a more effective day-to-day working relationship with tribal governments.

In fulfilling the commitment to establish and maintain government-to-government relations with federally recognized tribal governments, ATSDR will be guided by:

(1) Section 126 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and the principles set forth in the President's "Memorandum for the Heads of Executive Departments and Agencies Regarding: Government-to-Government Relations with Native American Tribal Governments" (April 29, 1994). In particular, ATSDR will:

- In a manner consistent with the protection of public health, consult with tribal governments to ensure that tribal rights and concerns are considered before ATSDR takes actions, makes

decisions, or implements programs that may affect tribes; and

- Establish procedures to work directly and effectively with tribal governments.

(2) The needs and culture of individual tribal governments;

(3) ATSDR's prior and ongoing experience with tribal governments, and recognized organizations associated with such governments; and

(4) The need to enhance coordination with other agencies with related areas of responsibility.

Dated: August 8, 1996.

Claire V. Broome,

Deputy Administrator, Agency for Toxic Substances and Disease Registry.

[FR Doc. 96-20702 Filed 8-13-96; 8:45 am]

BILLING CODE 4163-70-P

Centers for Disease Control and Prevention

[INFO-96-22]

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. Surveillance and Evaluation of Blood Donors Positive for Human

Immunodeficiency Virus (HIV) Antibody or HIV Antigen (0920-0329). In 1987, the President directed the Department of Health and Human Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) is present in various segments of our population. In response, CDC formed an epidemiologic team to summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there is information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: targeting and evaluating prevention programs, planning future health care needs and determining health policy.

On a national basis, HIV seroprevalence projects in 1987 consisted of monitoring the HIV status of: Civilian applicants for military service; blood donors, including follow-up risk factor evaluation in seropositives; and Job Corps entrants. HIV prevalence was studied in settings of special public health interest including selected colleges and prisons, among health care workers in hospital emergency rooms and among Native Americans and homeless persons. Other national data sources were examined, such as cohort studies of groups at risk, including homosexual and bisexual men and IV drug users, providing information on knowledge of AIDS and risk behaviors, changes in behavior, and incidence of HIV infection.

In 1987, OMB approved the "Family of HIV Seroprevalence Surveys" (0920-0232). These surveys included seven seroprevalence surveys which involved interaction with individuals (non-blinded surveys). One of these surveys was the surveillance and evaluation of blood donors positive for Human Immunodeficiency Virus (HIV) Antibody.

In 1993, OMB again approved for 3 years the surveillance and evaluation of blood donors who test positive for Human Immunodeficiency Virus (HIV) Antibody and their needle-sharing and sexual partners (0920-0329). This request is for an additional 3-year approval. The total cost to respondents is estimated at \$3,784.

Respondents	No. of re-spond-ents	No. of re-sponses/respond-ent	Average bur-den/re-sponse (in hrs.)	Total burden (in hrs.)
Blood donors (interviews)	160	1	1.0	160
Blood donors (refuse interview)	120	1	0.1	12
Total	172

Dated: August 8, 1996.

Wilma G. Johnson,

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

[FR Doc. 96-20703 Filed 8-13-96; 8:45 am]

BILLING CODE 4163-18-P

Food and Drug Administration

Jurisdiction of Sea Lice Treatment and Control; Notice of Public Workshop

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public workshop.

SUMMARY: The Food and Drug Administration's (FDA's) Center for Veterinary Medicine is announcing a Joint Canadian-United States Workshop on Jurisdiction of Sea Lice Treatment and Control. The purpose of the workshop is to provide a forum for discussion of the impact of various government entities within Canada and the United States on present and proposed treatment and control methods of sea lice. Also, scientific aspects of sea lice drug treatment and control will be discussed. The general sea lice topic is of international concern because of the location of salmon net-pen culture facilities on the border between the United States and Canada.

DATES: The public workshop will be held on Monday, September 9, 1996, from 8 a.m. to 6:30 p.m.

ADDRESSES: The public workshop will be held at the Doubletree Hotel, 300 Army Navy Dr., Crystal City, VA.

FOR FURTHER INFORMATION CONTACT: Carol J. Haley, Center for Veterinary Medicine (HFV-152), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301-594-1682.

Those persons interested in attending the workshop should call the information contact person listed above. There is no registration fee for this workshop, but advance registration is required due to space limitations.

SUPPLEMENTARY INFORMATION: The agenda for the workshop will include discussions of scientific aspects of sea

lice infestation in salmon net-pens and of the impacts of regulation by multiple government entities on treatment and control of the disease.

Dated: August 7, 1996.

William K. Hubbard.

Associate Commissioner for Policy Coordination.

[FR Doc. 96-20752 Filed 8-13-96; 8:45 am]

BILLING CODE 4160-01-F

Health Care Financing Administration

Proposals Submitted for Collection of Public Comment: Submission for OMB Review

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 proposals for the collection of information. 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. HCFA-R-107—*Type of Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicaid—Determining Liability of Third Parties and supporting regulation 42 CFR 433.138; *Form No.:* HCFA-R-0107; *Use:* The information collected from Medicaid applicants and recipients as well as from State and local agencies is necessary to determine the legal liability of third parties to pay for medical services in lieu of Medicaid payment. Regulation 42 CFR 433.138

requires the increase of third party resources to improve program efficiencies and reduce Medicaid expenditures; *Frequency:* On occasion; *Affected Public:* Federal Government and State, local, or tribal government; *Number of Respondents:* Varies; *Total Annual Responses:* Varies; *Total Annual Hours:* 171,165.

2. HCFA-R-188—*Type of Information Collection Request:* New collection; *Title of Information Collection:* Federally Qualified Health Center (FQHC) Survey; *Form No.:* HCFA-R-188; *Use:* This survey is needed and will be used by HCFA to evaluate the FQHC Medicare benefit. Respondents will be all Medicare certified FQHC's. *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, and business or other for-profit; *Number of Respondents:* 1,489; *Total Annual Responses:* 1,489; *Total Annual Hours Requested:* 496.

3. HCFA-R-193—*Type of Information Collection Request:* Existing collection in use without an OMB control number; *Title of Information Collection:* An Important Message from Medicare; *Form No.:* HCFA-R-193; *Use:* Hospitals participating in the Medicare program have agreed to distribute "An Important Message from Medicare" to beneficiaries during each admission. Receiving this information will provide the beneficiary with some ability to participate and/or initiate discussions concerning decisions affecting Medicare coverage or payment and about his or her appeal rights in response to any hospital's notice to the effect that Medicare will no longer cover continued care in the hospital. *Recordkeeping:* As needed; *Affected Public:* Individuals or Households, Business or other for-profit; Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 6,700; *Total Annual Responses:* 11,000,000; *Total Annual Hours Requested:* 183,333.

4. HCFA-R-194—*Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicare Disproportionate Share