

Dated: August 19, 1996.

Edwin J. Glatzel,

Director, Management Planning and Analysis  
Staff, Office of Financial and Human  
Resources.

[FR Doc. 96-21686 Filed 8-23-96; 8:45 am]

BILLING CODE 4120-03-P

## Health Resources and Services Administration

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

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 Health Resources and Services Administration (HRSA) will publish 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 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

Uncompensated Services Reporting and Recordkeeping—42 CFR 124, Subpart F (OMB No. 0915-0077)—Extension and Revision—Titles VI and XVI of the PHS Act, commonly known as the Hill-Burton Act, provide for government grants and loans for construction or renovation of health care facilities. As a condition of receiving this construction assistance,

facilities are required to provide a "reasonable volume" of services to persons unable to pay. Facilities are also required to provide assurances periodically that the required level of uncompensated care is being provided, and to follow certain notification and recordkeeping procedures. These requirements are referred to as the uncompensated services assurance.

The regulations contain provision for reporting to the government the amount of free care provided, as well as provisions for following certain notification and recordkeeping procedures. All of these regulations are included in this clearance request. The Uncompensated Services Assurance Report (USAR) (HRSA form 710) is one of the methods of reporting the amount of free care provided. There are no changes to the USAR form. There will be a significant reduction in the burden from the previous request for OMB approval. Fewer facilities are obligated to report since many have met their obligation. A new Charitable Facilities Compliance Alternative has been added. Burden estimates are as follows:

Requirement	Number of respondents	Responses per respondent	Burden per response	Total burden hours
Disclosure Requirements (42 CFR):				
Published Notices (124.504(a)) .....	788	1	1	788
Individual Notices (124.504(c)) .....	788	1	59	46,492
Determinations of Eligibility (124.507) .....	788	160	2	252,160
Reporting Requirements (42 CFR)—Uncompensated Services—HRSA Form 710 (USAR) (124.509(a)) .....	678	1	14	9,492
Complaint Information (124.511(a)):				
Individuals .....	4	1	.25	1
Facilities .....	4	1	.50	2
Application for Compliance Alternative for Public Facilities (124.513(c)) .....	5	1	6	30
Annual Certification for Public Facilities (124.509(b)) .....	355	1	.5	178
Application for Compliance Alternative for Small Obligation Facilities (124.514(c)) .....	0	0	2	0
Annual Certification for Small Obligation Facilities (124.509(c)) .....	2	1	.5	1
Application for Compliance Alternative for Charitable Facilities (124.516(c)) .....	2	1	6	12
Annual Certification for Charitable Facilities (124.516(c)) .....	19	1	.5	10
Subtotal—Reporting and Disclosure—309,166				

#### Recordkeeping Burden is as follows:

Requirement (42 CFR)	Number of record-keepers	Hours/facility/year	Record-keeping burden
Nonalternative Facilities (124.510(a)) .....	788	75	59,100
Small Obligation Facilities (124.510(b)) <sup>1</sup> .....	2	0	0
Public Facilities (124.510(b)) <sup>1</sup> .....	355	0	0
Subtotal—Recordkeeping—59,100			

<sup>1</sup> Requires facilities under the public facilities compliance alternative and the small obligation compliance alternative to maintain qualification documents. These are ordinarily retained by facilities, so there is no burden.

Total burden for this project is estimated to be 368,266 hours.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 20, 1996.

J. Henry Montes,

*Associate Administrator for Policy Coordination.*

[FR Doc. 96-21650 Filed 8-23-96; 8:45 am]

BILLING CODE 4160-15-P

## 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:

Survey of Exchange Visitor Physicians Remaining in the United States on a Waiver—NEW—A survey is planned of exchange visitor physicians, i.e., physicians who entered the United States on a J-1 visa to engage in graduate medical education, who have been granted waivers to the return home requirement. Exchange visitor foreign physicians receive a J-1 visa and agree to return to their home country or

country of last residence for a minimum of two years upon completing their training. The Department of Health and Human Services plans to collect information about practice specialty and site of these physicians to make informed decisions regarding the implementation of waiver policy. The information to be collected includes: basis of waiver; initial and current geographic location; initial and current medical specialty; number of years of training completed in the U.S.; changes of venue after initial practice site; sequence of specialties after initial practice specialty; and related information.

Type of Form	Number of respondents	Frequency of response	Hours per response	Total burden hours
Survey of Physicians with J-1 Visa Waivers .....	1,240	1	.33	413

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, D.C. 20503.

Dated: August 19, 1996.

J. Henry Montes,

*Associate Administrator for Policy Coordination.*

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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:

Organ Procurement and Transplantation Network (OPTN) Data System (OMB No. 0915-0157)—Extension and Revision—The data collection system of the OPTN and Scientific Registry provides for collection of data on organ transplantation, including heart, kidney, liver, heart-lung, pancreas and small intestine transplants. The OPTN data collection is required under Section 372 of the Public Health Service Act and includes data on pre-transplant activities. This includes cadaveric and live donor characteristics, and histocompatibility testing that is used in the matching of donor organs with recipients. Section 373 of the Public Health Service act requires the Scientific Registry to collect, analyze and report on clinical and scientific data of importance to post-transplant graft and patient function. This involves a routine, periodic, submission of data for each organ transplant patient at the time of transplant, one-year (or six months for heart transplant patients), and

annually post-transplant until graft failure or patient death.

Information and data collected by the OPTN and Scientific Registry are used primarily to match donor organs with recipients, analyze policies for the allocation of donor organs, and assess the clinical outcomes of transplantation. The data are also used by the committees and Board of Directors of the OPTN for developing and reviewing policies related to allocation, patient listing criteria, optimal organ preservation times, and infectious disease screening.

Respondents include organ procurement organizations (for cadaveric donor data), histocompatibility laboratories (for tissue typing data), and transplant hospitals (for pre- and post-transplant data on recipients). The data are used to issue two key reports—the Annual Data Report and the Report of Patient and Graft Survival Rates (issued biennially).

HRSA proposes to make only minor changes to the data elements, to obtain more detailed information on transplant patients and their post-clinical course. For example, additional categories will be added to several items on the forms.

The estimated annual response burden is as follows: