

G. Office of Information Resources Management (RS6). Provides leadership in the development, review and implementation of policies and procedures to promote improved information resources management capabilities and practices throughout HRSA; (2) develops and coordinates HRSA-wide plans and budgets for the management of information technology and services, including centralized data processing, office automation, and telecommunications; (3) develops and recommends policies and procedures relating to information resources management and support services; (4) identifies and coordinates HRSA-wide information needs and develops or coordinates with others the development of creative answers to these needs; (5) plans, manages, administers and coordinates the HRSA-wide microcomputer network including all required linkages to other networks inside and outside HRSA including mainframe systems; (6) provides information support to the Office of the Administrator; (7) designs, develops, catalogues and manages data bases, information resources, including those data bases developed within the HRSA Bureaus, and the acquisition and use of external bases and information resources that support HRSA needs; (8) manages and coordinates state-of-the-art expertise for information science and technology; (9) provides consultation, technical advice and assistance and coordinates training in the use of ADP resources; (10) develops and coordinates the implementation of information security programs; (11) maintains liaison and coordinates information resources management with the HRSA Bureaus; (12) maintains liaison with HHS, PHS, other Federal agencies, States and professional organizations and associations concerning health information interests allied to the HRSA mission; and (13) reviews all HRSA requests for DP resources, providing ADP clearance for all appropriately justified requests.

Section R-30 Delegations of Authority. All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation.

This reorganization is effective upon date of signature.

Dated: November 14, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96-31371 Filed 12-9-96; 8:45 am]

BILLING CODE 4160-15-M

Agency for Health Care Policy and Research

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice.

SUMMARY: This notice announces the Agency for Health Care Policy and Research's (AHCPR) intention to request the Office of Management and Budget (OMB) to allow a proposed information collection project. In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHCPR invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by January 9, 1997.

ADDRESSES: Written comments on the proposed information collection should be submitted within 30 working days of this notice directly to the OMB Desk Officer at the following address: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, (OMB); New Executive Office Building, Room 10235; Washington, D.C. 20503.

FOR FURTHER INFORMATION CONTACT: Ruth A. Celtnieks, AHCPR Reports Clearance Officer, (303) 594-1406, ext. 1497.

SUPPLEMENTARY INFORMATION: Proposed Project

The 1997 Medical Expenditure Panel Survey—Insurance Component (MEPS-IC). In early 1997, AHCPR intends to conduct a survey of establishments to collect information from employees concerning employer-sponsored health insurance. This survey is an integration of two previous surveys, now components of MEPS-IC. The two surveys, which collected similar information, were:

1. The 1987 Health Insurance Plans Survey (HIPS) sponsored by AHCPR's predecessor, the National Center for Health Services Research; and
2. The 1994 National Employer Health Insurance Survey (NEHIS) sponsored by AHCPR, the National Center for Health Statistics (NCHS) and the Health Care Financing Administration (HCFA).

The MEPS-IC survey will be conducted using a sample of employers (including both public and private sectors) and health insurance providers. The sample will be comprised of two parts:

1. A list sample of employers selected from sample frames available from the Bureau of the Census; and

2. A group of employers and other health insurance providers identified by respondents in the 1996 MEPS-Household Component (HC). The MEPS-HC is a household survey which collects information concerning health care expenditures and related data for individuals. This household survey collects information similar to the 1987 National Medical Expenditure Survey.

Data collected from each employer will include a description of the business (e.g., size, industry) and descriptions of health insurance plans available, plan enrollments, total plan costs, and costs to employees.

For employers that can be matched to the MEPS-HC respondents, data will also be collected indicating the actual plan selected by the respondent and the plan costs.

Data will be produced in two forms: (1) files containing employer information from the list sample of selected employers; and (2) files containing linked 1996 MEPS-HC respondent and employer information.

The data are intended to be used for purposes, such as:

- Generating national and State estimates of employer health care offerings;
- Producing aggregate data on national and State estimates of spending on employer-sponsored health insurance for analyzing results of national and State health care policy data to model the demand for health insurance; and
- When pooled with data from the 1996 MEPS-HC survey, providing a valuable source of information concerning household responses regarding choices of health plans and costs and benefits of these plans.

These data provide the basis for researchers to address significant questions for employers and policymakers alike.

Method of Collection

The data will be collected using a combination of modes. AHCPR intends to first contact the employers by telephone. This contact will provide information on the availability of health insurance from that employer and essential persons to contact. Based upon this information, AHCPR will send a mail questionnaire to employers and others identified by employers. In order to assure high response rates, AHCPR will followup with a second mailing at an acceptable time interval, followed by a telephone call to collect data from

those who have not responded to the mailings.

As part of this process, for large respondents reflecting high burdens, such as State employers and large firms, AHCPR will, if needed, perform personal visits and do customized collection, such as, acceptance of data in computerized formats.

Data

Type of review: Regular Submission.

Affected Public: Employers.

Estimated Annual Number of Respondents: 38,500.

Estimated Time Per Respondent: .83.

Estimated Total Annual Burden Hours: 32,000.

Estimated Annual Total Costs to Government: \$5,700,000.

Request for Comments

Comments are invited on: (a) the necessity of the proposed collection; (b) the accuracy of the Agency's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection and they will become a matter of public record.

Copies of these proposed collection plans and instruments can be obtained from the AHCPR Reports Clearance Officer (see above).

Dated: December 2, 1996.

Clifton R. Gaus,

Administrator.

[FR Doc. 96-31255 Filed 12-9-96; 8:45 am]

BILLING CODE 4160-90-M

Centers for Disease Control and Prevention

Announcement of Workshop

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Cystic Fibrosis Foundation, and the University of Washington announce the following workshop.

Name: Newborn Screening for Cystic Fibrosis: A Paradigm for Public Health Genetics Policy Development.

Times and Dates: 8 a.m.-5:30 p.m., January 13, 1997. 8 a.m.-4 p.m., January 14, 1997.

Place: CDC, Auditorium B, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The Workshop will enable academic and public health professionals to discuss and clarify issues and to provide individual input to develop guidance on population-based newborn screening for cystic fibrosis. This workshop will bring together leaders from the fields of cystic fibrosis research, clinical practice, public health, and newborn screening for an updated discussion of the benefits and risks of newborn screening for cystic fibrosis. Nationally, a wide range of newborn screening tests are now widely accepted and used. Since the immunotrypsinogen test for cystic fibrosis has been available, experts have been discussing adding this test to the newborn screening panel. Previous symposiums, held in 1983 and 1991, concluded that routine newborn screening for cystic fibrosis should not be more widely implemented until newborn diagnosis has been demonstrated to lead to significant clinical benefits. Recently, the discovery of the Cystic Fibrosis Transmembrane Conductive Regulator (CFTR) gene renewed interest in this possibility, as the sensitivity and specificity of testing could be improved. Since cystic fibrosis is a genetic disease of public health importance, public awareness of cystic fibrosis is generating increased interest in health policies related to newborn screening.

Matters to be discussed: The Workshop will include sessions on the following: (1) decision making in newborn screening for Cystic Fibrosis (CF), (2) laboratory considerations in newborn screening for CF, (3) progress in newborn screening and

interventions for CF, (4) ethics and health policy of newborn screening for CF, (5) update on international newborn screening programs, followed by break-out group discussions and final conclusions.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Dwight Jones, Division of Birth Defects and Developmental Disabilities, NCEH, CDC, 4770 Buford Highway, NE, Atlanta, Georgia, 30341, telephone 770/488-7160, FAX 770/488-7197. Registration is not required. A limited number of hotel rooms are reserved for the "Cystic Fibrosis Workshop" until December 20, 1996, at the Emory Inn, 1634 Clifton Road, Atlanta, Georgia 30333, telephone 404/712-6700.

Dated: December 4, 1996.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-31325 Filed 12-9-96; 8:45 am]

BILLING CODE 4163-18-M

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: The Office of Child Support Enforcement OCSE-156, Child Support Enforcement Program Quarterly Report and OCSE-158, Child Support Enforcement Program Annual Data Summary Report.

OMB No.: 0970-0057.

Description: The authority to collect and report the information requested on these forms is found in sections 452(a)(4), 452(a)(5), 452(a)(10), 469 of the Social Security Act. These data are highly aggregated and used in a management function to establish the effectiveness and efficiency of State child support programs. The Federal Office of Child Support Enforcement will use the data to carry out its oversight role and submit the Annual Report to Congress.

Respondents: State governments, District of Columbia, Guam, Virgin Islands and Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OCSE-156	54	4	3.7	799.2
OCSE-158	54	1	1.2	64.8

Estimated Total Annual Burden Hours: 864.0