

Ombudsman Programs as required under Section 712 of the Older Americans Act, as amended;

*Frequency:* Annually;

*Respondents:* State Agencies on Aging;

*Estimated Number of Responses:* 52;

*Total Estimated Burden Hours:* 9,000.

*Additional Information or Comments:* The Administration on Aging is submitting to the Office of Management and Budget for approval an extension, with minor revisions, of a reporting form and instructions for the State annual Long-Term Care Ombudsman reports, pursuant to requirements in Section 712 (b) and (h) of the Older Americans Act. The revisions;

(1) Modify the wording of some of the complaint categories to assist respondents in categorizing some complaints which were being placed under "other" and;

(2) stipulate that several narrative responses which have not changed since the previous report do not need to be repeated.

The reporting system is for fiscal years 1997-99. Written comments and recommendations for the proposed information collection should be sent within 60 days of the publication of this notice directly to the following address: OMB Reports Management Branch, Attention: Allison Eydt, New Executive Office Building, Room 3208, Washington, D.C. 20503.

Dated: April 30, 1997.

**Alicia Valadez Ors,**

*Director, Office of Governmental Affairs and Elder Rights, Administration on Aging.*

[FR Doc. 97-12009 Filed 5-7-97; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

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

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 35, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), 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, 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: Evaluation of the National Health Service Corps**

*New*

The National Health Service Corps (NHSC) was established in 1971 to help

correct the maldistribution of health care personnel and to improve the delivery of services in areas with shortages of health care professionals. Through the Scholarship and Loan Repayment Programs the NHSC recruits health clinicians and places them in areas designated as health professional shortage areas.

The evaluation of this program will include three mail surveys, two directed at scholarship and loan repayment program clinicians (physicians, dentists, physician assistants, nurse practitioners and nurse midwives), and one directed at site administrators currently employing NHSC clinicians. The Survey of NHSC Alumni (clinicians who began service on January 1, 1980 and terminated their service before March 14, 1997) will assess alumni attitudes about the NHSC experience including recruitment, placement, and service contributions (for example, expanding clinical services, serving in clinical leadership positions, participating in quality improvement activities and initiating community primary care initiatives) to the site and community. In addition, the survey will examine various measures of clinician retention in underserved areas. The Survey of NHSC Clinicians (current) will also assess attitudes about the NHSC experience including recruitment, placement and service contribution to the site and community. The Survey of Administrators in Sites with NHSC Clinicians will assess sites' experiences with NHSC clinicians and will provide an assessment of their service contributions to the site and community. The data collected through the surveys will be used to formulate programmatic and policy recommendations designed to strengthen the NHSC program and increase its effectiveness.

Type of survey	No. of respondents	No. of responses per respondent	Avg. burden/response (in hours)	Total burden hours
Alumni Survey .....	2264	1	.5	1132
Current Clinician Survey .....	1411	1	.5	706
Site Administrator Survey .....	252	1	.5	126
Total .....	3927	1	.5	1964

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: April 30, 1997.

**J. Henry Montes,**

*Director, Office of Policy and Information Coordination.*

[FR Doc. 97-12054 Filed 5-7-97; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Request for Nominations of Representatives to the Advisory Committee on Infant Mortality**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The HRSA is requesting nominations for representatives of specified constituencies or organizations to serve on the Advisory Committee on Infant Mortality (ACIM). The composition of the ACIM is being expanded to meet new congressional requirements to provide advice and guidance to the Secretary on health care services provided to mothers and newborns, as authorized under Section 606 ("Newborns" and Mothers' Health Protection Act of 1996") of Pub. L. 104-204, the Veterans Administration-Housing and Urban Development Appropriations Act of 1997.

Many of the categories of constituencies or organizations specified by Section 606(b) of the Act for membership on the panel are already represented on the ACIM. Additionally, Congress has identified other organizations with specific areas of expertise for inclusion on the panel. Those categories not already represented in the current membership or that have not been specifically identified by Congress include: health plans; hospitals; employers; and consumers. Nominations are being solicited for persons of national stature representing these four categories who are knowledgeable about maternal and infant health, study methods and quality assurance.

**DATES:** Nominations should be received by June 9, 1997.

**ADDRESSES:** All letters of nominations, specifying the nominee's expertise and category they are representing, and curricula vitae of the nominees should

be sent to Audrey H. Nora, M.D., M.P.H., Director, Maternal and Child Health Bureau, and Assistant Surgeon General, 5600 Fishers Lane, Room 18-05, Rockville, MD 20857, within 30 days of this **Federal Register** notice.

**FOR FURTHER INFORMATION CONTACT:**

Woodie Kessel, M.D., M.P.H., Director, Division of Science, Education, and Analysis, 5600 Fishers Lane, Room 18A-55, Rockville, MD 20857.

**SUPPLEMENTARY INFORMATION:** Section 606 of Pub. L. 104-204 requires health plans and insurance carriers that provide maternity benefits to provide coverage for postpartum hospital stays of at least 48 hours for uncomplicated vaginal deliveries and 96 hours for Cesarean sections. Section 606(b) of the Act directs the Secretary to establish an advisory panel to review data on health care services provided to mothers and newborns, to study several issues related to quality of care and length of maternity stay, and to report to Congress within 5 years on a series of issues related to private sector improvements in prenatal and postnatal care. An interim report is required in 18 months.

The law specifies that the advisory panel be chosen from public and private sector entities with expertise in areas such as patient care, patient education, quality assurance, outcomes research, and consumer issues, and include representatives of health care practitioners, health plans, hospitals, employers, States, and consumers. The Senate Labor and Human Resources Committee Report, S. Rpt. 104-326, which accompanied the "Newborns' and Mothers' Health Protection Act of 1996" (S. 969), further elaborates on the composition of the advisory panel, identifying a number of organizations by name as well as category for membership. Congressionally-identified organizations in categories not already represented by current ACIM members have already been invited to nominate a representative to the advisory panel.

On January 29, 1997, the Secretary designated the ACIM to carry out the additional responsibilities of the advisory panel authorized under Section 606(b) of the Act, with the understanding that its composition would be expanded to meet the broadened membership requirements of Section 606(b) of the Act. These membership categories are health plans, hospitals, employers, and consumers. Organizations in categories not otherwise represented by current ACIM members are being invited via this notice to nominate a representative to serve on the advisory panel. If no nomination is received from entities

within these categories, the MCHB will nominate a member to represent that constituency's interests.

The Advisory Committee on Infant Mortality was established in 1991 to advise the Secretary on HHS programs directed at reducing infant mortality and improving the health status of pregnant women and infants. The Committee is governed by provisions of Public Law 92-463, as amended, (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees. The Committee currently consists of the Assistant Secretary for Health, the Assistant Secretary for Children and Families, the Administrator, Health Care Financing Administration and the Assistant Secretary for Food and Consumer Services, USDA, as ex-officio members, and 21 members, including the chair, selected by the Secretary. Both the public and private sectors are represented. Members from the private sector represent corporations and foundations, the media, the clergy, health and other professional organizations. Members from the public sector represent administrators from State and local levels, including minority, rural and urban interests. The ACIM receives administrative support from HRSA's Maternal and Child Health Bureau (MCHB).

Members of the advisory panel will serve for a 4-year term. The panel will meet 3 to 4 times per year.

Dated: May 2, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

[FR Doc. 97-11915 Filed 5-7-97; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Advisory Council; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of June 1997:

**Name:** Advisory Committee on Infant Mortality.

**Date and Time:** June 5, 1997, 9:00 a.m.—5:00 p.m., June 6, 1997, 8:30 a.m.—4:00 p.m.

**Place:** Windham Bristol Hotel, 2430 Pennsylvania Avenue, Washington, DC 20037.

The meeting is open to the public.