Fuel Rating Determination: 2 hours × 350 industry members = 700 burden hours.

Fuel Rating Certification: 24 hours × 350 industry members = 8,400 burden hours.

Labeling: 1 hour × 1,400 industry members = 1,400 burden hours.

Recordkeeping associated with fuel rating determination and certification: 6 minutes × 1,600 industry members = 160 burden hours.

AFV labeling: producing: 2.5 hours × 40 models = 100 burden hours; posting: 2 minutes × 350,000 AFVs = 11,667 burden hours; recordkeeping: 30 minutes × 58 industry members = 29 burden hours.

Total 1995 burden hours: 22,500 (rounded).

As indicated above, ''burden'' for OMB purposes is defined to exclude effort that would be expended regardless of any regulatory requirement. 5 CFR 1320.2(b)(2). One-time letters of certification or the use of permanent marks or labels on electric vehicle fuel dispensing systems may be used once and thereafter remain in effect for several years. Also, the specifications for labels were designed to produce a label that would withstand the elements for several years. Nonetheless, there is still some burden associated with producing, distributing, posting, and maintaining new labels. There also will be some burden associated with new or revised certification of fuel ratings. Accordingly, we have revised the burden hour estimates as follows:

(Fuel Rating Determination numbers are no longer applicable because these numbers are no longer associated with start-up costs and are determined during the ordinary course of business).

Fuel Rating Certification: 1 hour×350 industry members=350 burden hours.

Labeling: 1 hour×280 industry members=280 burden hours. (This calculation assumes that only 20% of 1,400 industry members will be affected because it is unnecessary to replace labels each year.)

Recordkeeping associated with fuel rating determination and certification: 6 minutes×1,600 industry members=160 burden hours.

AFV labeling: producing: 2.5 hours×5 new models per year=12.5 burden hours; posting: 2 minutes×20,000 new AFVs per year=667 burden hours. (The number of new AFVs per year was determined after discussions with staff at the Department of Energy.); recordkeeping: 30 minutes×58 industry members=29 burden hours.

Total 1997 burden hours: approximately 1,500 (rounded).

To re-emphasize, the FTC has not amended, nor is it in the process of amending, the Alternative Fuel Rule. The burden hours associated with the Rule have been recalculated because, as originally anticipated when the Rule was promulgated in 1995, many of the information collection requirements and the originally-estimated hours were associated with one-time start up tasks of implementing standards systems and processes. In addition, the FTC has reduced the estimated burden hours because the industry complies with these requirements in the ordinary course of business, and the definition of ''burden'' excludes effort that would be expended regardless of any regulatory requirement. 5 CFR 1320.2(b)(2). Therefore, the cost to the industry associated with complying with the requirements of this Rule is expected to be minimal.

FOR FURTHER INFORMATION CONTACT: Elaine W. Crockett (202) 326–2453; FAX (202)–326–2447; E-mail: ecrockett@ftc.gov

Jay C. Shaffer,

Acting General Counsel.

[FR Doc. 97–19629 Filed 7–24–97; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

AHCPR Opportunity for Cooperative Research and Development Agreements and Other Public-Private Partnerships

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

ACTION: Notice.

SUMMARY: The Agency for Health Care Policy and Research (AHCPR) is seeking specific expressions of interest and general public comments regarding the Agency's intention to develop additional public-private partnerships for research to enhance quality and access in the nation's health care system.

DATES: To receive immediate consideration, proposals or public comments must be received by September 23, 1997. However, proposals may be submitted at any time.

ADDRESSES: Proposals or comments may be sent directly to: Larry T. Patton, Director, Office of Policy Analysis, Agency for Health Care Policy and Research, 2101 E. Jefferson Street, Rockville, Md 20852. (Email: 1patton@ahcpr.gov). Portions of proposals containing proprietary information may be labeled as confidential, if necessary.

FOR FURTHER INFORMATION CONTACT: Howard Cohen, J.D., at 301–594–1321, ext. 1016.

SUPPLEMENTARY INFORMATION: AHCPR is planning to enter into ''Cooperative Research and Development Agreements'' (CRADAs) and other public-private partnerships pursuant to the Federal Technology Transfer Act of 1986, as amended, and Executive Order 12591 of October 10, 1987, for collaboration on research projects as described below.

Background

AHCPR is the Federal agency charged with supporting research to enhance the quality, appropriateness, and effectiveness of health care services and access to those services. AHCPR supports the development of scientific knowledge and disseminates information to strengthen consumer and clinical decisionmaking, and to improve the organization of public and private systems of health care delivery. AHCPR also has the lead for the special initiative of the Secretary of Health and Human Services (HHS) on improving the quality of care throughout the nation's health systems.

AHCPR's strategic goals in research encompass projects designed to:

- Help consumers make more informed choices.
- Determine what works best in clinical practice.
- Measure and improve quality of care.
- Monitor and evaluate health care delivery.
- Improve the cost-effective use of health care resources.
- Assist health care policymakers.
- Build and sustain the health services research infrastructure.

AHCPR historically has used public-private partnerships to strengthen its dissemination activities, including the publication of clinical practice guidelines and co-sponsorship of conferences designed to expedite the translation of research findings into everyday health car practice. More recently, AHCPR has expanded its partnership roles with collaborations to support health services research projects through a variety of models, including the Cooperative Research and Development Agreement (CRADA).

AHCPR's interest in expanding its public-private partnerships is precipitated by three primary factors. First, demand for the products of health

services research is growing beyond the Agency's ability to support it alone. Second, the rapid changes in health care markets and delivery systems create a need to re-examine the assumptions underlying the organization and delivery systems of health care. Third, some of the relevant data required to support health services research on health care innovations currently reside in the private sector. AHCPR believes that additional collaborations with the private-sector will help to better target Federal resources, and ensure the relevance of AHCPR's research to the emerging needs of the health care delivery systems and the growing demand for information.

AHCPR is encouraging new public-private partnerships for collaborative research projects, with groups representing every segment of the health care community:

- Patients and consumers.
- Practitioners and organizations concerned with the delivery of clinical care.
- Health plans and related organizations.
- Purchasers of health care, including employers, labor unions, and other group purchasers.
- Producers of health care products and equipment, including research-based manufacturers of pharmaceuticals, medical devices, and biotechnology products.
- Researchers, policymakers, and research organizations.

AHCPR will permit CRADA partners to negotiate with the Agency for a patent license, or similar license, to use or market (and develop further) any inventions, intellectual property, or copyrightable material created or developed through the collaboration. Partners will be expected to provide resources to facilitate the collaboration, including funds to support the costs of the research. The typical term of a CRADA will range from 2 to 5 years.

Other Federal agencies, including the National Institutes of Health (NIH) and Health Care Financing Administration (HCFA) of the Department of Health and Human Services (DHHS), share AHCPR's interest in conducting research projects, as well as disseminating and utilizing the Agency's research results, frequently leading to joint support and technical collaborations. For example, HCFA, as a purchaser of health care services for Medicare and Medicaid beneficiaries, shares AHCPR's interest in the area of health care quality measurement and improvement. AHCPR and HCFA anticipate that it will often be effective and appropriate to cooperate in joint public-private partnerships for collaborative research endeavors. Responses proposing multi-agency action will receive a coordinated review.

AHCPR's Role in Partnerships

As a recognized leader in health services research, AHCPR has unique capabilities to bring to public-private partnership, including:

- Expertise in research methodology, including both quantitative and qualitative methods.
- Demonstrated objectivity and recognized excellence in research.
- Management of large national and state health care databases (including the Medical Expenditures Panel Surveys (MEPS), Health Care Cost and Utilization Project (HCUP), and HIV Cost and Services Utilization Study (HCSUS), as well as access to, and experience with, other major health-related national databases.
- Expertise in evaluating cost-effectiveness, medical outcomes, and appropriateness of different clinical approaches and technologies for specific diseases or treatment regimes.
- Expertise in working with policymakers and legislators to evaluate trends occurring in the health care market and to provide data to assist in decisionmaking.

Recent AHCPR partnerships with nongovernmental organizations, leading toward important research initiatives, include:

- Development of the Computerized Needs-Oriented Quality Measurement Evaluation System (CONQUEST), which enables health plans, practitioners, employers, and other users to identify and compare alternative quality of care measures in a meaningful way; and inauguration of the Quality Measurement Network (QMNet), which builds on the CONQUEST system and attempts to create a self-sufficient, comprehensive and publicly accessible quality measurement resource. These quality of care activities have involved AHCPR's working with private-sector lead organizations in health care quality improvement and measurement, academia, and others.
- Study of stroke prevention strategies in managed care organizations, particularly on ways to translate the findings of AHCPR's Patient Outcomes Research Team (PORT) into actual clinical practice across a variety of managed care models, using a three-way agreement involving AHCPR, PORT research institutions, and a major drug manufacturer.
- Support for HCSUS, an HIV-related research project employing a cooperative agreement between AHCPR and RAND, in which investigators look at the delivery and costs of HIV/AIDS treatment. A partnership stemming from the HCSUS project, with funding from major pharmaceutical firms and technical assistance from AHCPR and other research partners, is enabling RAND to examine factors associated with initiating and adhering to combination therapies, which include protease inhibitors, for HIV/AIDS.

AHCPR is now exploring new models for partnerships with other organizations. Areas for potential collaborations include, but are not limited to:

- How the structure and organization of health care markets and the evolving managed care systems impact on cost, quality, and access;
- Changes in the delivery of care such as clinical integration and new models of care, and how particular elements of managed care affect quality and outcomes;
- Changes in financing mechanisms for health care coverage, including the impact of employer coalitions and value-based purchasing efforts;
- Ways to use governmental and private sector health care databases for applying advanced data-analysis techniques to improve in health care delivery;

Examining primary care delivery in terms of cost, quality, and patient outcomes;

- The use of consumer satisfaction initiatives in the design of improved health care systems;
- Development of syntheses of scientific evidence on specific clinical topics and technologies;
- Disseminating evidence-based practice information to the clinical community;
- Evaluating the relative impact (in terms of cost, quality, and outcomes) of new medical technologies, interventions, and innovations; and
- Expanding efforts to explore and evaluate outcomes and effectiveness of various treatments for the same condition.

Partners' Role

The role of the private partner in these research collaborations could include opportunities to:

- Support research design and study through the provision of funding or other valuable research resources (such as data, research personnel, equipment).
- Partner in the design, coordination, and conduct of research studies to evaluate the effectiveness and cost of health care delivery.
- Provide clinical or other technical support to studies.

• Improve consumer and practitioner access to research results through innovations in dissemination and evaluation.

Dated: July 14, 1997.

John M. Eisenberg,

Administrator.

[FR Doc. 97–19064 Filed 7–24–97; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency For Health Care Policy and Research

Contract Review Meeting

In accordance with Section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), announcement is made of the following advisory subcommittee scheduled to meet during the month of August, 1997:

Name: Subcommittee on Development and Implementation of the National Guideline Clearinghouse (NGC).

Date and Time: August 22, 1997, 8:30 a.m.–4:30 p.m.

Place: Agency for Health Care Policy and Research, Executive Office Center, 2101 East Jefferson Street, Rockville, MD 20852.

This meeting will be closed to the public.

Purpose: The Subcommittee's charge is to provide, on behalf of the Health Care Policy and Research Contracts Review Committee, advice and recommendations to the Secretary and to the Administrator, Agency for Health Care Policy and Research (AHCPR), regarding the scientific and technical merit of contract proposals submitted in response to a specific Request for Proposals regarding the NGC that was published in the Commerce Business Daily on May 16, 1997.

The purpose of this contract is to complete the technical work to develop and implement a National Guideline Clearinghouse. The functions of the NGC will be four-fold: (1) Make widely available, through Internet access and HyperLink to other electronic access points, a comprehensive relational database of abstracts and, where possible, full-text clinical practice guidelines; (2) describe attributes of individual clinical practice guidelines contained within the database; (3) compare and contrast clinical practice guidelines on similar topics; and (4) make available other guideline-related material, including products from AHCPR-supported Evidence-based Practice Centers. The NGC is being developed jointly with the American Association of Health Plans and the American Medical Association.

Agenda: The session of the Subcommittee will be devoted entirely to the technical review and evaluation of contract proposals submitted in response to the above referenced Request for Proposals. The Administrator, AHCPR, has made a formal determination that this meeting will not be open to the public. This action is necessary to protect the free exchange of views and avoid undue interference with Committee and Department operations, and safeguard confidential proprietary information and personal information concerning individuals associated with the proposals that may be revealed during the sessions. This action is taken in accordance with section 10(d) of the Federal Advisory Committee Act, 5 U.S.C., Appendix 2, implementing regulations, 41 CFR section 101–6.1023, and procurement regulations, 48 CFR section 315.604(d).

Anyone wishing to obtain information regarding this meeting should contact Al Deal, Office of Management, Contracts Management Staff, Agency for Health Care Policy and Research, Executive Office Center, 2101 East Jefferson Street, Suite 601, Rockville, Maryland 20852, 301/594–1445.

Dated: July 17, 1997.

John M. Eisenberg,

Adminstrator.

[FR Doc. 97–19609 Filed 7–24–97; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee for Injury Prevention and Control: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Advisory Committee for Injury Prevention and Control (ACIPC).

Times and Dates: 2 p.m.–4 p.m., August 11, 1997; 2 p.m.–4 p.m., August 12, 1997.

Place: National Center for Injury Prevention and Control (NCIPC), CDC, Koger Center, Vanderbilt Building, 1st Floor, Conference Room 1006, 2939 Flowers Road, South, Atlanta, Georgia 30341. (Exit Chamblee-Tucker Road off I–85.)

Status: Closed: 2 p.m.–4 p.m., August 11, 1997; Open: 2 p.m.–3:10 p.m., August 12, 1997; Closed: 3:10 p.m.–4 p.m., August 12, 1997.

Purpose: This committee makes recommendations regarding policies, strategies, objectives, and priorities, and reviews progress toward injury prevention and control. The Committee provides advice on the appropriate balance and mix of intramural and extramural research, including laboratory research, and provides guidance on intramural and extramural scientific program matters, both present and future, particularly from a long-range viewpoint. The Committee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Committee recommends areas of research to be supported by contracts and provides concept review of program proposals and announcements.

Matters To Be Discussed: The meeting will convene in closed session from 2 p.m. to 4 p.m. on August 11, 1997. The purpose of this closed session is for the Science and Program Review Work Group to consider individual injury control research grant applications recommended for further consideration by the CDC Injury Research Grant Review Committee. On August 12, 1997, from 3:10 p.m. to 4 p.m., the meeting will convene in closed session in order for the full Committee to vote on a funding recommendation. These portions of the meeting will be closed to the public in accordance with provisions set forth in section 552(c) (4) and (6) of title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92–463.

During the open portion of the meeting, the Committee will discuss (1) the status of the Institute of Medicine study on injury prevention and control; (2) the next meeting of the Advisory Committee on November 18, 1997, to be held in conjunction with the Safe America National Conference on Injury Prevention and Control, in Washington, D.C., on November 19–21; and (3) the development of the Safe America Partnership.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Mr. Thomas E. Blakeney, Acting Executive Secretary, ACIPC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K61, Atlanta, Georgia 30341–3724, telephone 770/488–1481.

Dated: July 21, 1997.

Nancy C. Hirsch,

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

[FR Doc. 97–19601 Filed 7–24–97; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity: Comment Request

Proposed Projects

Title: National Directory of New Hires.

OMB No.: New Request.

Description: Public Law 104–193, the ''Personal Responsibility and Work Opportunity Reconciliation Act of 1996,'' requires the Office of Child Support Enforcement (OCSE) to develop a National Directory of New Hires (NDNH) to improve the ability of State child support agencies to locate noncustodial parent and collect child support across State lines.

This notice solicits comments under normal reports clearance procedures and supersedes a previous **Federal**