

products may have been affected by the conduct.

In a letter received by FDA on March 10, 1995, Dr. Shainfeld notified FDA of his acquiescence to debarment, as provided for in section 306(c)(2)(B) of the act. A person subject to debarment is entitled to an opportunity for an agency hearing on disputed issues of material fact under section 306(i) of the act, but by acquiescing to debarment, Dr. Shainfeld waived his opportunity for a hearing and any contentions concerning his debarment.

II. Findings and Order

Therefore, the Deputy Commissioner for Operations, under section 306(a) of the act, and under authority delegated to him (21 CFR 5.20), finds that Dr. Fredrick Shainfeld has been convicted of a felony under Federal law for conduct: (1) Relating to the development or approval, including the process for development or approval, of a drug product (21 U.S.C. 335a(a)(2)(A)); and (2) relating to the regulation of a drug product (21 U.S.C. 335a(a)(2)(B)).

As a result of the foregoing findings and based on his notification of acquiescence, Dr. Fredrick Shainfeld is permanently debarred from providing services in any capacity to a person with an approved or pending drug product application under section 505, 507, 512, or 802 of the act (21 U.S.C. 355, 357, 360b, or 382), or under section 351 of the Public Health Service Act (42 U.S.C. 262), effective March 10, 1995, the date of notification of acquiescence (21 U.S.C. 335a(c)(1)(B) and (c)(2)(A)(ii) and 21 U.S.C. 321(dd)). Any person with an approved or pending drug product application who knowingly uses the services of Dr. Shainfeld, in any capacity, during his period of debarment, will be subject to civil money penalties. If Dr. Shainfeld, during his period of debarment, provides services in any capacity to a person with an approved or pending drug product application, he will be subject to civil money penalties. In addition, FDA will not accept or review any abbreviated new drug applications submitted by or with the assistance of Dr. Shainfeld during his period of debarment.

Any application by Dr. Shainfeld for termination of debarment under section 306(d)(4) of the act should be identified with Docket No. 95N-0280 and sent to the Dockets Management Branch (address above). All such submissions are to be filed in four copies. The public availability of information in these submissions is governed by 21 CFR 10.20(j). Publicly available submissions

may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: February 8, 1996.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 96-4473 Filed 2-27-96; 8:45 am]

BILLING CODE 4160-01-F

Health Care Financing Administration

Public Information Collection Requirements Submitted for Public Comment and Recommendations

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, is publishing the following summaries of proposed collections for public comment. 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. Type of Information Collection

Request: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Medicare and Medicaid Disclosure of Ownership and Control Interest Statement; *Form No.:* HCFA-1513; *Use:* The information provided on this form is used by State agencies and HCFA regional offices to determine whether providers meet the eligibility requirements for Titles 18 and 19 (Medicare and Medicaid) and for grants under Titles 5 and 20. Review of ownership and control is particularly necessary to prohibit ownership and control for individuals excluded under Federal Fraud statutes; *Frequency:* On Occasion; *Affected Public:* Business or other for profit, not-for-profit; *Number of Respondents:* 60,000; *Total Annual Hours:* 30,000.

2. Type of Information Collection

Request: Extension of a currently approved collection; *Title of Information Collection:* Evaluation of the Program of All-Inclusive Care for the Elderly (PACE) Demonstration; *Form No.:* HCFA-R-165; *Use:* This survey will

collect data on functional status, service utility, and out-of-pocket costs, and satisfaction for a sample of applicants to the PACE program. This information will be to analyze the decision to participate in PACE and the impact of the program; *Frequency:* Semi-annually; *Affected Public:* Individuals and households; *Number of Respondents:* 1,833; *Total Annual Hours:* 3,745.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.ssa.gov/hcfa/hcfahp2.html>, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 16, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-4534 Filed 2-27-96; 8:45 am]

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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 Projects

1. National Health Service Corps (NHSC) Professional Training and Information Questions (PTIQs)—The mission of the National Health Service Corps (NHSC) is to provide health professionals to those communities and populations located in federally designated health professional shortage areas (HPSAs) of greatest need. Through the NHSC Scholarship Program, health professions students receive scholarship

support in return for a commitment to serve in a HPSA for a specified period of time. The NHSC will utilize the Professional Training and Information Questionnaire (PTIQ) to collect information from NHSC scholarship recipients on individual interests, family concerns, and assignment preferences which will be used in matching scholars to HPSAs with the greatest need for providers.

Burden estimates are as follows:

Type of respondent	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Physicians	200	1	0.50	100
Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives	50	1	0.50	25

Estimated Total Annual Burden: 125 hours.

2. Annual Administrative Report for Titles I and II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990—Extension and Revision—The Uniform Reporting System provides for reports by grantees under Titles I and II of the Ryan White CARE Act of aggregate information about disbursement of funds, number of clients served and services provided, demographic information about clients served, and costs of provided services.

Title I grantees include local governments that meet legislative criteria for disproportionate impact of AIDS. Title II grantees include the 50 States, the District of Columbia, and a small number of territories. Grantees obtain the information for the AAR from individual service providers. Automated reporting alternatives are available to grantees and to providers at the grantee's option. This information is used to determine whether the purposes of the Act and the grants made pursuant to it are being fulfilled. The information is also used locally for planning and priority setting. Respondents include state and local governments, individuals, non-profit institutions,

businesses and other for-profit organizations, and small businesses and entities. HRSA proposes to make some changes in the data elements, to improve their value and/or reduce the burden of data collection and reporting. To allow adequate lead time, the changes would be effective for data collection by service providers beginning in January, 1998. In addition to minor technical changes, the proposed changes include:

- In all reports, deleting elements concerning total expenditures and expenditures by accounting categories, because of the difficulty these elements posed for respondents;
- In all reports, adding several age breakouts for adult clients (currently a single figure is reported for all adults), to increase the local and national usefulness of the data;
- Eliminating the Modified AAR, which was used by fewer than 2% of providers, so that lead or fiscal agents for fee-for-service arrangements would instead submit a Standard AAR covering all of their subcontractors;
- In the Standard AAR, deleting elements concerning staffing levels and whether staff were added with CARE funds (useful in initial reports, these elements would be deleted now to reduce reporting burden);

• In the Standard AAR, adding elements for the number of clients receiving office-based health services, case management services, and home health care services (currently only the number of service encounters in these areas is reported), because of the importance of knowing how many people are receiving these services;

• Also in the Standard AAR, refining the list of "Other Health and Social Support Services" to add several services that have been cited frequently as important omissions (e.g., alternative therapy, medications, referrals and translation) and to delete or consolidate some existing categories (e.g., foster care/adoption and the two current categories for hospice care); and

• In the AIDS Drug Assistance Program AAR, adding some recently emerging drugs to the list of those to be reported on and deleting other drugs no longer widely used.

HRSA invites comment on another possible change, which has been suggested by numerous respondents: deleting the elements in the Standard AAR that deal with clients' primary HIV exposure categories.

The annual burden estimates are as follows:

Type of respondent	No. of respondents	Annual responses per respondent	Hours/response	Total burden hours
State Grantees	52	1	63	3,276
Local Grantees	49	1	25	1,225
Providers	2,500	1	23	57,500

Estimated total annual burden: 62,001 hours.

3. Health Professions Student Loan (HPSL) Program and Nursing Student

Loan (NSL) Program Administrative Requirements (Regulations and Policy) (0915-0047)—Extension, No Change—The regulations for the Health

Professions Student Loan (HPSL) Program and Nursing Student Loan (NSL) Program contain a number of reporting and recordkeeping

requirements for schools and loan applicants. The requirements are essential for assuring that borrowers are aware of their rights and responsibilities, that schools know the

history and status of each loan account, that schools pursue aggressive collection efforts to reduce default rates, and that they maintain adequate records for audit and assessment purposes.

Schools are free to use information technology to manage the information required by the regulations. The estimated burden is as follows:

Recordkeeping Requirements:

Reg./section requirement	Number of record-keepers	Hours per year	Total burden hours
HPSL Program:			
57.206(b)(2) Documentation of Cost of Attendance	290	1.17	339
57.208(a) Promissory Note	290	1.25	363
57.210(b)(1)(i) Documentation of Entrance Interview	290	1.25	363
57.210(b)(1)(ii) Documentation of Exit Interview	313	.33	103
57.215 (a) & (d) Program Records	313	10	3,130
57.215(b) Student Records	313	10	3,130
57.215(c) Repayment Records	313	18.75	5,869
HPSL subtotal	313	42.48	13,297
NSL Program:			
57.306(b)(2)(ii) Documentation of Cost of Attendance	435	.3	131
57.308(a) Promissory Note	435	.5	218
57.310(b)(1)(i) Documentation of Entrance Interview	435	.5	218
57.310(b)(1)(ii) Documentation of Exit Interview	909	.17	155
57.315 (a)(1) & (a)(4) Program Records	909	5.0	4,545
57.315(a)(2) Student Records	909	1.0	909
57.315(a)(3) Repayment Records	909	2.5	2,273
NSL subtotal	909	10.56	8,449

Reporting Requirements:

Req./Sect. Requirement	No. of Respondents	Responses Per Respondent	Total Annual Responses	House Per Response	Total Hour Burden
HPSL Program:					
57.205(a)(2) Excess Case	[Burden included under 0915-0044 and 0915-0046]				
57.206(a)(3) Student Financial Aid Transcript	5,000	1	5,000	0.25	1,250
57.208(c) Loan Information Disclosure	290	72.41	21,000	.083	1,743
57.210(a)(3) Deferment Eligibility	[Burden included under 0915-0044]				
57.210(b)(1)(i) Entrance Interview	290	72.41	21,000	.167	3,507
57.210(b)(1)(ii) Exit Interview	313	15.97	5,000	.483	2,415
57.210(b)(1)(iii) Notification of Repayment	313	35.14	11,000	.167	1,837
57.210(b)(1)(iv) Notification During Deferment	313	28.75	9,000	.083	747
57.210(b)(1)(vi) Notification of Delinquent Accounts	313	15.97	5,000	.167	835
57.210(b)(1)(x) Credit Bureau Notification	313	12.78	4,000	.6	2,400
57.210(b)(4)(i) Write-off of Uncollectible Loans	26	1.8	48	.5	24
57.211(a) Disability Cancellation	16	1	16	.75	12
57.215(a) Reports	[Burden included under 0915-0044]				
57.215(a)(2) Admin. Hearings	0	0	0	0	0
57.216a(d) Admin. Hearings	0	0	0	0	0
HPSL Subtotal	5,313	15.26	81,064	.182	14,770
NSL Program:					
57.305(a)(2) Excess Cash	[Burden included under 0915-0044 and 0915-0046]				
57.306(a)(2) Student Financial Aid Transcript	3,000	1	3,000	.25	750
57.310(b)(1)(i) Entrance Interview	435	27.59	12,000	.167	2,004
57.310(b)(1)(ii) Exit Interview	909	4.4	4,000	.483	1,932
57.310(b)(1)(iii) Notification of Repayment	909	7.37	6,700	.167	1,119
57.310(b)(1)(iv) Notification During Deferment	909	.77	700	.083	58
57.310(b)(1)(vi) Notification of Delinquent Accounts	909	5.5	5,000	.167	835
57.310(b)(1)(x) Credit Bureau Notification	909	9.9	9,000	.6	5,400
57.310(b)(4)(i) Write-off of Uncollectible Loans	45	2.13	96	.5	48
57.311(a) Disability Cancellation	14	1	14	.75	11
57.312(a)(3) Evidence of Educational Loans	[Inactive provision]				
57.315(a)(1) Reports	[Burden included under 0915-0044]				
57.315(a)(1)(ii) Admin. Hearings	0	0	0	0	0
57.316a(d) Admin. Hearings	0	0	0	0	0
NSL Subtotal	3,909	10.36	40,510	.30	12,157

Estimated total annual burden: 48,673 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: February 28, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96-4475 Filed 2-27-96; 8:45 am]

BILLING CODE 4160-15-M

Special Projects of National Significance; Integrated Service Delivery Models

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Availability of Funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 Grants for Special Projects of National Significance (SPNS) funded under the authority of Section 2618(a) of the Public Health Service Act, as established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, dated August 18, 1990. This announcement solicits applications addressing integrated service delivery for persons with HIV disease. Under this announcement, applicants must respond to one of the two categories delineated in the section entitled, "Description of Categories". Applicants can apply for project periods of up to 5 years. The SPNS program, in collaboration with the SPNS funded HIV Evaluation Technical Assistance Center grantee, will provide technical assistance and support for project's program evaluation studies.

This program announcement is subject to the appropriation of funds. Applicants are advised that this program announcement is a contingency action being taken to assure that should funds become available for this purpose, they can be awarded in a timely fashion consistent with the needs of the program as well as to provide for an even distribution of funds throughout the fiscal year. At this time, given a continuing resolution and the absence of FY 1996 appropriations for the Ryan White CARE Act programs, the amount of available funding for these specific grant programs cannot be estimated.

The SPNS program is designed to demonstrate and evaluate innovative and potentially replicable HIV service

delivery models. The authorizing legislation specifies three SPNS program objectives: (1) To assess the effectiveness of particular models of care; (2) to support innovative program design; and (3) to promote replication of effective models.

DATES:

Notification

In order to allow HRSA to plan for the Objective Review Process, applicants are encouraged to contact the grants office in writing to notify HRSA of their intent to apply. This notification serves to inform HRSA of the anticipated number of applications and the category (and sub-category, if applicable) in which applications are being submitted. If notification is offered, it should be received within 30 days after publication of the Notice of Availability of Funds in the Federal Register. The address is: Grants Management Branch; Bureau of Health Resources Development; Health Resources and Services Administration; Room 7-15; Rockville, MD 20857.

Application

Applications for these announced grants must be received in the Grants Management Branch by the close of business May 28, 1996, to be considered for competition. Applications will meet the deadline if they are either: (1) received on or before the deadline date; or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted as proof of timely mailing. Applications received after the deadline will be returned to the applicant.

ADDRESSES: Grant applications, guidance materials, and additional information regarding business, administrative, and fiscal issues related to the awarding of grants under this Notice may be requested from Mr. Neal Meyerson, Grants Management Branch, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-15, Rockville, MD, 20857. The telephone number is (301) 443-2280 and the FAX number is (301) 594-6096. Applicants for grants will use Form PHS 5161-1, approved under OMB Control No. 0937-0189. Completed applications should be sent to the Grants Management Branch.

FOR FURTHER INFORMATION CONTACT: Additional technical information may be obtained from the SPNS Branch, Office of Science and Epidemiology,

Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A-07, Rockville, MD 20857. The telephone number is (301) 443-9976 and the FAX number is (301) 594-2511.

HEALTHY PEOPLE 2000 OBJECTIVES: The Department of Health and Human Services (DHHS) urges applicants to address specific objectives of Healthy People 2000 in their work plans. Potential applicants may obtain a copy of Healthy People 2000 (Full Report; Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 200402-9325 (Telephone 202-783-3238).

SUPPLEMENTARY INFORMATION:

Background and Objectives

The SPNS program endeavors to advance knowledge and skills in HIV services delivery, stimulate the design of innovative models of care, and support the development of effective delivery systems for these services. SPNS accomplishes its purpose through funding and technical support of innovative HIV service delivery models. For purposes of this announcement, models seeking SPNS support must address one of the two categories described below.

In establishing the current special project categories, consideration was given to priority service areas identified in the SPNS concept paper, *Future Directions: Increasing Knowledge about Health and Support Service Delivery to People with HIV Disease*. This document was developed through interviews with and written comments from, key HRSA staff and experts inside and outside the U.S. Public Health Service, following a review of relevant HIV-related service delivery, research, evaluation, policy and planning documents. Consideration was also given to recommendations expressed during the 1995 *White House Conference on HIV and AIDS*. Participants in the White House Conference and others recommended that collaborative efforts be made by the Departments of Health and Human Services and Housing and Urban Development to integrate funding streams for projects that address the needs of clients with multiple diagnoses.

The SPNS program supports innovative projects for which implementation, utilization, costs, and outcomes can be evaluated rigorously.