

II. Agenda

On Monday, June 2, 1997, the meeting will begin at 9:00 a.m. with the call to order by the Council Chairman. The Administrator, AHCPR, will update the status of current Agency programs and initiatives. The Council will then discuss the Agency's role in quality, what steps are necessary for building and maintaining a vital health services research community, and how the Agency can best address emerging issues.

The meeting will adjourn at 4:00 p.m. Agenda items are subject to change as priorities dictate.

Dated: May 15, 1997.
John M. Eisenberg,
Administrator.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[30DAY-10-97]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. AIDS Prevention and Surveillance Project Reports, (0920-0208)—Extension—CDC funds cooperative agreements for 65 HIV Prevention Projects (50 states, 6 cities, 7 territories, Washington, D.C., and Puerto Rico). The cooperative agreements support

counseling, testing, referral, and partner notification programs conducted by official public health agencies of states, territories, and localities (project areas). HIV counseling and testing in STD clinics, Women's Health Centers, Drug Treatment Centers, and other health agencies has been described as a primary prevention strategy of the national HIV Prevention Program. These project areas have increased HIV counseling and testing activities to specifically reach more minorities and women of child bearing age.

CDC is responsible for monitoring and evaluating HIV prevention activities conducted under the cooperative agreement. Counseling and testing programs are a major component of the HIV Prevention Program. Without data to measure the impact of counseling and testing programs, priorities cannot be assessed and redirected to prevent further spread of the virus in the general population. CDC needs information from all project areas on the number of at-risk persons tested and the number positive for HIV. The HIV Counseling and Testing Report Form provides a simple yet complete means to collect this information. We are requesting a three year extension for this study. The total annual burden hours are 219.

Respondents	No. of respondents	No. of responses/re-spondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Manual Form Project Areas	22	4	2	176
Scan Form Project Areas	43	4	0.25	43

2. Employee Vital Status Letter (0920-0035)—Extension—The employee vital status letter is an update of a letter originally approved by OMB in 1977 and last approved in 1994. The vital status letter is used for a type of study known as "retrospective mortality." The retrospective mortality study involves the identification of a study population of present and former workers who were exposed to a toxic substance in the workplace that is suspected of causing a long term adverse health effect to the exposed workers. The adverse health

effects may be identified by observing the cause specific mortality in the study population and comparing that to the expected mortality. The study populations are identified through employment records of past and present workers in given industries where the suspected toxins are found. In order to identify these deaths, it is necessary to determine the vital status (i.e., whether the individual is alive or deceased) of all members of the study population as of a given cut-off date and then obtain

the medical certification of cause of death on all deceased members.

This letter is sent to study cohort members as a last resort. If the vital status of an individual cannot be determined from a number of available data sources (such as the National Death Index and the Social Security Administration), the letter is sent to determine if the respondent is deceased or alive—if deceased, the data and place of death is requested from next of kin. The total annual burden hours are 42.

Respondents	No. of respondents	No. of responses/re-spondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Workers	252	1	.166	42

Dated: May 16, 1997.

Wilma G. Johnson,

*Acting Associate Director for Policy Planning
And Evaluation, Centers for Disease Control
and Prevention (CDC).*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 746]

Preventing Alcohol-Exposed Pregnancies Among High-Risk Women in Special Settings; Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement program for the identification of settings in which high proportions of childbearing-age women are at risk of an alcohol-exposed pregnancy, and for the pilot-testing of model intervention programs aimed at reducing their risk. Women at greatest risk of an alcohol-exposed pregnancy are those who are drinking at moderate to heavy levels (including binge drinking) and are planning for, or are at risk of, becoming pregnant.

CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the priority areas of Substance Abuse: Alcohol and Other Drugs, and Maternal and Infant Health. (To order a copy of "Healthy People 2000," see section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under Sections 301 and 317(k)(2) of Public Service Health Act (42 U.S.C. 241 and 247b(k)(2)), as amended.

Smoke-Free Workplace

CDC strongly encourages all recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care,

and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit organizations, and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, community-based organizations and other public and private organizations, State and local health departments or their bona fide agents, and small, minority- and/or women-owned nonprofit businesses are eligible for these cooperative agreements. Also eligible to apply are other non-profit health, family planning, and substance abuse treatment providers, managed care organizations, and federally recognized Indian tribal governments.

Note: Effective January 1, 1996, Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, grant (cooperative agreement), contract, loan, or any other form.

Availability of Funds

Approximately \$900,000 will be available in FY 1997 to award up to 3 cooperative agreements. It is expected that the awards will range from \$250,000 to \$300,000. Projects will begin on or about September 30, 1997, and will be made for a 12-month budget period within a project period of up to 3 years. The funding estimate may vary and is subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Use of Funds Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became

effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, Section 503 of Pub. L. No. 104-208, provides as follows:

Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, . . . except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Section 101(e), Pub. L. No. 104-208 (September 30, 1996).

Definitions and Background

Definitions

An *alcohol-exposed pregnancy* is one in which a woman consumes moderate to heavy amounts of alcohol, or engages in binge drinking during the pregnancy. *Moderate* amounts of alcohol are defined as 7-13 drinks per week; *heavy* amounts of alcohol are defined as 14 or more drinks per week; and *binge* drinking is defined as 5 or more drinks on any one occasion. A woman who is at *high risk* for an alcohol-exposed pregnancy is one who engages in moderate to heavy alcohol use or binge drinking, is sexually active, and is not effectively practicing contraception. A *high-risk setting* is any site in which a large proportion of the women served in the site meet the above definition of high risk.

Background

Fetal Alcohol Syndrome (FAS) is one of the leading preventable causes of birth defects and developmental disabilities in the United States. In addition to FAS, which is caused by heavy prenatal alcohol use, studies have documented more subtle growth and neurodevelopmental deficits among