amended (5 U.S.C. Appendix 2), notice is given of a meeting of the Genetics Subcommittee of the National Bioethics Advisory Commission. The subcommittee members will continue addressing issues concerning genetics and genetic testing. The meeting is open to the public and opportunities for statements by the public will be provided.

**DATES:** Tuesday, December 9, 1997, 7:30 a.m. to 3:30 p.m.

LOCATION: The subcommittee will meet at the Crystal City Marriott Hotel, 1999 Jefferson Davis Highway, Arlington, Virginia 22202.

SUPPLEMENTARY INFORMATION: The President established the National Bioethics Advisory Commission (NBAC) by Executive Order 12975 on October 3, 1995. The mission of the NBAC is to advise and make recommendations to the National Science and Technology Council and other entities on bioethical issues arising from the research on human biology and behavior, and in the applications of that research including clinical applications.

### **Tentative Agenda**

The subcommittee will continue discussion on issues surrounding tissue samples including what they are, how they are collected and stored; the moral decisions involved in donation; religious, ethnic, and cultural differences in attitudes; and other related issues.

### **Public Participation**

The meeting is open to the public with attendance limited by the availability of space. Members of the public who wish to present oral statements should contact Ms. Patricia Norris by telephone, fax machine, or mail as shown below as soon as possible, prior to the meeting. The Chair of the subcommittee will reserve time for presentations by persons requesting an opportunity to speak. The order of speakers will be assigned on a first come first serve basis. Individuals unable to make oral presentations are encouraged to mail or fax their comments to the NBAC at least two business days prior to the meeting for distribution to the subcommittee members and inclusion in the record.

Persons needing assistance, such as sign language interpretation or other special accommodations, should contact NBAC staff at the address or telephone number listed below as soon as possible. FOR FURTHER INFORMATION CONTACT: Ms. Patricia Norris, National Bioethics Advisory Commission, MSC-7508, 6100 Executive Boulevard, Suite 5B01,

Rockville, Maryland 20892–7508, telephone 301–402–4242, fax number 301–480–6900.

Dated: November 25, 1997.

#### Henrietta D. Hyatt-Knorr,

Deputy Executive Director, National Bioethics Advisory Commission.

[FR Doc. 97–31463 Filed 12–1–97; 8:45 am] BILLING CODE 4160–17–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Agency for Health Care Policy and Research

### **Notice of 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 special emphasis panel scheduled to meet during the month of December 1997:

*Name:* Health Care Policy and Research Special Emphasis Panel.

Date and Time: December 10–11, 1997, 8:00 a m

*Place*: Doubletree Hotel, 1750 Rockville Pike, Conference Room TBA, Rockville, Maryland 20852.

Open December 10, 1997, 8:00 a.m. to 8:30 a.m.

Closed for remainder of meeting. Purpose: This Panel is charged with conducting the initial review of grant applications for research and demonstration projects on the use of measurements in improving the quality of health care. Applications are sought in three areas: (1) methods and measures to allow translation of scientific information about medical care into quality measures and strategies to improve clinical practice; (2) studies of the relationship between organizational change and quality measurement and improvement in health care; and (3) studies of the use of information derived from measurement about quality of care by consumers, patients, employers, providers, and insurers to make decisions.

Agenda: The open session of the meeting on December 10 from 8:00 a.m. to 8:30 a.m. will be devoted to a business meeting covering administrative matters and reports. During the closed sessions, the Panel will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, Agency for Health Care Policy and Research, has made a formal determination that these latter sessions will be closed because the discussions are likely to reveal personal information concerning individuals associated with the applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members, minutes of the meeting, or other relevant information should contact Sheila S. Simmons, Committee Management Officer, Agency for Health Care Policy and Research, Suite 400, Executive Office Center, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594–1452 ext. 1627.

Agenda items for all meetings are subject to change as priorities dictate.

Dated: November 25, 1997.

### John M. Eisenberg,

Administrator.

[FR Doc. 97–31589 Filed 12–1–97; 8:45 am]

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[INFO-98-05]

# Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

### **Proposed Projects**

1. National Exposure Registry (0923–0006)—Extension—The information collected is part of the Agency for Toxic Substances' on-going National Exposure Registry (NER)—a database composed of a listing of persons, along with health and demographic information, with documented exposure to selected toxic substances subregistries). The NER was

created in response to a Congressional Superfund mandate to create a registry of persons with exposure to hazardous substances and a registry of persons with illness or health problems as a result of exposure to hazardous substances. The mandate was created because there is little or no information available about the potential health effects of low-level, long-term exposure to hazardous substances on a general population—such as is found at waste sites. Unlike most occupationally

exposed populations, this environmentally-exposed population has extremely vulnerable components such as pregnant women, the elderly, those with compromised health, and children.

Since the adverse health effects are not known, neither is the latency period for the potential health effects.

Therefore, the NER is a longitudinal project: a baseline and biennial follow-ups that will continue until all parties involved agree the established criteria

for ending that chemical specific subregistry have been met. The questionnaire is administered (usually in a personal interview) at baseline; the same questionnaire is administered (using computer assisted interviews) to each registrant longitudinally. The data is compared to national norms at each collection and intrafile comparisons are made over multiple collections. Other than their time to participate, there is no cost to respondents. The period requested is for 3 years.

Respondents	No. of re- spondents	No. of re- sponses/re- spondent	Avg. bur- den/re- sponse (in hrs.)	Total bur- den (in hrs.)
Established Registrants New Registrants	7,333 4,300	1 1	0.25 .5	1,833 2,150
Total				3,983

Dated: November 25, 1997.

#### Wilma G. Johnson,

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

[FR Doc. 97–31533 Filed 12–1–97; 8:45 am] BILLING CODE 4163–18–P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **Centers for Disease Control and Prevention**

[30DAY-05-98]

# 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 on or before January 2, 1998.

### **Proposed Projects**

1. Health Hazard Evaluations/ **Technical Assistance and Emerging** Problems (0920-0260)-Reinstatement-In accordance with its mandates under the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, the National Institute for Occupational Safety and Health (NIOSH) responds each year to approximately 400 requests for health hazard evaluations to identify potential chemical, biological, or physical hazards at the workplace. Approximately half of these requests require that NIOSH conduct a "shortterm" field study to adequately address the issues raised by the requestor. Since 1970, more than 10,000 of these studies have been completed. The main purpose of these studies is to help employers and employees identify and eliminate occupational health hazards. Ninety-five percent of these investigations respond to specific requests for assistance from employers, employees, employee representatives, or other government agencies. The remaining investigations are short-term field investigations initiated by NIOSH because it received information that a chemical, biological, or a physical agent may be hazardous to workers. In these studies, NIOSH

determines whether they warrant more detailed studies. Approximately 50% of the field investigations involve interviews or the administration of a questionnaire to the workers. Each questionnaire is specific to that worksite and its suspected diseases and/or hazards; however, questionnaires are derived from standard medical evaluation techniques. NIOSH distributes interim and final reports of the investigations, excluding personal identifiers, to requesters, employers, employee representatives, the Department of Labor (OSHA and MSHA), and, as appropriate, other state and federal agencies. Following the completion of field investigations, NIOSH plans to administer telephone follow-back questionnaires to employer and employee representatives at each site to assess program effectiveness and identify areas for improvement. Because of the large volume of investigations conducted each year, the need to quickly respond to requests for assistance, and the diverse nature of these investigations, NIOSH requests clearance for data collection in these investigations. The total annual burden hours are 4.095.

Respondents	Number of respondents	Number of responses/ respondent	Avg. bur- den/re- sponse (in hrs.)
Employees (initial interviews)  Employees (questionnaires, interviews)  Employees (follow-back questionnaires)	4,200 5,250 420	1 1 1	.25 .50
Employers (follow-back questionnaires)	420	1	.50