recently amended at 58 FR 247 on May 8, 1996) is amended as follows:

I. Chapter AE, paragraph C. within ''The Office of Health Policy,'' and paragraph 3, ''Division of Health Delivery Systems.''

3. The Division of Health Delivery Systems is responsible for policy coordination, longrange planning, formulating budget and legislation, economic analysis, program analysis, review of regulations, evaluation and information dissemination related to health services, and organization and delivery policy. Topics include consumer issues such as quality and consumer protections; private insurance; health care organization and financial issues. Functions include analyzing trends in the private health care sector; studying the interactions of the private and public health care sectors in terms of cost effectiveness, service levels and effects on consumers; analyzing alternative legislative and regulatory proposals; preparing short-term policy analyses and evaluations of existing and potential policies and programs particularly those that cut across the Department's program areas. The Division also coordinates work and plays a liaison role across the Department and with other Departments (including Treasury, Justice and Labor).

Dated: March 5, 1998.

John J. Callahan,

Assistant Secretary for Management & Budget.

[FR Doc. 98–6358 Filed 3–11–98; 8:45 am]

BILLING CODE 4120–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

National Advisory Council for Health Care Policy, Research, and Evaluation: Request for Nominations for Public Members

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

ACTION: Request for nominations for public members.

SUMMARY: 42 U.S.C. 299c, section 921 of the Public Health Service (PHS Act), established a National Advisory Council for Health Care Policy, Research, and Evaluation (the Council). The Council is to advise the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to actions of the Agency to enhance the quality, appropriateness, and effectiveness of health care services, and access to such services through scientific research, the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services.

Four current members' terms will expire in June 1998 and there are three other vacancies to be filled. We are seeking persons who are distinguished in the conduct of health services to research, persons distinguished in the practice of medicine, and persons to represent health care consumers' interests to fill these positions in accordance with the legislated mandate establishing the Council.

DATES: Nominations should be received on or before April 30.

ADDRESSES: Nominations should be sent to Ms. Pat Longus, AHCPR, 2101 East Jefferson Street, Suite 603, Rockville, Maryland 20857. Nominations also may be faxed to (301) 443–0251.

FOR FURTHER INFORMATION CONTACT: Ms. Nancy Foster, AHCPR, at (301) 594–1349.

SUPPLEMENTARY INFORMATION: 42 U.S.C. 299c, section 921 of the PHS Act, provides that the National Advisory Council for Health Care Policy, Research, and Evaluation shall consist of 17 appropriately qualified representatives of the public appointed by the Secretary of Health and Human Services and five ex officio representatives from Federal agencies conducting or supporting health care research. The Council meets in the Washington, D.C., metropolitan area approximately three times a year to provide broad guidance to the Secretary and AHCPR's Administrator on the direction and programs for AHCPR.

To assure broad representation, individuals serving on AHCPR's Advisory Council reflects a variety of discipline and perspectives. Of the seven positions for which nominations are being sought, four require individuals distinguished in health services research, two require individuals distinguished in the practice of medicine, and one individual to represent the interests of health care consumers.

Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership. Individuals selected by the Secretary to serve on the Council will be expected to attend their first meeting in the fall of this year.

Interested persons may nominate one or more qualified persons for membership on the Council. Nominations shall include a copy of the nominee's resume or curriculum vitae, and state that the nominee is willing to serve as a member of the Council. Potential candidates will be asked to provide detailed information concerning their financial interests, consultant positions, and research grants and contracts, to permit evaluation of possible sources of conflict of interest.

The Department is seeking a broad geographic representation and has special interest in assuring that women, minority groups, and the physically handicapped are adequately represented on advisory bodies and, therefore, extends particular encouragement to nominations for appropriately qualified female, minority, and/or physically handicapped candidates.

Dated: March 5, 1998.

John M. Eisenburg,

Administrator.

[FR Doc. 98–6293 Filed 3–11–98; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

[Announcement Number 98030]

Occupational Radiation and Energy-Related Health Research Grants; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), announces the availability of fiscal year (FY) 1998 funds for the acceptance of grant applications for research projects relating to occupational safety and health concerns associated with occupational exposures to radiation and other hazardous agents at nuclear facilities and in other energy-related industries. Studies in the nuclear power industry and deliberate exposure of human subjects in radiation experiments are outside the scope of this announcement.

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 improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

Authority

This program is authorized under the Public Health Service Act, as amended, Section 301(a) [42 U.S.C. 241(a)]; the Occupational Safety and Health Act of 1970, Section 20(a) [29 U.S.C. 669(a)]. The applicable program regulations are in 42 CFR Part 52.

Eligible Applicants

Eligible applicants include domestic and foreign non-profit and for-profit organizations, universities, colleges, research institutions, and other public and private organizations, including State and local governments, and small, minority and/or woman-owned businesses.

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.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and 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.

Availability of Funds

Approximately $500,000 is available in fiscal year (FY) 1998 to fund approximately 3 to 5 research project grants (R01). The amount of funding available is subject to change. Awards will range from $50,000 to $200,000 in total costs (direct and indirect) per year. Awards are expected to begin on or about July 1, 1998. Awards will be made for a 12-month budget period within a project period not to exceed 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and 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 1998 Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (Public Law 105–78) states in Section 503 (a) and (b) that 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 or any State legislature, except in presentation to the Congress or any State legislature itself. 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.

Background

The Secretary, Department of Health and Human Services (HHS) and the Secretary, Department of Energy (DOE) signed a Memorandum of Understanding (MOU) transferring the authority and resources to manage and conduct energy-related analytic epidemiologic research from DOE to HHS. This includes the authority, resources, and responsibility for the design, implementation, analysis, and scientific interpretation of analytic epidemiologic studies of the following populations: workers at DOE facilities; other workers potentially exposed to radiation; and workers exposed to potential hazards resulting from non-nuclear energy production and use.

The Comprehensive Epidemiologic Data Resource (CEDR) was established by DOE to serve as a repository for data from epidemiologic studies they had sponsored prior to transferring this responsibility to CDC. These data are available to investigators who wish to conduct additional analyses on these completed studies in response to this announcement. The CEDR is maintained by DOE and to access the data, an investigator must make an application to the DOE's Office of Environment, Safety and Health.

Purpose

NIOSH will support applied field research projects to identify and investigate the relationships between health outcomes and occupational exposure to radiation and other hazardous agents; epidemiologic methods research relevant to energy-related occupational health research; and research related to assessing occupational exposures.

Programmatic Interest

The focus of grants should reflect the following topical areas, emphasizing field research: (1) Retrospective exposure assessment, (2) radiation measurement issues, (3) non-cancer morbidity and mortality outcomes, (4) meta-analysis and combined analysis methodologies, (5) uncertainty analysis, (6) effects of measurement error on risk estimates, (7) studies of current workers, and (8) risk communication and worker outreach.

(1) Retrospective Exposure Assessment

Epidemiologic studies of occupational cohorts frequently involve, and can generally benefit from, retrospective exposure assessment to provide estimates of exposure or categorize groups of workers by common exposure. Exposure assessment in energy-related occupational epidemiology requires evaluating exposures to various hazards including ionizing and non-ionizing radiation, metals, acids, and solvents. Grant opportunities encompass the fields of industrial hygiene and retrospective exposure assessment of health physics dosimetry. Research areas of general interest include: methods to use limited data to best advantage; how to treat censored data in retrospective exposure assessment; uncertainty analysis techniques for industrial hygiene exposure data and health physics dosimetry; insight to sampling strategy design yielding a representative understanding of exposed groups; decision logic to select/use the most appropriate exposure metric for epidemiologic and risk assessment use; and, development approaches of ''Homogeneous Exposed Groupings'' and the advantages/limitations for epidemiologic use. Research opportunities of specific interest include: reconstruction and dose adjustment of historic film badges; exposure assessment for acid mists, carcinogenic solvents, exotic metals, and leukemogens; assessment of electromagnetic field exposure; and evaluation of biomarkers of exposure.

(2) Radiation Measurement Issues

This topic will focus on the applicability and utility of radiation dose data in epidemiological research. Examples of such issues include how to use nondetectable values and missing dose data in historical radiation exposure measurements, the accuracy of historical external dosimetry techniques (film and pocket dosimeters), combining external and internal doses into a useful index, historical bioassay, and radiochemistry techniques.

(3) Non-Cancer Morbidity and Mortality Outcomes

The majority of analytical epidemiologic research of health effects of energy-related occupational and environmental exposures has focused historically on the assessment of the association between cancer mortality and exposure to ionizing radiation. Although the importance of this research should not be underestimated, it is essential that other potential adverse health effects, as well as other possible energy-related exposures, be thoroughly evaluated as well. Among these would be the possible effects of radiation on the reproductive, neurologic, and immune systems. Chemical exposures highly prevalent in Department of Energy facilities, such as beryllium and mercury, have also been associated with a variety of disease outcomes, particularly respiratory and neurologic in nature.

(4) Meta-Analysis and Combined Analysis Methodologies

Many of the cohorts at nuclear facilities are not individually large enough to detect statistically significant increases in mortality or incidence for rare cancer types. Methods and/or analyses for combining data across studies, whether in summary form or individual data, are valuable to the research effort involving energy-related health research.

(5) Uncertainty Analysis

Measures of occupational exposure are inherently uncertain. Even when measures of external radiation exposure are generally available, the models used to estimate organ dose, shallow versus deep dose, neutron dose, etc., are subject to error. Measures of dose derived from biological monitoring of urine, feces, blood, etc., are even less precise. Methods for assessing the degree of error in various estimates of exposure to both ionizing radiation as well as other toxic agents (chemicals, EMF, etc.) are desirable.

(6) Effects of Measurement Error on Risk Estimates

Estimation of both bias and imprecision introduced into risk analyses through exposure measurement error have recently received considerable attention. Many of the suggested approaches are very computer intensive. Practical solutions to this problem with regard to the spectrum of epidemiologic designs (cohort, case-control, cross-sectional, etc.) are needed, with particular attention to the nature of exposure measurement in radiation epidemiology.

(7) Studies of Current Workers

Much of the epidemiologic research on nuclear workers conducted at nuclear facilities and other sites has emphasized retrospective studies. More recently new activities involve environmental restoration, waste management and other work that is not related to the design and production of nuclear weapons. Workers are being exposed to radiation and other hazardous agents under conditions and in processes not previously encountered. Exposure assessment, epidemiologic and related studies are needed to evaluate these new conditions and processes and the impact on worker health.

(8) Risk Communication and Worker Outreach

Upon completion of a study, the findings must be presented to the workers at the site where the study was conducted and to people living in the nearby community. The communication of study results must be done in a manner that can be readily understood by all persons who want to know the impact of a given study, and without the use of highly technical terms and scientific jargon. To communicate effectively with workers, educational outreach may be needed to help workers understand the scientific principles and terminology used in the research. Various types of communications may be required to reach out to all workers and the effectiveness of these communication modes must be measured. Methodologies for such evaluations may presently exist or may have to be developed for this purpose. Evaluation studies of communication of study findings and health risk communication attempts which indicate ways to influence worker behavior, demonstrates impact of the research conducted, or provides insight into better ways to communicate to diverse audiences is needed. Attention should focus on a process to work with researchers to ensure that the workers and the public can understand the key research findings and that the effectiveness of the communication can be measured objectively.

Reporting Requirements

Progress reports are required annually as part of the continuation application which is due 75 days prior to the start of the next budget period. The annual progress reports must contain information on accomplishments during the previous budget period and plans for each remaining year of the project. Financial status reports (FSR) are required no later than 90 days after the end of the budget period. The final performance and financial status reports are required 90 days after the end of the project period.

The final performance report should include, at a minimum, a statement of original objectives, a summary of research methodology, a summary of positive and negative findings, and a list of publications resulting from the project. Research papers, project reports, or theses are acceptable items to include in the final report. The final report should stand alone rather than citing the original application. Three copies of reprints of publications prepared under the grant should accompany the report.

On or before the expiration date of the grant, the applicant shall submit study data, with appropriate documentation, to the Comprehensive Epidemiologic Data Resource (CEDR), maintained by the Department of Energy at the Lawrence Berkeley Laboratory. This shall include analysis files and separate analytic files for all relevant study data, including demographic variables, radiation dosimetry, industrial hygiene, work history, and/or medical records data. A written report describing each data set and a code book for each data set shall also be submitted. Information about preparation of CEDR files can be obtained from Barbara Brooks (DOE Headquarters, 301–903–4674) or Mark Durst (Lawrence Berkeley Labs, 510–486–4136).

For studies that involve workers as subjects, the applicant shall also be responsible for presenting the study findings to workers and to DOE and DOE contractor staff at all sites where the study was conducted. In addition, a similar presentation will be done in a public meeting to inform workers and people living near the site(s). NIOSH will be responsible for arranging the times and a facility for these presentations. The presentation can be done in person or by a videotape. In the latter case, the applicant will be

available by telephone to respond to questions from those in attendance.

Evaluation Criteria

Upon receipt, applications will be reviewed by CDC for completeness and responsiveness. Applications determined to be incomplete or unresponsive to this announcement will be returned to the applicant without further consideration. If the proposed project involves organizations or persons other than those affiliated with the applicant organization, letters of support and/or cooperation must be included.

Applications that are complete and responsive to the announcement will be reviewed by an initial review group and will be determined to be competitive or non-competitive, based on the review criteria identified below and relative to other applications received. Applications determined to be non-competitive will be withdrawn from further consideration and the principal investigator/program director and the official signing for the applicant organization will be promptly notified. Applications judged to be competitive will be reviewed for scientific merit and assigned a priority score. Following initial review for scientific merit, the applications will receive a secondary review for programmatic importance.

Review criteria for scientific merit are as follows:

1. Technical significance and originality of proposed project.
2. Appropriateness and adequacy of the study design and methodology proposed to carry out the project.
3. Qualifications and research experience of the Principal Investigator and staff, particularly but not exclusively in the area of the proposed project.
4. Availability of resources necessary to perform the project.
5. Documentation of cooperation from collaborators in the project, where applicable.
6. Adequacy of plans to include both sexes and minorities and their subgroups as appropriate for the scientific goals of the project. (Plans for the recruitment and retention of subjects will also be evaluated.)
7. Appropriateness of budget and period of support.
8. Human Subjects—Procedures adequate for the protection of human subjects must be documented. Recommendations on the adequacy of protections include: (1) protections appear adequate and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Initial Review Group has concerns related to human subjects, or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

Review criteria for programmatic importance are as follows:

1. Magnitude of the problem in terms of numbers of workers affected.
2. Severity of the injury or disease in the population.
3. Usefulness to applied technical knowledge in the identification, evaluation, or control of occupational safety and health hazards on a national or regional basis.

The following will be considered in making funding decisions:

1. Scientific merit of the proposed project as determined by the initial peer review.
2. Programmatic importance of the project as determined by secondary review.
3. Availability of funds.
4. Program balance among priority areas of this announcement.

Executive Order 12372 Review

Applications are not subject to the review requirements of Executive Order 12372.

Public Health System Reporting Requirement

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations (45 CFR part 46) regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit. In addition, the applicant will be responsible for complying with a NIOSH–DOE agreement that assures the research protocol is reviewed by the institutional review committee(s) (if such a committee exists) at each DOE site where the research will be conducted. This process will be coordinated by the NIOSH Human Subjects Review Board after the award of the grant.

Travel

In the application, the applicant should allow for appropriate travel to DOE sites, as established under guidelines developed by NIOSH and DOE. This includes travel for data collection, and worker/community notification of study results, at each site included in the study protocol. The applicant shall include in its proposal the costs of travel to NIOSH in Cincinnati, Ohio, for the annual meeting of energy-related research extramural partners.

Women and Racial and Ethnic Minorities

It is the policy of the CDC to ensure that women and racial and ethnic groups will be included in CDC-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino. Applicants shall ensure that women and racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is not feasible, this situation must be explained as part of the application. In conducting the review of applications for scientific merit, review groups will evaluate proposed plans for inclusion of minorities and both sexes as part of the scientific assessment and assigned a score. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, Friday, September 15, 1995, pages 47947–47951.

Application Submission and Deadlines

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Officer (whose address is reflected in section B, ''Applications''). It should be postmarked no later than April 24, 1998. The letter should identify the

announcement number, name of principal investigator, and specify the priority area to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Applications

Applicants should use Form PHS–398 (OMB Number 0925–0001) and adhere to the ERRATA Instruction Sheet for Form PHS–398 contained in the Grant Application Kit. Please submit an original and five copies on or before June 11, 1998 to: Ron Van Duyne, Grants Management Officer, ATTN: Joanne Wojcik, Procurement and Grants Office, Centers for Disease Control and Prevention, (CDC), 255 East Paces Ferry Road, NE., Room 300, MS–E13, Atlanta, GA 30305.

C. Deadlines

1. Applications shall be considered as meeting a deadline if they are either:

A. Received at the above address on or before the deadline date, or

B. Sent on or before the deadline date to the above address, and received in time for the review process. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be accepted as proof of timely mailings.

2. Applications which do not meet the criteria above are considered late applications and will be returned to the applicant.

Where To Obtain Additional Information:

To receive additional written information call 1–888–GRANTS4. You will be asked for your name and address and will need to refer to Announcement 98030. You will receive a complete program description, information on application procedures, and application forms. In addition, this announcement is also available through the CDC Home Page on the Internet. The address for the CDC Home Page is (http://www.cdc.gov).

The following documents may provide useful information: NIOSH Occupational Energy Research Program agenda booklet and/or The DOE Access Handbook: Conducting Health Studies at Department of Energy Sites may be obtained from the business management contact listed below.

If you have questions after reviewing the contents of all the documents, business management information may be obtained from Joanne Wojcik, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., MS E–13, Atlanta, GA 30305, telephone 404–842–6535; fax: 404–842–6513; Internet: jcw6@cdc.gov.

Programmatic technical assistance may be obtained from Roy M. Fleming, Sc.D., Director Research Grants Program, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Building 1, Room 3053, MS–D30, Atlanta, GA 30333, telephone 404–639–3343; fax 404–639–4616; internet: rmf2@cdc.gov.

PLEASE REFER TO ANNOUNCEMENT NUMBER 98030 WHEN REQUESTING INFORMATION AND SUBMITTING AN APPLICATION.

This and other CDC Announcements can be found on the CDC homepage (http://www.cdc.gov) under the ''Funding'' section, as well as on the NIOSH homepage (http://www.cdc.gov/niosh/homepage.html) under ''Funding Opportunities/Extramural Programs.'' For your convenience, you may be able to retrieve a copy of the PHS Form 398 from (http://www.nih.gov/grants/funding/phs398/phs398.html).

CDC will not send application kits by facsimile or express mail.

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 20402–9325, telephone (202) 512–1800.

Dated: March 6, 1998.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–6360 Filed 3–11–98; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee for Community Affairs and the Advisory Committee for Energy-Related Epidemiologic Research: Meetings

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 subcommittee and committee meetings.

Name: Subcommittee for Community Affairs.

Times and Dates: 8:30 a.m.–5 p.m., March 30, 1998. 1 p.m.–5 p.m., April 1, 1998.

Place: Radisson Hotel Berkeley, 200 Marina Boulevard, Berkeley, California 94710, telephone 510/548–7920, FAX 510/548–7944.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: This subcommittee will advise the Advisory Committee for Energy-Related Epidemiologic Research (ACERER) on matters related to community needs and will report back to the agency through ACERER.

Matters To Be Discussed: This is the initial meeting of the Subcommittee for Community Affairs. Presentations will be made by the staff of the National Center for Environmental Health (NCEH), the National Institute for Occupational Safety and Health (NIOSH), and the Agency for Toxic Substances and Disease Registry (ATSDR) giving updates on the progress of current activities.

Name: Advisory Committee for Energy-Related Epidemiologic Research.

Times and Dates: 8:30 a.m.–5 p.m., March 31, 1998. 8:15 a.m.–12 noon, April 1, 1998.

Place: Radisson Hotel Berkeley, 200 Marina Boulevard, Berkeley, California 94710, telephone 510/548–7920, FAX 510/548–7944.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: This committee is charged with providing advice and recommendations to the Secretary of Health and Human Services and the Assistant Secretary for Health; the Director, CDC, and the Administrator, ATSDR, on the establishment of a research agenda and the conduct of a research program pertaining to energy-related analytic epidemiologic studies.

Matters To Be Discussed: Agenda items will include: presentations from NCEH, NIOSH, and ATSDR updating the progress of current studies; and a report from the Subcommittee for Community Affairs.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Michael J. Sage, Executive Secretary, ACERER, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F–35, Atlanta, Georgia 30341–3724, telephone 770/488–7040, FAX 770/488–7044.

Dated: March 5, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–6365 Filed 3–11–98; 8:45 am]

BILLING CODE 4163–18–P