

company by acquiring 40 percent of the voting shares of Perry Bancshares, Inc., Perry, Oklahoma, and thereby indirectly acquire Exchange Bank & Trust Company, Perry, Oklahoma.

Board of Governors of the Federal Reserve System, March 25, 1998.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 98-8280 Filed 3-30-98; 8:45 am]

BILLING CODE 6210-01-F

GENERAL ACCOUNTING OFFICE

Federal Accounting Standards Advisory Board

AGENCY: General Accounting Office.

ACTION: Notice of April meeting.

SUMMARY: Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), as amended, notice is hereby given that the Federal Accounting Standards Advisory Board will hold a two-day meeting on Thursday, April 16, and Friday, April 17, 1998 from 9:00 A.M. to 4:00 P.M. in Room 7C13 of the General Accounting Office building 441 G St., N.W., Washington, D.C.

The purpose of the meeting is to discuss the following issues: (1) Management Discussion and Analysis, (2) Natural Resources, (3) Credit Reform proposed amendments, and (4) Internal use Software.

Any interested person may attend the meeting as an observer. Board discussions and reviews reopen to the public.

FOR FURTHER INFORMATION CONTACT:

Wendy Comes, Executive Director, 441 G St., N.W., Room 3B18, Washington, D.C. 20548, or call (202) 512-7350.

Authority: Federal Advisory Committee Act. Pub. L. No. 92-463, Section 10(a)(2), 86 Stat. 770, 774 (1972) (current version at 5 U.S.C. app. section 10(a)(2) (1988); 41 CFR 101-6.1015 (1990).

Dated: March 24, 1998.

Wendy M. Comes,

Executive Director.

[FR Doc. 98-8437 Filed 3-30-98; 8:45 am]

BILLING CODE 1610-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Notice of a Cooperative Agreement With Albert Einstein Medical Center

AGENCY: Office of the Secretary, HHS.

ACTION: Notice of a cooperative agreement with Albert Einstein Medical Center.

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will extend the established cooperative agreement with Albert Einstein Medical Center in Philadelphia, Pennsylvania, to continue the Cancer Awareness and Prevention Program in North Philadelphia.

The purpose of this cooperative agreements to reduce the cancer incidence, morbidity and mortality of the minority populations living in the North Philadelphia area. The objective of this cooperative agreement is to continue, through a coalition effort, the development of more effective minority-focused cancer prevention, early detection, and education and treatment programs. The OMH will provide technical assistance and oversight, as necessary, for the implementation, conduct, and assessment of the project activities. On an as-needed basis, OMH will assist in arranging consultation form other Government agencies and non-government agencies.

Authority

This cooperative agreement is authorized under Section 1707(d)(1) of the Public Health Service Act.

Background

During the past three years, the North Philadelphia Cancer Awareness and Prevention Program has been operated by the Albert Einstein Medical Center via a cooperative Agreement with OMH. It has successfully provided comprehensive cancer education, outreach and screening programs targeted at minority populations in the underserved urban areas of North Philadelphia. The fiscal year 1998 Conference Report Language included funds for the North Philadelphia Cancer Awareness and Prevention Program.

Albert Einstein Medical Center is uniquely qualified to continue to accomplish the objectives of this cooperative agreement because it has the following combination of factors:

- The infrastructure and expertise, as demonstrated through past activities, to work with the at-risk, targeted minority populations of North Philadelphia;
- The ability to provide continuity;
- The ability, as demonstrated through past activities, to carry out a program designed to reduce the cancer incidence, morbidity, and mortality of targeted minority populations living in North Philadelphia;
- An economically disadvantaged service area composed of at-risk,

minority populations who experience high rates of cancer incidence and mortality;

- Previous experience enlisting neighborhood partners to provide sites for conducting educational seminars and screening programs, and disseminating health-related materials; and
- An established cancer center capable of addressing a variety of issues relevant to this project (i.e., early detection, prevention, diagnoses, treatment, continuity of care, and follow up).

Based on the above considerations, assistance will be provided only to Albert Einstein Medical Center. No other applications are being solicited under this announcement. This cooperative agreement will be awarded for a 3-year period. It is anticipated that funds in the amount of \$250,000 (direct and indirect costs) will be available per each 12-month budget period within the 3-year project period. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Where to Obtain Additional Information: if you are interested in obtaining information regarding the project, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

OMB Catalog of Federal Domestic Assistance: The OMB Catalog of Federal Domestic Assistance number for this cooperative agreement is 93.004.

Dated: March 12, 1998.

Clay E. Simpson, Jr.,

Deputy Assistant Secretary for Minority Health.

[FR Doc. 98-8298 Filed 3-30-98; 8:45 am]

BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Meeting of the Advisory Committee on Blood Safety and Availability

AGENCY: Office of the Secretary, HHS.

ACTION: Notice of meeting.

The Advisory Committee on Blood Safety and Availability will meet on April 27, 1998, from 8:00 am to 5:00 pm and on April 28, 1998 from 8:00 am to 3:00 pm. The meeting will take place in the Kaleidoscope Room of the Georgetown Holiday Inn, 2101 Wisconsin Ave. N.W., Washington, D.C. 20007. The meeting will be entirely open to the public.

The Committee will consider blood product shortages. On April 27, 1998 the committee will review information presented to it by representatives of consumers, industry and government agencies. At the conclusion of these presentations, the public will be invited to comment. Following these presentations, the Committee will consider what, if any, recommendations to make to the Department on this matter.

Prospective speakers should notify the Executive Secretary of their desire to address the Committee and should plan for no more than 5 minutes of comments.

FOR FURTHER INFORMATION CONTACT:

Stephen D. Nightingale, M.D., Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Safety, Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. Phone (202) 690-5560 FAX (202) 690-6584 e-mail SNIGHTIN@osophs.dhhs.gov.

Dated: March 18, 1998.

Stephen D. Nightingale,

Executive Secretary, Advisory Committee on Blood Safety and Availability.

[FR Doc. 98-8295 Filed 3-30-98; 8:45 am]

BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-10-98]

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 Officer at (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 Projects

1. *National Hospital Ambulatory Medical Care Survey—(0920-0278)—Extension—The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992 by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The*

NHAMCS is the principal source of data on the approximately 158 million visits to hospital emergency and outpatient departments and is the only source of nationally representative estimates on the demographic characteristics of outpatients, diagnoses, diagnostic services, medication therapy, and the patterns of use of care in hospitals which differ in size, location, and ownership. Additionally, the NHAMCS is the only source of national estimates on non-fatal causes of injury in the emergency department.

These data complement the data on visits to non-Federal physicians in office-based practices collected through the NHAMCS (0920-0234), together providing data on approximately 90 percent of the ambulatory care provided in the U.S. Data collected through the NHAMCS are essential for the planning of health services, for improving medical education, determining health care work force needs and assessing the health status of the population. Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies such as NIH, various private associations such as the American Heart Association, as well as universities and state health departments. Total annual burden hours are 7,062.

Form name	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hrs.)	Total burden (in hrs.)
Hospital-Induction (NHAMCS-101):				
Noneligible	50	1	0.25	13
Eligible	440	1	1	440
Ambulatory Unit Induction (ED) (NHAMCS-101/U)	425	1	1	425
Ambulatory Unit Induction (OPD) (NHAMCS-101/U)	275	4	1	1100
ED Patient Record form	425	50	0.06666	1,417
OPD Patient Record form	275	200	0.066666	3,667

2. *National Ambulatory Medical Care Survey—(0920-0234)—Extension—The National Ambulatory Medical Care Survey (NAMCS) was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989. It is directed by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The purpose of NAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The NAMCS target population consists of all office visits within the United States made by ambulatory patients to non-Federal*

office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. The complement portion of data collection consists of the remaining physicians in the AMA and AOA files; that is, physicians who AMA and AOA classify as being federally employed, or in the three specialties excluded from the traditional NAMCS, or as not spending the majority of their professional time in office-based practice. Since more than 80 percent of all direct ambulatory medical care visits occur in physicians' offices, the NAMCS provides data on the majority of ambulatory medical care services. To complement these data, in 1992 NCHS initiated the National Hospital Ambulatory Medical Care Survey (NHAMCS, OMB No. 0920-

0278) to provide data concerning patient visits to hospital outpatient and emergency departments. The NAMCS, together with the NHAMCS constitute the ambulatory component of the National Health Care Survey (NHCS), and will provide coverage of more than 90 percent of ambulatory medical care.

The NAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include the patients' demographic characteristics and medical problems, and the physicians' diagnostic services, therapeutic prescriptions and disposition decisions. These data, together with trend data, may be used to monitor the effects of change in the health care system, provide new insights into ambulatory medical care,