

Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

HCFA is requesting OMB review and approval of these collections within eleven working days of publication in the **Federal Register**. However, comments on these information collections and record keeping requirements must be received by the designees referenced below, within ten working days of publication in the **Federal Register**: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Laura Oliven, HCFA Desk Officer.

Dated: June 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-16221 Filed 6-17-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), 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, 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 Project: HIV/AIDS Dental Reimbursement Program

(OMB No. 0915-0151)—Extension and Revision—This is a request for extension and revision of the instructions used by accredited dental schools and post-doctoral dental programs requesting reimbursement for documented uncompensated costs for providing oral health care for HIV-infected individuals. Awards are authorized under section 776(b) of the Public Health Service Act (42 U.S.C. 294n).

The HIV/AIDS Bureau needs to collect this information to determine the amount of the reimbursement award that is made to each institution. The information will also assist the Health Resources and Services Administration (HRSA) in understanding: (1) the extent to which dental programs are involved in the treatment of HIV-infected individuals; (2) the type of individuals seeking care; (3) the scope and extent of HIV oral health services provided; (4) the time and costs involved in providing these services; and (5) how the funds used by the institutions are allocated.

Comparisons are requested between HIV and non-HIV infected patients to enable HRSA to determine the impact on dental programs of providing oral health services to HIV-infected patients.

The hourly burden estimate has increased substantially based on the experience of the grantees in completing the information required.

Collection	Number of respondents	Hours per response	Total burden hours
Reimbursement Request	125	20	2,500

Send comments to 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: June 12, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 98-16143 Filed 6-17-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 63 FR 7422 dated February 13, 1998). This notice reflects the establishment of the Health Resources and Services Administration's (HRSA) five (5) Field Clusters in the Office of Field Coordination (RS5). This notice also updates the functional statements for the Division of Facilities and Loans (RR2) in the Office of Special Programs (RR). The changes are as follows.

I. Under Part R, HRSA, establish a new chapter as the "HRSA Field Clusters (RS5F)," to read as follows:

Section RS5F-00 Mission

The HRSA Field Clusters are comprised of the Northeast Cluster, the Southeast Cluster, the Midwest Cluster, the West Central Cluster and the Pacific West Cluster. These clusters support the Department's mission of improving the health of the Nation's population by administering HRSA field health programs and activities to assure a coordinated HRSA effort in support of national health policies and State and local needs within the field. The clusters will assist HRSA in addressing cross-cutting program issues and initiatives to achieve program goals, and in providing a HRSA focal point for responding to the needs of State and local governments, community agencies and others involved in the planning or provision of general health. This organizational structure will support intergovernmental activities which respond to health issues on both the State and local levels, help administer health activities and programs to provide prevention of health problems, and assure access to and quality of general health services.

Section RS5F-10 Organization

Each cluster is headed up by a Field Coordinator who reports to the Director, Office of Field Coordination, who reports to the Associate Administrator for Management and Program Support.

The clusters are organized as follows:

A. Northeast Cluster (RS5F1)

1. Philadelphia, PA.—lead city

- 2. Boston, MA.
- 3. New York, NY.
- B. Southeast Cluster (RS5F2)*
 - 1. Atlanta, GA.
- C. Midwest Cluster (RS5F3)*
 - 1. Chicago, IL.—lead city
 - 2. Kansas City, MO.
- D. West Central Cluster (RS5F4)*
 - 1. Dallas, TX.—lead city
 - 2. Denver, CO.
- E. Pacific West Cluster (RS5F5)*
 - 1. San Francisco, CA.—lead city
 - 2. Seattle, WA.

Section RS5F-20 Function

- A. The lead cities in the Northeast, Southeast, Midwest, West Central and Pacific West Clusters consist of the following components.

1. Immediate Office of the Field Coordinator

Serves as HRSA's senior public health official in the field, providing liaison with State and local health officials as well as private and professional organizations; (2) provides input from local regional and State perspectives to assist the Administrator and Associate Administrators in the formulation, development, analysis and evaluation of HRSA programs and initiatives; (3) at the direction of the Administrator and/or in conjunction with the Associate Administrators and the Director, Office of Field Coordination, coordinates the field implementation of special initiatives which involve multiple HRSA programs and/or field offices (e.g. Border Health); (4) assists with the implementation of HRSA programs in the field by supporting the coordination of activities, alerting program officials of potential issues and assessing policies and service delivery systems; (5) represents the Administrator in working with the other Federal agencies in coordinating health programs and activities; and (6) exercises line management authority as delegated from the Administrator for general administrative and management functions within the field structure.

2. Division of Health Services

Directs and coordinates field development and implementation of HRSA primary care programs and activities designed to increase access to primary care for underserved populations in the States served by the division; (2) provides continuous program monitoring of HRSA health service grants and contracts for compliance with applicable laws, regulations, policies and performance standards; (3) assures implementation of loan programs; (4) provides for development, implementation and

monitoring of the annual field work plan related to assigned program areas, including setting objectives responsive to national and field priorities based on guidance provided by the appropriate HRSA bureau component and assigns division resources required to attain these objectives; (5) coordinates with other field office staff and headquarters staff to develop and consolidate objectives crossing program and division lines; (6) serves as a source of expertise on health services development, primary health care programs and as field program liaison with HRSA headquarters on technical programmatic matters; (7) establishes effective communication and working relationships with health-related organizations of States and other jurisdictions; and (8) serves as a focal point for information on health service programs and related efforts, including voluntary professional and other private sector activities.

3. Division of Health Resources

Directs and coordinates field development and implementation of HRSA programs and activities designed to increase the capacity and capability of health facilities construction, maternal and child health care programs and other health-related programs in the States served by the cluster; (2) provides continuous program monitoring of HRSA grants and contracts for compliance with applicable laws, regulations, policies and performance standards; (3) assures implementation of loan programs; (4) provides for development, implementation, and monitoring of the annual field work plan related to assigned program areas, including setting objectives responsive to national and field priorities based on guidance provided by appropriate HRSA bureau components and assigns division resources required to attain these objectives; (5) coordinates with other field office staff and headquarters staff to develop and consolidate objectives crossing program and division lines; (6) serves as a source of expertise on resource development, maternal and child health programs, HIV/AIDS programs, health professions programs and as field program liaison with HRSA headquarters on technical programmatic matters; (7) establishes effective communication and working relationships with health-related organizations of States and other jurisdictions; (8) serves as a focal point for information on health resource programs and related efforts, including voluntary, professional and other private sector activities.

II. Under the Office of Special Programs, Division of Facilities and Loans, make the following changes:

Delete the and before item (9). Place a (;) at the end of item (9) and add the following statement: and (10) coordinates the facilities and construction engineering activities for the field.

Section RS5F-30 Delegations of Authority

All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation. I hereby ratify and affirm all actions taken by any DHHS official which involved the exercise of these authorities prior to the effective date of this delegation.

This reorganization is effective upon date of signature.

Dated: June 10, 1998.

Claude Earl Fox,
Administrator.

[FR Doc. 98-16142 Filed 6-17-98; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Environmental Health Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Environmental Health Sciences Special Emphasis Panel Studies To Evaluate Toxicologic and Carcinogenic Potential of Triethanolamine in Mice.

Date: June 23, 1998.

Time: 9:00 AM to 11:30 AM.

Agenda: To review and evaluate grant applications.

Place: NIEHS-East Campus, Building 4401, Conference Room 3446, Research Triangle Park, NC 27709 (Telephone Conference Call).

Contact Person: Carol K. Shreffler, PHD, Health Scientist Administrator, 104 T. W.