• Referral sources, targeting criteria, and selection criteria, if any, for participants.

• The patients served by the program (including age ranges, diagnoses or conditions, and functional impairments).

• Program intervention and how services differ from the usual care the patient would have received.

• How care plans are developed and monitored for each patient.

• Patient education efforts, if any.

• Patient monitoring efforts, if any.

• Feedback to providers, if any.

• Average length of time patient is in the program.

• Funding source(s) for the program.

• Financial incentives, if any, for providers and patients to participate.

• Outcome measures by which the program's performance is evaluated (including clinical, utilization, client-reported, and financial measures used).

• Program impacts on these measures.

• Cost savings due to the program (total and per person served per month).

• How program impacts and cost savings were calculated (for example, method of estimating reduction in use and costs, such as comparison to control group or prior year experience).

• Costs of operating the program (average per patient per month costs).

• Adaptability of the program to the Medicare fee-for-service setting.

• Program brochures or published articles, if any.

We are also interested in comments on potential aspects of the overall demonstration. Specifically, we are interested in comments that discuss and distinguish program characteristics known to be essential for positive outcomes in a fee-for-service setting. Commenters may also wish to address the types of providers, organizations, or entities capable of, and qualified to provide, coordinated care or case management services. Other aspects of importance include, but are not limited to:

• The relationship of the case management entity with other providers.

• The potential role of the case manager in authorizing or providing services beyond coordinating and educational activities.

• Appropriate incentives for the case management entity, beneficiaries, and other providers.

• Appropriate payment methodology.

• Potential risk bearing arrangements for the case management entity.

In addition, we seek comments regarding challenges to, and potential solutions for, implementing a coordinated care demonstration in rural sites.

We currently envision evaluating the data using a multi-tiered review process that will focus on structure, process, and outcomes. Review of individual programs will include the following review criteria:

• Programs that are currently functioning.

• Programs that decrease health care costs or utilization without adversely affecting health outcomes or that improve health outcomes without increasing health care costs or utilization.

• Programs that are suitable for the Medicare fee-for-service population.

• Programs that are targeted to common diseases in the Medicare population.

We will also examine a program's structural characteristics and specific features of its program interventions.

Responders should submit written information or comments to the above address. We encourage the public to submit information or comments as soon as possible to permit the maximum amount of time for consideration. Written information or comments received by 5 p.m., June 21, 1999, will be considered in drafting the demonstration design recommendations. Given the timeline for establishing this demonstration, there will not be sufficient time to consider information or comments received after this deadline.

III. Collection of Information Requirements

Section II of this notice contains information collection requirements that were approved by the Office of Management and Budget under the Paperwork Reduction Act of 1995 on January 5, 1999. The approval number is 0938–0750 and the expiration date is June 30, 1999.

Authority: Section 4016 of the Balanced Budget Act of 1997 (Public Law 105–33).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 16, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 99–7079 Filed 3–22–99; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review: Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: National Health Service Corps Waiver Request Worksheets—In Use Without Approval

The National Health Service Corps (NHSC) of HRSA's Bureau of Primary Health Care (BPHC) assists underserved communities through the development, recruitment and retention of primary health care clinicians dedicated to serving people in health professional shortage areas. The Public Health Service Act, Section 334 (b) contains provisions which permit a waiver of the reimbursement requirement for entities which are assigned Corps members. The Waiver Request Worksheets are used to collect the necessary information from sites which are requesting a waiver of the mandated reimbursable costs.

Estimates of the annualized reporting burden are as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Billing form	750	1	750	15 minutes	188
Budget form	450	1	450	1	450
Total	.....	.....	1,200		638

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 17, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 99–6951 Filed 3–22–99; 8:45 am]

BILLING CODE 4160–15–P

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 64 FR 11478 dated March 9, 1999). This notice reflects the position title change in the Office of Field Operations.

I. Under Part R, HRSA, Office of Field Operations, (RE), Field Cluster Operations (RF), change the title of Field Coordinators to Field Directors. All duties and responsibilities will remain the same.

Section RF–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.

This position title change is effective upon date of signature.

Dated: March 12, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99–6950 Filed 3–22–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by contacting Charles Maynard, J.D., M.P.H., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057 ext. 243; fax: 301/402–0220; e-mail: cm251n@nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Novel Adipose Seven Transmembrane Domain Protein

C Montrose-Rafizadeh (NIA), C–F Yang
DHHS Reference No. E–213–97/1 filed June 19, 1998

This technology relates to the discovery and isolation of a novel cDNA clone from mouse adipocytes. This invention comprises the identification and isolation of receptors from extra-pancreatic tissues. More specifically, this invention has identified and isolated a novel cDNA clone from mouse adipocytes that appears to be involved in glucose tolerance/intolerance. Clone A contains seven transmembrane domains, designated I through VII. Experiments in human, rat and mice tissues indicates that clone A may be a critical component in the glucose intolerance associated with aging and diabetes. This invention further provides vectors such as plasmids comprising a DNA molecule encoding clone A, adapted for expression in a bacterial cell, a yeast cell, an insect cell or a mammalian cell which additionally comprises the regulatory elements necessary for the expression of the DNA in the bacterial, yeast, insect or mammalian cells operatively linked to the DNA encoding clone A to permit expression thereof.

Methods and Compositions for Reducing Ischemic Injury of the Heart by Administering Adenosine A_3 and Adenosine A_1 Receptor Agonists

KA Jacobson, BT Liang (NIDDK
DHHS Reference No. E–006–98/0 filed May 9, 1997

This technology relates to methods of administering compounds to protect the heart from ischemic injury. In particular, this invention provides agonists which selectively activate adenosine A_3 and A_1 receptors simultaneously, thereby enhancing the protective effects of preconditioning and rendering the myocardium more resistant to ischemia. This invention involves administration of specific A_1 and A_3 agonists during ischemic attacks, or at risk for ischemic damage. The agonists of the invention may be delivered prior to a surgical procedure, and may also be administered to a patient to prevent or reduce the severity of ischemic damage during surgery. Additionally, the A_3/A_1 agonists may be administered following surgical procedures to reduce the risk of post-surgical ischemic complications. The A_3 and A_1 agonists may be administered to patients with agina, which may be chronic and stable, unstable or due to post-myocardial infarction.

Methods and Compositions for Protecting Against Cardiac Ischemia by Administering Adenosine A_{2a} Receptor Antagonists

KA Jacobson, BT Liang (NIDDK)
Serial No. 08/813,787 filed March 7, 1997

This technology relates to methods of administering compounds to protect the heart from ischemic injury. In particular, this invention provides antagonists, which selectively inhibit activation of A_{2a} receptors thereby enhancing the protective effects of preconditioning and rendering the heart more resistant to ischemia. This invention involves administration of a specific A_{2a} antagonist to patients