DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-R-43]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection;

Title of Information Collection: Conditions of Participation for Portable X-ray suppliers and Supporting Regulations in 42 CFR 486.104, 486.106, and 486.110;

Form No.: HCFA-R-43 (OMB# 0938-0338):

Use: This information is needed to determine if portable X-ray suppliers are in compliance with published health and safety requirements. These requirements are among other requirements classified as conditions of participation or conditions for coverage. These conditions are based on a provision specified in law relating to diagnostic X-ray tests "furnished in a place of residence used as the patient's home," and are designed to ensure that each supplier has a properly trained staff to provide the appropriate type and level of care, as well as, a safe physical environment for patients. HCFA uses these conditions to certify suppliers of portable X-ray services wishing to participate in the Medicare program.

Frequency: Annually;
Affected Public: Business or other for-

profit; Number of Respondents: 670;

Total Annual Responses: 670; Total Annual Hours: 1,675.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http:// www.hcfa.gov/regs/prdact95.htm, or Email your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: May 6, 1999.

John P. Burke III,

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

[FR Doc. 99–15208 Filed 6–15–99; 8:45 am] BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Young Drivers Intervention Study

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the Federal Register on December 30, 1998, pages 71933-71934 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institute of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Young Drivers Intervention Study.

Type of Information Collection Request: New.

Need and Use of Information Collection: The purposes of this study are (1) determine the impact of parental

actions in monitoring and controlling their adolescents' driving behavior, and (2) test the effectiveness of education in promoting parental restriction of adolescent risky driving behavior. The specific questions addressed in this study include: (1) Are parents' perceptions about driving risks associated with parental restrictions on teen driving? (2) Is a parent-teen driving agreement an effective way of reducing teen-aged risky driving? (3) Is information tailored to the interests and background of the participants more effective than non-tailored information? (4) Do parental restrictions on teen driving reduce traffic citations and crashes among teens?

In each of two states, 4000 parent-teen dyads will be recruited, asked to provide informed consent, and interviewed by telephone. Interviews will occur upon recruitment, at the time of licensure, 6-months post-licensure, and 12-months post-licensure. Parents will be asked about their attitudes and management practices regarding their teens' driving. Teens will be asked about their driving attitudes, practices, and privileges. With the consent of the participants, the driving records for each teen-aged participant will be obtained from the state motor vehicle administration and citations and crashes will be examined 24-months postlicensure.

Parent-teen dyads will be assigned randomly to an information-only group or tailored-education group. Parents and teens in the information-only group will receive standard information on safe driving. Parents and teens in the tailored-education group will receive personalize educational materials in the mail, including a parent-teen driving agreement and an educational videotape.

Frequency of Response: On occasion. Affected Public: Individuals or households.

Type of Respondents: Teen-aged children and parents. The annual reporting burden is as follows: Estimated number of Respondents: 14134; Estimated Number of Responses per Respondent: 1.33; Average Burden Hours Per Response: .50, and Estimated Total Annual Burden Hours Requested: 9399. The annualized cost to respondents is estimated at: \$47,333. There are no capital costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions form the public and affected agencies are invited on one or more or the following points: (1) Whether the

proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques for other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Bruce Simons-Morton Chief, Prevention Research Branch, Division of Epidemiology, Statistics and Prevention Research, National Institutes of Child Health and Human Development, 6100 Executive Blvd, Room 7B05, Bethesda, MD 20852–7510 or call non-toll free number (301) 496–1126 or E-mail your request, including your return address, to Bruce_SimonsMorton@nih.gov.

COMMENT DUE DATE: Comments regarding this information collection are best assured of having their full effect if received on or before July 16, 1999.

Dated: June 9, 1999.

Michael H. Rosenthal.

Acting Executive Officer, NICHD.
[FR Doc. 99–15224 Filed 6–15–99; 8:45 am]
BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Survey of Colorectal Cancer Screening Practices in Health Care Organizations.

SUMMARY: In compliance with the provisions of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comments on proposed data collection projects, the National Institutes of Health (NIH), National Cancer Institute (NCI) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on November 30, 1998, Volume 63, No. 229 page 65796 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to

respond to, an information collection that has been extended, revised or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Survey of Colorectal Cancer Screening Practices in Health Care Organizations. Type of Information Collection Request: New. Need and Use of Information Collection: This study will measure primary care and specialty physician's knowledge, attitudes, and practice patterns related to colorectal cancer screening and diagnostic follow-up. This study also will assess guidelines, policies, and programs to provide or promote colorectal cancer screening within health plans. The purpose of this study is to obtain current, nationally representative data on the physician and health system factors that may influence the use of colorectal cancer screening and diagnostic follow-up for suspected colorectal cancer in community practice. Three questionnaires will be administered by mail, telephone, facsimile, or Internet using national samples of physicians and health plans. Study participants will select their preferred response mode. Study participants will be primary care and specialty physicians with active licenses to practice medicine in the U.S., and the medical directors of health plans listed by the American Association of Health Plans. Burden estimates are as follows:

Questionnaire	Estimated number of respondents	Number of responses per respondent	Average bur- den hours per response	Estimated total annual burden hours
Primary Care Physicians Speciality Physicians Health Plans	1,389 1,042 323	1 1 1	0.333 0.333 0.333	463 347 108
Total				918

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited in one or more of the following points: (a) whether the proposed collection of information is necessary for the 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 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.

Request for Comments: Written comments and/or suggestions regarding the item(s) contained in this notice especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs,New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and

instruments, contact Carrie N. Klabunde, Ph.D., Epidemiologist, National Cancer Institute, EPN 313, 6130 Executive Boulevard, MSC 7344, Bethesda, Maryland 20892–7344, telephone 301–402–3362.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before July 16, 1999.

Dated: June 8, 1999.

Reesa Nichols,

OMB Project Clearance Liaison. [FR Doc. 99–15225 Filed 6–15–99; 8:45 am] BILLING CODE 4140–01–M