earned in connection with official travel, are commercially available on the open market. The software and services include a variety of recommended management options to save time, money, and staffing. The software and services also make recommendations for policy development, program enrollment, program administration, and earned award processing.

5. *Expiration date.* This bulletin expires on December 31, 1996.

6. *For further information contact.* Jane E. Groat, General Services Administration, Transportation Management Division (FBX), Washington, DC 20406, telephone 703–305–5745.

[FR Doc. 95–27090 Filed 10–31–95; 8:45 am]

BILLING CODE 6820–24–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–95–05]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–3453.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. The National Ambulatory Medical Care Survey (NAMCS)—(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 by the National Center for Health Statistics, CDC. The NAMCS samples from all office visits within the United States made by ambulatory patients to non-Federal office-based physicians engaged in direct patient care. More than 70 percent of all direct ambulatory medical care visits occur in physicians' offices. To complement these data, in 1992 NCHS initiated the separate National Hospital Ambulatory Medical Care Survey (NHAMCS). These two surveys constitute the ambulatory care component of the National Health Care Survey (NHCS), and provide coverage of more than 90 percent of U.S. ambulatory medical care. NAMCS data include patients' demographic characteristics and medical problems, and the physicians' diagnostic services, therapeutic prescriptions and disposition decisions. These annual data may be used to monitor change and its effects and stimulate further improvements to the use, organization, and delivery of ambulatory care. Users of NAMCS data include Congress and federal agencies (e.g. NIMH, NIAAA, NCI, HRSA), state and local governments, medical schools, schools of public health, colleges and universities, private businesses, nonprofits, and individual practitioners and administrators. The total cost to respondents is estimated at $2,570,400.

Respondents	No. of respondents	No. of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Private, Office-based Physicians Forms:				
Induction	3000	1	0.250	750
Patient Record	3000	30	0.033	2970
Total	.....	.....	.....	3,720

2. The National Hospital Ambulatory Medical Care Survey (NHAMCS)—(0920–0278)—Extension—The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992 by the National Center for Health Statistics, CDC. The NHAMCS is the principal source of data on the 153 million visits to hospital emergency and outpatient departments. It is the only source of nationally representative estimates of outpatient demographics, diagnoses, diagnostic services, medication therapy, and the patterns of use of care in hospitals which differ in size, location, and ownership. NHAMCS is also the only source of national estimates on causes of non-fatal injury for visits to emergency and outpatient departments.

These data complement those from the National Ambulatory Medical Care Survey (NAMCS), on visits to non-Federal physicians in office-based practices. NHAMCS data are essential for planning health services, improving medical education, determining health care work force needs, and assessing health. Users of NHAMCS data include Congress, Federal agencies such as NIH, private groups such as the American Heart Association, universities, and state offices of public health. The total cost to respondents is estimated at $180,000.

Respondents	No. of respondents	No. of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Noninstitutional, general and short stay, hospital outpatient and emergency departments forms:				
Hospital Induction	600	1	1.0	600

Respondents	No. of respondents	No. of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Ambulatory Unit Induction	600	1	1.2	720
Emergency Department Patient Record	600	50	0.06	1,800
Outpatient Department Patient Record	600	150	0.06	5,400
Total	.....	.....	.....	8,520

3. TB Statistics and Evaluation Activity—(0920–0026)—Revision—This is a request to revise the currently approved data collection, which authorizes the collection of information that constitutes a national information system for tuberculosis. These data provide reliable and consistent information on the extent and distribution of TB in the U.S. Two forms will be deleted from the current information package: CDC 72.16 Tuberculosis Program Management Report, Contact Follow-up; and CDC 72.21 Tuberculosis Program Management Report, Completion of Preventive Therapy. The burden for those two forms is 351 hours. Performance Measurement Report, Contact Investigation and Preventive Therapy for Contacts will replace form 72.16; Performance measurement Report, Preventive Therapy will replace form 72.21, and the new form Performance Measurement Report, Screening will be added. The total burden for these three new forms is 238 hours, a decrease of 113 hours over the burden in the current package.

The existing form for contact follow-up (72.16) is being replaced because it does not stratify the contacts by the sputum smear status of the index case. Sputum smear cases are most likely to be highly infectious and their contacts should receive the highest priority for identification, evaluation, and preventive therapy. Furthermore, it does not reflect whether or not the contacts to a specific cohort of TB cases who were started on preventive therapy actually complete a recommended course of medication. Recently infected contacts are one of the highest risk groups for developing active TB and therefore should receive high priority for completing preventive therapy. The existing form on completion of preventive therapy (72.21) is being replaced because it does not stratify persons starting and completing preventive therapy by HIV status, the highest risk factor ever identified for developing active TB. Furthermore, it does not separate those who are at high risk because they are more likely to be infected with TB or because they are more likely to develop TB disease once infected. Finally, it does not specify the activity or group (e.g., correctional facility or drug treatment center) in which the preventive therapy is being carried out. The new screening form is being added because there is currently no mechanism for systematically collecting information from TB grant recipients on TB screening activities in various risk groups (e.g., persons with HIV infection) or in various settings (e.g., correctional facilities, drug treatment centers). The new form also collects data that determines of those screened, the number and percent found to have TB infection and who were subsequently placed on preventive therapy. CDC cannot currently determine whether grant recipients are appropriately carrying out these activities.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Performance Measurement Report, Contact Investigation and Preventive Therapy for Contacts	68	2	0.5	68
Performance Measurement Report, Preventive Therapy	68	2	1.0	136
Performance Measurement Report, Screening	68	2	0.25	34
Total	.....	.....	.....	238

4. Hanford Environmental Dose Reconstruction (HEDR) Project Milk Producers Survey—New—OMB approved the information collections for the ''Hanford Thyroid Disease Full Epidemiology Study'' under OMB No. 0920–0296 to determine the health effects to the public from radioactive releases from the Hanford Nuclear Site Operations during the 1940's and 1950's. A primary component of these releases was radioactive iodine. Consumption of fresh milk from cows that have eaten contaminated vegetation and fresh leafy vegetables and eggs from chickens with access to outdoor vegetation are important pathways of radioactive iodine to the human body which adversely affects the thyroid gland. To estimate the doses to the thyroid that individuals and populations could have received, historical milk cow and chicken feeding and distribution practices must be reconstructed for the downwind area. This information is particularly important for use in this ongoing study and its relation to radiation exposures. Researchers from LTG Associates will collect information from a representative sample of individuals who farmed in 7 counties within the study area during the periods of 1945 and 1951. There are no costs to the respondents.

Respondents	No. of respondents	No. of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Contact Potential Sources of Names of farmers	50	1	0.16	8

Respondents	No. of respondents	No. of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Initial Contact of Potential Candidates	1,600	1	0.16	267
Scheduling Interview	400	1	0.08	33
Telephone Interview	400	1	2	800
Total	.....	.....	.....	1,108

5. State-Based Evaluation of Trends and Risk Factors in Morbidity and Mortality from Sickle Cell Disease after Newborn Screening—New—Children with sickle cell disease are at increased risk for mortality and morbidity, especially in the first three years of life. The need for early diagnosis and preventive medical intervention is the rationale for newborn hemoglobinopathy screening programs, now operating in more than 40 states. Although clinical trials have clearly demonstrated the efficacy of early medical intervention, more information is needed regarding the actual utilization of available therapies and preventive measures in large populations, health statuses of children identified by newborn screening programs, and risk factors for adverse health outcomes. Potential risk factors include extent of medical care follow-up, location of treatment, the use of penicillin prophylaxis, immunization patterns, as well as parental social, demographic and educational factors. In FY 1995, CDC awarded $150,000 to three state health departments to assist in their efforts to ascertain health status and risk factors for young children with sickle cell disease. States will be using these funds to obtain information about individual children through structured questionnaires directed toward their parents and physicians. There are no costs to the respondents.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Parents	3,000	1	1.5	4.5
Physicians	4,500	1	1	4.5
Total	.....	.....	.....	9

Dated: October 26, 1995.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–27056 Filed 10–31–95; 8:45 am]

BILLING CODE 4163–18–P

National Institute for Occupational Safety and Health; Meeting

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Breast Cancer Incidence Among Occupational Cohorts Exposed to Ethylene Oxide and Polychlorinated Biphenyls.

Time and Date: 9 a.m.–3:30 p.m.; December 13, 1995.

Place: Hubert Humphrey Building, Room 800, 200 Independence Avenue, SW., Washington, DC 20201.

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

Purpose: The purpose of this meeting is to obtain expert advice regarding technical and scientific aspects of the study ''Breast Cancer Incidence Among Occupational Cohorts Exposed to Ethylene Oxide and Polychlorinated Biphenyls'' being conducted at NIOSH. Participants on the Science Advisory Panel will review the study protocol and provide advice on the conduct of the study.

Viewpoints and suggestions from industry, labor, academia, other government agencies and the public are invited.

Contact Person for Additional Information: Teresa Schnorr, Ph.D., NIOSH, CDC, Mailstop R–13, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841–4587.

Dated: October 25, 1995.

Carolyn J. Russell,

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

[FR Doc. 95–27030 Filed 10–31–95; 8:45 am]

BILLING CODE 4163–19–M

Public Health Service

Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Contracted Pharmacy Services

AGENCY: Public Health Service, HHS.

ACTION: Notice.

SUMMARY: Section 602 of Public Law 102–585, the ''Veterans Health Care Act of 1992'' (the ''Act''), enacted section 340B of the Public Health Service Act (''PHS Act''), ''Limitation on Prices of Drugs Purchased by Covered Entities.'' Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible (covered) entities must sign a pharmaceutical pricing agreement with the Secretary of Health and Human Services (HHS) in which the manufacturer agrees to charge a price for covered outpatient drugs that will not exceed an amount determined under a statutory formula.

The purpose of this notice is to inform interested parties of the following proposed guidelines regarding contracted pharmacy services. Public comment is invited.

DATES: The public is invited to submit comments on the proposed guidelines by December 1, 1995. After consideration of the comments submitted, the Secretary will issue the final guidelines.

FOR FURTHER INFORMATION CONTACT: Marsha Alvarez, R. Ph., Director, Drug Pricing Program, Bureau of Primary Health Care, 4350 East-West Highway, Bethesda, MD 20814, Phone (301) 594–4353, FAX (301) 594–4982.

SUPPLEMENTARY INFORMATION: The Health Resources and Services Administration, Bureau of Primary Health Care, acting through the Office of Drug Pricing, has developed contracted pharmacy service guidelines to facilitate