to address the status of the entries posted by the enhanced settlement service. One commenter suggested that debit and credit entries to the reserve accounts of the settling participants be considered funds transfers under Regulation J and pertinent sections of Article 4A of the Uniform Commercial Code. Another felt that although Regulation J did not apply to the debit and credit entries of the proposed service, Article 4A did apply.

The Board has not amended Regulation J to cover explicitly debit and credit entries associated with the enhanced settlement service. Although certain provisions of Article 4A may apply to the debit and credit entries, the extent to which these entries would be considered ''payment orders'' under Article 4A is not clear. Therefore, the Reserve Bank operating circulars will establish the rules governing the debit and credit entries to the Federal Reserve accounts of the settling participants, including when those debits and credits will become final.

J. Capability to Transfer Funds Into the Settlement Account

All but one of the twelve commenters that responded to this question indicated that it would be beneficial for the service to provide the capability for a participant or another institution to transfer additional funds into the settlement account in order to complete the settlement. One commenter stated that such a feature could facilitate quick resolution of problems and prevent temporary problems from becoming permanent defaults.

Only one commenter thought that the Federal Reserve should not offer the capability for another participant or depository institution to transfer funds into the settlement account to complete the settlement process. This commenter stated that a failed debit for a settling participant should be resolved by that participant and that the settling participants can set up bilateral funding arrangements if they so choose.

The enhanced settlement service will allow another settling participant or depository institution to transfer additional funds into the settlement account in order to complete the settlement. The agent or another authorized depository institution will be able to transfer funds into the settlement account to complete settlement in accordance with the clearinghouse association rules.

K. Clearing Arrangements That Should be Eligible for the Enhanced Settlement Service

Seven out of the twelve respondents that addressed this issue felt that the Federal Reserve should offer the proposed service to any type of clearing arrangement. Three of these commenters wanted to clarify that direct settlement participants would have to be entities that are eligible for Federal Reserve accounts. Another commenter stated that the proposed service should ''accommodate any type of clearing arrangement'' because of the rapidly changing payment systems environment and the increasing need for new services in the industry.

Two commenters believed that the proposed service should be available only to small-dollar clearing arrangements. One of these respondents felt that large-dollar clearing arrangements, such as CHIPS, should not have access to the new service because the settlement agents should have a very active role in managing the settlements for large-dollar systems, and the Fedwire-based settlement is best suited for these purposes.

The Board is confident that the enhanced service offers an efficient and secure settlement service with strong risk management features. As a result, the Federal Reserve will make the enhanced settlement service available to financial institutions with Federal Reserve accounts that participate in multilateral settlements for private-sector clearing arrangements.

V. Competitive Impact Analysis

The Board has established procedures for assessing the competitive impact of rule or policy changes that have a substantial impact on payments system participants.[6] Under these procedures, the Board will assess whether a change would have a direct and material adverse effect on the ability of other service providers to compete effectively with the Federal Reserve in providing similar services due to differing legal powers or constraints or due to a dominant market position of the Federal Reserve deriving from such differences. If no reasonable modifications would mitigate the adverse competitive effects, the Board will determine whether the expected benefits are significant enough to proceed with the change despite the adverse effects.

The Board's proposed enhancements to the net settlement service are intended to improve the clearance and settlement process for payments by increasing the efficiency of the services currently offered by the Federal Reserve and by reducing the uncertainty and disruption to private-sector participants from the potential reversal of settlement on the following business day. From this standpoint, the enhanced settlement service should help reduce risk as well as operational burden for private-sector settlement arrangements. In addition, risk controls that would be developed in order to provide finality of settlements to clearinghouse participants on the settlement date would help protect the Federal Reserve from the risk of loss. As a result, the Board believes that the proposed enhancements to the Federal Reserve's net settlement services would enable depository institutions to continue to take advantage of the benefits of netting, while increasing operational efficiency and reducing credit risk to the private sector.

By order of the Board of Governors of the Federal Reserve System, November 2, 1998.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 98–29709 Filed 11–5–98; 8:45 am]

BILLING CODE 6210–01–P

[6] These procedures are described in the Board's policy statement ''The Federal Reserve in the Payments System,'' as revised March 1990. (55 FR 11648, March 29, 1990).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry; Senior Executive Service; Performance Review Board Members

AGENCY: Centers for Disease Control and Prevention (CDC), and Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: Title 5, U.S. Code, Section 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95–454, requires that appointment of Performance Review Board members be published in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Connie Clayton, Human Resources Management Office, Office of Program Support, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K–07, Atlanta, Georgia 30341–3724, telephone 770–488–1874.

SUPPLEMENTARY INFORMATION: The following persons will serve on the Performance Review Board which

oversees the evaluation of performance appraisals of Senior Executive Service members of the Department of Health and Human Services in the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry:

Claire V. Broome, M.D., Chairperson
Stephen B. Blount, M.D., M.P.H.
James M. Hughes, M.D.
Arthur C. Jackson
Richard J. Jackson, M.D., M.P.H.
James S. Marks, M.D., M.P.H.
Peter J. McCumiskey
Linda Rosenstock, M.D., M.P.H.
Stephen B. Thacker, M.D.

Dated: November 3, 1998.

Claire V. Broome,

Deputy Director, Centers for Disease Control and Prevention (CDC) and Deputy Administrator, Agency for Toxic Substances and Disease Registry (ATSDR).

[FR Doc. 98–29736 Filed 11–5–98; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–02]

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) 639–7090.

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

1. Proposed Project. 2000 National Health Interview Survey, Basic Module (0920–0214)—Revision—The National Center for Health Statistics. The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2000.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were implemented in 1997 and are expected to be in the field until 2006. Ad hoc Topical Modules on various health issues are provided for in the redesigned NHIS. This clearance is for the fourth full year of data collection, planned for January-December 2000. The Basic Module on CAPI will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. It will also include a ''Topical Module'' (or supplement) on Cancer. The cancer module will repeat similar surveys conducted in 1987 and 1992, and will help track many of the Healthy People 2000 Objectives for cancer.

At a rate of $15 per hour, the total cost to respondents is estimated at $1,062,900 for the whole survey.

Respondents	Number of Respondents	Number of Responses/Respondent	Avg. Burden/per Response (in hrs.)	Total Burden (in hrs.)
Family	42,000	1	0.5	21,000
Sample adult	42,000	1	1.08	45,360
Sample child	18,000	1	0.25	4,500
Total	.....	.....	.....	70,860

2. Validation of Self-reported Health Outcomes from the Health Assessment of Persian Gulf War Veterans From Iowa: Follow-up on Asthma—(0920–0425)—Extension—The National Center for Environmental Health—The purpose of this study is to collect additional data to validate health outcomes reported by participants in the Health Assessment of Persian Gulf War Veterans from Iowa. The original data collection consisted of a telephone survey of 3,695 military personnel who served during the time of the Persian Gulf War and listed Iowa as their home of residence. Data will be collected from subjects who participated in the telephone survey to validate the self-report of asthma. Lung function assessment, tests of airways hyperactivity, and standard respiratory health questionnaires will be administered. Review of medical records, standard physical examination, and laboratory evaluation will be conducted to validate multi systemic conditions, including chronic fatigue syndrome and fibromyalgia. The total cost to the respondents is $0.