

Centers for Disease Control and Prevention

Injury Research Grant Review Committee: Conference Call Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following conference call committee meeting.

Name: Injury Research Grant Review Committee (IRGRC).

Time and Date: 3 p.m.-5 p.m., February 17, 1995.

Place: National Center for Injury Prevention and Control (NCIPC), CDC, Koger Center, Davidson Building, 2nd Floor, Conference Rooms 2060A and 2060B, 2858 Woodcock Boulevard, Chamblee, Georgia 30341. (Exit Chamblee-Tucker Road off I-85.)

Status: Open 3 p.m.-3:15 p.m., February 17, 1995. Closed: 3:15 p.m.-5 p.m., February 17, 1995.

Purpose: This committee is charged with advising the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director of CDC, regarding the scientific merit and technical feasibility of grant applications relating to the support of injury control research and demonstration projects and injury prevention research centers.

Matters To Be Discussed: Agenda items for the meeting will include announcements, discussion of review procedures, future meeting dates, and review of grant applications.

Beginning at 3:15 p.m., through 5 p.m., February 17, the committee will meet to conduct a review of grant applications. This portion of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), title 5 U.S.C., and the Determination of the Acting Associate Director for Policy Coordination, CDC, pursuant to Pub. L. 92-463.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Richard W. Sattin, M.D., Executive Secretary, IRGRC, NCIPC, CDC, 4770 Buford Highway, NE, Mailstop K58, Atlanta, Georgia 30341-3724, telephone 404/488-4580.

Dated: January 26, 1995.

William H. Gimson,

Acting Associate Director for Policy Coordination Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-2401 Filed 1-31-95; 8:45 am]

BILLING CODE 4163-18-M

Health Resources and Services Administration

Final Special Consideration for Grants for Residency Training and Advanced Education in the General Practice of Dentistry for Fiscal Year 1995

The Health Resources and Services Administration (HRSA) announces the

final special consideration for fiscal year (FY) 1995 Grants for Residency Training and Advanced Education in the General Practice of Dentistry funded under the authority of section 749, title VII of the Public Health Service Act (the Act), as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992.

Purpose

Section 749 of the PHS Act authorizes the Secretary to make grants to any public or nonprofit private school of dentistry or accredited postgraduate dental training institution (e.g., hospitals and medical centers) to plan, develop, and operate an approved residency or an approved advanced educational program in the general practice of dentistry; to provide financial assistance to participants in such a program who are in need of financial assistance and who plan to specialize in the practice of general dentistry; and to fund innovative, nontraditional models for the provision of postdoctoral General Dentistry training.

A special consideration for this program was proposed for public comment in the **Federal Register** on November 1, 1994 at 59 FR 54614. No comments were received during the 30-day comment period. Therefore, the proposed special consideration will be retained as follows:

Final Special Consideration

Special consideration will be given to approved applications based on the extent to which they address innovative means of providing advanced general dentistry education that can help meet the current and future demand of such training. This might include new sponsor/co-sponsor arrangements; different organizational and administrative structures; expanded private/public sector affiliations and setting linkages; and creative applications for current instructional telecommunications and computer technologies.

If additional programmatic information is needed, please contact:

Dr. Rosemary E. Duffy, Division of Associated, Dental, and Public Health Professions, Bureau of Health Professions, Health Resources and Services Administration, 5600 Fishers Lane, Room 8C-09, Rockville, Maryland 20857, Telephone: (301) 443-6837.

Grants for Residency Training and Advanced Education in the General Practice of Dentistry is listed at 93.897 in the *Catalog of Federal Domestic Assistance*. Applications submitted in response to this announcement

are not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: January 26, 1995.

Ciro V. Sumaya,
Administrator.

[FR Doc. 95-2430 Filed 1-31-95; 8:45 am]

BILLING CODE 4160-15-P

Federal Financial Assistance for Telemedicine Demonstration Project in Rural Western Nebraska

AGENCY: Health Resources and Services Administration (HRSA), Public Health Service (PHS), Health and Human Services (HHS).

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy, HRSA, announces the availability of funds in FY 1995 for a grant to support a telemedicine demonstration project in rural western Nebraska. The purpose of the grant is to (1) develop a base of information that will contribute to a systematic evaluation of telemedicine systems serving rural areas; and (2) facilitate development of a rural health care network through the use of telemedicine.

Authority

The award will be made from funds appropriated under Public Law 103-333 (HHS Appropriation Act for FY 1995). The Senate Committee on Appropriations Report 103-318 included a set-aside to support a multipurpose telecommunication system in rural western Nebraska. In introducing the set-aside for this project, the Senate Report stated: "Communication systems that link physicians offices to hospitals are necessary for establishing functioning networks in rural areas." The Department agrees that the objectives of this set-aside are consistent with the general provisions of the Office of Rural Health Policy's telemedicine grant programs, which are authorized under Section 301 of the Public Health Service Act.

Justification for Other Than Full and Open Competition

In the Senate Committee on Appropriations Report 103-318, the Senate directed this demonstration to be awarded only to applicants in rural western Nebraska. The Senate Report does not specify the areas to be included in the definition of "rural western

Nebraska." In the absence of such a definition, the Department considers all applicants in counties that are geographically located in the western third of the state to be eligible for this competition.

National Health Objectives for the Year 2000

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. This grant is related to the priority areas for health promotion, health protection, and preventive services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-C) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone (202) 783-3238).

Funds Available

Depending on the availability of funds, which are subject to reductions in the appropriated amounts, an estimated total award of up to \$500,000 will be made to support a single grant project for a one year period. The budget period for the project will begin September 1, 1995.

Funding Limits

The award is limited to a maximum total amount of \$500,000 (direct and indirect costs), depending on the availability of funds, which are subject to reductions in the appropriated amounts.

Equipment costs up to 40 percent of the total grant award are allowable. However, the costs of purchasing and installing transmission equipment, such as laying cable or telephone lines, microwave towers, digital switching equipment, amplifiers, etc., are not allowable. Transmission costs are allowable. Indirect costs are allowable up to 20 percent of the total grant award.

Grant funds may not be used for construction, except for minor renovations related to the installation of equipment. Grant funds may not be used to acquire or build real property.

Cost Participation

Cost participation serves as an indicator of community and institutional support for the project and of the likelihood that the project will continue after Federal grant support has ended. The successful applicant will be required to share in the costs of the project by providing equipment,

personnel, building space, indirect costs, other in-kind contributions, or cash.

DATES: Applications for the grant must be received by the close of business on May 2, 1995.

Applications shall be considered as meeting the deadline if they are either (1) received on or before the deadline date; or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants must obtain a legible dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

ADDRESSES AND FURTHER INFORMATION:

Requests for grant application kits and for technical or programmatic information on this announcement should be directed to Carole Mintzer, Office of Rural Health Policy, 5600 Fishers Lane, Room 9-05, Rockville, MD 20857, 301-443-0835, cmintzer@hrsa.ssw.dhhs.gov. Requests for information regarding business or fiscal issues and completed applications should be directed to Opal McCarthy, Grants Management Office, Bureau of Primary Health Care, West Tower, 11th Floor, 4350 East West Highway, Rockville, MD 20857, 301-594-4260. The standard application form and general instructions for completing applications (Form PHS-5161-1, OMB 0937-0189) have been approved by the Office of Management and Budget (OMB).

SUPPLEMENTARY INFORMATION:

Program Objectives

The purpose of the grant is to demonstrate and collect information on the feasibility, costs, appropriateness, and acceptability (to practitioners and patients) of telemedicine for improving access to health services for rural residents and reducing the isolation of rural practitioners. The grant will be awarded for implementing and operating a telemedicine system that links a multi-specialty entity with rural health care facilities for the purposes of delivering health care services to the rural sites and exchanging information between the sites.

A central goal of the grant is to demonstrate how telemedicine can be used as an effective tool in the development of integrated systems of health care. Integrated systems of care provide comprehensive, coordinated health care services to the rural residents served by the system through referrals, consultations, and support

systems that ensure patient access to a comprehensive set of services and reduce practitioner isolation. In particular, the grant is to promote systems of health care in rural areas that link rural primary care practitioners with specialty and referral services.

For the purposes of this grant, telemedicine is defined as the use of telecommunications for medical diagnosis and patient care. A clinical consultation is defined as a person-to-person interaction relating to the clinical condition or treatment of the patient. The consultation could be between two practitioners, with or without the patient present, or between a specialty practitioner and a patient. The consultation may be interactive or asynchronous (e.g. store and forward technology).

In order to compete for this grant, applicants must participate in a telemedicine network that includes at least three sites: a multispecialty entity (tertiary care hospital, multi-specialty clinic, or a collection of facilities that, combined, could provide 24-hour a day specialty consultations), a small rural hospital (fewer than 100 staffed beds), a rural primary care clinic or practitioner office. Networks that include a long-term care facility are especially encouraged. The network may include additional rural sites, such as mental health clinics, school-based clinics, emergency service providers, home health providers, community and migrant health centers, rural health clinics, Federally qualified health centers, health professions schools, etc. The telemedicine network must be used to provide clinical consultations between the multispecialty entity (hub) and the rural sites (spokes). Projects that use low cost technologies are particularly encouraged.

For purposes of this grant, a telemedicine network is characterized by a full partnership among all the members that includes the following elements: (1) Resource participation; (2) a specific role for each member; (3) a contractual relationship or formal written agreement; (4) a long-term commitment to the project by each member; (5) documentation of the network's activities; and (6) active participation by each member so that the network is not solely dependent on any particular member organization.

Applicants must monitor their own performance and be willing and able to participate in an evaluation of telemedicine services. This may include, but is not limited to, collecting data, completing surveys, and participating in on-site observations by independent evaluators.

The project, at a minimum, must be able to provide teleconsultations in the following specialty services:

Teleradiology, cardiology, dermatology, mental health and/or substance abuse, obstetrics and gynecology, orthopedics, subspecialties of pediatrics, and stabilization of trauma patients. Applicants may propose to provide teleconsultations for additional services, such as physical therapy, speech therapy, diabetic counseling, dentistry, or otolaryngology.

This grant is intended to support telemedicine for medical diagnosis and treatment of patients, including patient counseling. It is not for didactic distance learning programs, such as lectures or other programs designed solely for the purposes of instructing health care personnel or patients.

Applicants must develop projects that address specific, well-documented needs of the rural communities. In doing so, applicants are advised to consider both the health care needs of the rural communities served by the project, and the extent to which the project can build upon existing telecommunications capacity in the communities to facilitate efficient use of that capacity by multiple users. Needs can be established through a formal needs assessment or by population specific demographic data.

All the grant funding must be used for services provided to or in rural communities. A majority of grant dollars must actually be spent for equipment placed in rural communities and for costs incurred in rural communities, including salaries, maintenance of equipment, and transmission costs.

Eligible Applicants

The demonstration grant award will be made only to an entity located in the western third of the State of Nebraska. The entity can be either (1) a health care provider that is a member of a telemedicine network serving rural western Nebraska, or (2) a consortium of providers that are members of a telemedicine network serving rural western Nebraska. The applicant must be a legal entity capable of receiving Federal grant funds. The grant recipient can be a public (non-Federal) or private nonprofit or for-profit entity, located in either a rural or urban area. Rural spoke sites may be public or private entities, either nonprofit or for-profit. All spoke facilities supported by this grant must be located in the western third of Nebraska, all of which is defined by OMB as a non-metropolitan statistical area.

Review Consideration

Grant applications will be evaluated on the basis of the following criteria:

(1) Extent to which the project facilitates development of an integrated system of care for the rural areas served by the project by providing referral linkages, facilitating consultations among health care professionals, and reducing the isolation of health care practitioners, as evidenced by the strength of the contractual arrangements among the members of the telemedicine network.

(2) Demonstrated ability to monitor the performance of the project, collect data, and participate in an evaluation of telemedicine.

(3) Demonstrated capability, experience, and knowledge by the applicant and other network members to carry out the project.

(4) Reasonableness of the budget proposed for the project.

(5) Level of local commitment and involvement with the project, as evidenced by the extent of cost participation by the applicant and/or other organizations, letters of support, and the feasibility of plans to sustain the project after Federal grant support has ended.

(6) Extent to which the applicant has justified and documented the need(s) for the project, developed measurable goals and objectives for meeting the need(s), and designed a project that could be replicated in rural areas with similar needs and characteristics.

Other Information

Applicants are advised that the narrative description of their program and the budget justification may not exceed 30 pages in length. All applications must be typewritten and clearly legible, using print no smaller than 12 characters per inch and having margins no less than one inch on all sides. Any applications that are judged nonresponsive because they are inadequately developed, in an improper format, exceed the specified page length, or otherwise are unsuitable for peer review and funding consideration, will be returned without further consideration. All responsive applications will undergo objective peer review.

Public Health System Impact Statement

This grant is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the OMB—0937—0195. Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and Local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

a. A copy of the face page of the application (SF 424)

b. A summary of the project PHSIS, not to exceed one page, which provides:

- (1) A description of the population to be served.
- (2) A summary of the services to be provided.
- (3) A description of the coordination planned with the appropriate State of local health agencies.

Executive Order 12372

This grant program is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Applicants (other than Federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs), a list of which will be included in the application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. All SPOC recommendations should be submitted to Opal McCarthy, Office of Grants Management, Bureau of Primary Health Care, West Tower, 11th Floor, 4350 East West Highway, Rockville, Maryland 20857, (301) 594-4260. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to "accommodate or explain" for State process recommendations it receives after that date. (See Part 148, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR part 100 for a description of the review process and requirements.)

This is intended to be a one-time program. Therefore, a Catalog of Federal Domestic Assistance number has not been requested.

Dated: January 26, 1995.

Ciro V. Sumaya,
Administrator.

[FR Doc. 95-2432 Filed 1-31-95; 8:45 am]

BILLING CODE 4160-15-P