

The purpose of this limited competition is to support supplemental awards for Maternal and Child Community Health Science Consortia (MC<sup>2</sup>HSC). The central, defining characteristic of the MC<sup>2</sup>HSC concept is that this entity is to evolve out of the maternal and child health infrastructure and services systems already in place in the community or neighborhood where the Consortium is to be located.

A joint research and training activity, the MC<sup>2</sup>HSC is part of the MCHB commitment to enhance essential public health functions and academic/community problem solving partnerships. The MC<sup>2</sup>HSC will contribute to the definition and advancement of MCH science and undertake applied community-based research regarding the content, organization and delivery of maternal and child health care, systems performance and outcome assessments. It will be an entity designed to undertake short and long-term, carefully designed, research and development efforts related to community-based problem solving regarding the content, organization, and delivery of maternal and child health care.

Consortia are expected to establish relationships with existing service delivery units and/or, where necessary, develop program components that will be used independently, or in conjunction with other components, to form problem-specific solutions. These service program components will form the basis to explore, investigate, evaluate and modify standard public health practices and/or interventions in order to translate science into practice consistent with the Healthy Children 2000 objectives.

Competition is limited to MCHB funded training programs in schools of public health. These programs are uniquely qualified by virtue of the faculty and resources available to them as a result of the training grants they receive, as well as the mission embodied in those grants to engage in research and scholarly activities relative to community-based MCH programs. The activities and results of these scholarly pursuits are expected to enhance the training supported through the extant training grants. Schools of public health not receiving MCH training grants have neither the extensive resources nor the mission to carry out these complementary research/training activities. The MC<sup>2</sup>HSC is intended to serve as a locus for the conduct of doctoral research, or employment of students to conduct studies or perform services necessary for

accomplishment of the mission of the Consortium.

**Grants/Amounts:** Up to \$500,000 will be available to support up to two supplemental awards in the amount of \$250,000 per award.

**Eligibility:** Eligibility for funding is limited to the Maternal and Child Health funded training programs in thirteen schools of public health. The MCH-funded training programs at schools of public health are located at the following Universities: Harvard, Johns Hopkins, Columbia, Boston, California at Berkeley, California at Los Angeles, North Carolina, Minnesota, Hawaii, Puerto Rico, Alabama, Illinois, and Washington.

**DATES:** All eligible applicants have received the materials necessary for development and submission of an application and were advised to notify the Research and Training Branch by July 21, 1995 of intent to submit an application. This notice will inform the public of this grant award competition.

**FOR FURTHER INFORMATION CONTACT:** For programmatic or technical information on MCH issues, contact Mr. James Papai, 5600 Fishers Lane, Room 18A-55, telephone: 301 443-2190. For information concerning business management issues, contact Ms. Dorothy M. Kelley, Grants Management Branch, Maternal and Child Health Bureau, Room 18-12, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland, telephone: 301 443-1440.

#### Provision of Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect the physical and mental health of the American people.

#### Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 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 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 and local health agencies.

#### Executive Order 12372

The MCH Federal set-aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

The OMB Catalog of Federal Domestic Assistance number is 93.110.

Dated: September 19, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95-23686 Filed 9-22-95; 8:45 am]

BILLING CODE 4160-15-P

#### Notice Regarding the Federally Supported Health Centers Assistance Act of 1992

**AGENCY:** Health Resources and Services Administration.

**ACTION:** Notice.

**SUMMARY:** On May 8, 1995, the Secretary of Health and Human Services published a final rule implementing certain provisions of the Federally Supported Health Centers Assistance Act of 1992 (the Act). The Act provides for liability protection for certain grantees of the Public Health Service and for certain individuals associated with these grantees. The Health Resources and Services Administration is the agency within the Department responsible for administering certain aspects of the Act. This notice provides further guidance regarding the final rule.

**FOR FURTHER INFORMATION CONTACT:** Richard C. Bohrer, Director, Division of Community and Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East West Highway, Bethesda, Maryland 20814, Phone: (301) 594-4300.

**SUPPLEMENTARY INFORMATION:** Section 224(a) of the Public Health Service (PHS) Act (42 U.S.C. 233 (a)) provides that the remedy against the United States provided under the Federal Tort Claims Act (FTCA) resulting from the

performance of medical, surgical, dental or related functions by any commissioned officer or employee of the PHS while acting within the scope of his office or employment shall be exclusive of any other civil action or proceeding. The Federally Supported Health Centers Assistance Act of 1992 (Public Law 102-501) provides that, subject to its provisions, certain entities and officers, employees and contractors of entities shall be deemed to be employees of the PHS within exclusive remedy provision of section 224 (a).

The final rule implementing Public Law 102-501 was published in the Federal Register (60 FR 22530) on May 8, 1995, and adds a new Part 6 to 42 CFR Chapter 1. Part 6 describes the eligible entities and the covered individuals who are within the scope of the FTCA protection afforded by the Act.

Section 6.6 of the final rule describes the acts and omissions that are covered by the Act. Paragraph (d) of that section states that only acts and omissions related to the grant-supported activity of covered entities are covered. That paragraph goes on to provide that:

Acts and omissions related to services provided to individuals who are not patients of a covered entity will be covered only if the Secretary determines that

(1) The provision of the services to such individuals benefits patients of the entity and general populations that could be served by the entity through community-wide intervention efforts within the communities served by such entity;

(2) The provision of the services to such individuals facilitates the provision of services to patients of the entity; or

(3) Such services are otherwise required to be provided to such individuals under an employment contract or similar arrangement between the entity and the covered individual.

Paragraph (e) of 6.6 provides examples of situations within the scope of paragraph (d). Questions have been raised, however, about the specific situations encompassed by 6.6(d) and about the process for the Secretary to make the determinations provided by that paragraph. The purpose of this notice is to address those questions.

We have decided that it would be impractical and burdensome to require a separate application and determination of coverage for the situations described in the examples set forth in 6.6(e). Accordingly, for the specific cases described in those examples, and discussed further below, the Department hereby determines that

coverage is provided under 6.6(d), without the need for specific application. (This determination assumes, of course, that other requirements of coverage have been met, such as a determination that the entity is a covered entity and a determination that the individual is a covered individual. Furthermore, we reiterate the statement in the preamble to the final rule that acts or omissions by individuals that are not within the scope of employment, e.g., moonlighting activities, are not covered.)

While the situations described below have hereby been determined to be within the scope of 6.6(d), covered entities may apply for specific determinations of coverage under that section. If, for example, the covered entity is unsure whether its particular arrangement falls within the scope of example 2, it may apply for a particularized determination as to that arrangement. Entities should be painstakingly exact in this regard. If any element of the activity or arrangement in question does not fit squarely into the examples below, a particularized determination on coverage should be sought. As to situations that may fall within the scope of 6.6(d), but are not described in the three examples, covered entities are expected to apply for particularized determinations.

#### Example I. Community-Wide Interventions

(a) **School-Based Clinics:** Health center staff provide primary and preventive health care services at a facility located in a school or on school grounds. The health center has a written affiliation agreement with the school.

(b) **School-Linked Clinics:** Health center staff provide primary and preventive health care services, at a site not located on school grounds, to students of one or more schools. The health center has a written affiliation agreement with each school.

(c) **Health Fairs:** Health center staff conduct an event to attract community members for purposes of performing health assessments. Such events may be held in the health center, outside on its grounds, or elsewhere in the community.

(d) **Immunization Campaign:** Health center staff conduct an event to immunize children against infectious childhood illnesses. The event may be held at the health center, schools, or elsewhere in the community.

(e) **Migrant Camp Outreach:** Health center staff travel to a migrant farmworker residence camp to conduct intake screening to determine those in need of clinic services (which may

mean health care is provided at the time of such intake activity or during subsequent clinic staff visits to the camp).

(f) **Homeless Outreach:** Health center staff travel to a shelter for homeless persons, or a street location where homeless persons congregate, to conduct intake screening to determine those in need of clinic services (which may mean health care is provided at the time of such intake activity or during subsequent clinic staff visits to that location).

#### Example II. Hospital-Related Activities

Periodic hospital call or hospital emergency room coverage, as required by the hospital as a condition for obtaining hospital admitting privileges. There must also be documentation for the particular health care provider that this coverage is a condition of employment at the health center.

#### Example III. Coverage-Related Activities

As part of a health center's arrangement with local community providers for after-hours coverage of its patients, the health center's providers are required by their employment contract to provide periodic or occasional cross-coverage for patients of these providers.

Dated: September 19, 1995.

Ciro V. Sumaya,

*Administrator.*

[FR Doc. 95-23601 Filed 9-22-95; 8:45 am]

BILLING CODE 4160-15-P

---

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[WO-300-1020-00-241A]

#### Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

The proposal for the collection of information listed below has been submitted to the Office of Management and Budget for approval under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35). Copies of the proposed collection of information and related forms may be obtained by contacting the Bureau's clearance officer at the phone number listed below. Comments and suggestions on the proposal should be made directly to the Bureau's Clearance Officer and to the Office of Management and Budget, Paperwork Reduction Project (1004-