

to calculate the Part A hospital insurance premium is statutorily directed, and we can exercise no discretion in following that formula. Moreover, the statute established the time period for which the premium will apply and delaying publication of the premium amount would be contrary to the public interest. Therefore, we find good cause to waive publication of a proposed notice and solicitation of public comments.

#### VI. Impact Statement

This notice merely announces amounts required by legislation. This notice is not a proposed rule or a final rule issued after a proposal, and it does not alter any regulation or policy. Therefore, we have determined and certify, that no analyses are required under Executive Order 12866, the Regulatory Flexibility Act (5 U.S.C. 601 through 612), or section 1102(b) of the Act.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Authority: Sections 1818(d)(2) and 1818A(d)(2) of the Social Security Act (42 U.S.C. 1395i-2(d)(2) and 1395i-2a(d)(2)). (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)

Dated: September 10, 1996.

Bruce C. Vladeck,  
Administrator, Health Care Financing  
Administration.

Dated: September 27, 1996.

Donna E. Shalala,  
Secretary.

[FR Doc. 96-28141 Filed 11-1-96; 8:45 am]

BILLING CODE 4120-01-M

#### Health Resources and Services Administration

#### HIV Emergency Relief Grant Program

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

**ACTION:** Notice of grants made to eligible metropolitan areas.

**SUMMARY:** (Note: On May 20, 1996, PL 104-146 reauthorized the Ryan White CARE Act of 1990. Because most of the new provisions found in Title XXVI of the Public Health Service Act did not become effective until October 1, 1996, most of the information in this notice will reflect the language of the original legislation.) The Health Resources and Services Administration (HRSA) announces that fiscal year 1996 funds have been awarded to the 49 eligible metropolitan areas (EMAs) that have

been the most severely affected by the HIV epidemic. Although these funds have already been awarded to the EMAs, HRSA is publishing this notice to inform the general public of the existence of the funds. In addition, HRSA determined that it would be useful for the general public to be aware of the structure of the HIV Emergency Relief Grant Program and the statutory requirements governing the use of the funds.

The purposes of these funds are to deliver or enhance HIV-related (1) outpatient and ambulatory health and support services, including case management and comprehensive treatment services, for individuals and families with HIV disease; and (2) inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. The HIV Emergency Relief Grant Program is authorized by Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, as amended by the Ryan White CARE Act Amendments of 1996, Public Law 104-146, which amended Title XXVI of the Public Health Service Act. Funds were appropriated under Public Law 104-134.

#### FOR FURTHER INFORMATION, CONTACT:

Individuals interested in the Title I HIV Emergency Relief Grant Program should contact the Office of the Chief Elected Official (CEO) in their locality, and may obtain information on their CEO contact by calling Anita Eichler, M.P.H., Director, Division of HIV Services, at (301) 443-6745.

#### SUPPLEMENTARY INFORMATION:

##### Availability of Funds

A total of \$372,141,000 was made available for the Title I HIV Emergency Relief Grant Program. Because of the delay in the passage of fiscal year 1996 appropriations legislation for the Department of Health and Human Services and also because of the "hold-harmless" provisions of the the Ryan White CARE Act Amendments of 1996, the normal 50-50 split between formula and supplemental grants was affected. Below is a table showing the total award of grants made to the 49 EMAs.

Grantee	Award
Atlanta, GA .....	\$9,208,162
Austin, TX .....	2,398,671
Baltimore, MD .....	8,364,074
Bergen-Passaic, NJ .....	3,369,095
Boston, MA .....	8,360,436
Caguas, PR .....	1,064,876
Chicago, IL .....	13,164,930

Grantee	Award
Cleveland, OH .....	1,384,956
Dallas, TX .....	7,820,653
Denver, CO .....	3,549,707
Detroit, MI .....	4,405,380
Dutchess County, NY .....	581,761
Ft. Lauderdale, FL .....	6,584,204
Ft. Worth, TX .....	2,255,398
Hartford, CT .....	3,048,467
Houston, TX .....	10,312,524
Jacksonville, FL .....	2,725,251
Jersey City, NJ .....	3,767,874
Kansas City, MO .....	2,514,291
Los Angeles, CA .....	26,313,561
Miami, FL .....	15,156,078
Middlesex-Somerset- Hunterdon, NJ .....	2,198,883
Minneapolis-St. Paul, MN .....	1,370,726
Nassau-Suffolk, NY .....	3,683,885
New Haven, CT .....	4,002,182
New Orleans, LA .....	2,087,199
New York, NY .....	92,241,697
Newark, NJ .....	9,725,848
Oakland, CA .....	4,741,595
Orange County, CA .....	3,492,993
Orlando, FL .....	3,599,489
Philadelphia, PA .....	10,345,478
Phoenix, AZ .....	2,901,602
Ponce, PR .....	1,685,036
Portland, OR .....	2,688,924
Riverside-San Bernardino, CA .....	4,687,432
Sacramento, CA .....	2,463,814
St. Louis, MO .....	2,587,364
San Antonio, TX .....	2,396,426
San Diego, CA .....	6,592,104
San Francisco, CA .....	35,172,274
San Jose, CA .....	2,275,044
San Juan, PR .....	8,199,506
Santa Rosa, CA .....	1,142,456
Seattle, WA .....	4,289,545
Tampa-St. Petersburg, FL .....	4,610,201
Vineland-Millville-Bridgeton, NJ .....	454,338
Washington, D.C. ....	12,763,696
West Palm Beach, FL .....	3,390,914

#### Eligible Grantees

Metropolitan areas which were eligible for grant awards under Title I were those areas for which, as of March 31, 1995, there had been reported to and confirmed by the CDC a cumulative total of more than 2,000 cases of AIDS; or, for which an award had been made prior to fiscal year 1996.

Grants were awarded to the chief elected official (CEO) of the city or urban county in each EMA that administers the public health agency providing outpatient and ambulatory services to the greatest number of individuals with AIDS.

To be eligible for assistance under Title I, the CEO was required to establish or designate an HIV health services planning council to: (1) Establish priorities for the allocation of funds within the eligible area; (2) develop a comprehensive plan for the organization and delivery of health services described in the statute that is

compatible with any State or local plan regarding the provision of health services to individuals with HIV disease; and (3) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area. The planning council must include representatives of: health care providers; community-based and AIDS service organizations; social services providers; mental health services providers; local public health agencies; hospital planning agencies or health care planning agencies; affected communities, including individuals with HIV disease; non-elected community leaders; State government; and grantees receiving categorical grants for early intervention services under Title III of the CARE Act. The allocation of funds and services within the EMA must be made in accordance with the priorities established by the planning council.

To be eligible to receive a grant under Title I, the EMAs were required to submit an application containing such information as the Secretary required, including assurances adequate to ensure:

- That funds received would be utilized to supplement not supplant State funds provided for HIV-related services;
- That the political subdivisions within the EMA would maintain HIV-related expenditures at a level equal to that expended for the 1-year period preceding the first fiscal year for which the grant was received. Funds received under Title I may not be used in maintaining the required level of expenditures;
- That the EMA has an HIV health services planning council and has entered into intergovernmental agreements with any required political subdivisions and has developed or will develop a comprehensive plan for the organization and delivery of health services, in accordance with the legislation;
- That entities within the EMA that receive Title I funds will participate in an established HIV community-based continuum of care if such continuum exists within the EMA;
- That Title I funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program, or (2) by an entity that provides health services on a prepaid basis; and

- To the maximum extent practicable, that HIV health care and support services provided with Title I assistance will be provided without regard to the current or past health condition of the individual. Such services will be provided in a setting that is accessible to low-income individuals with HIV disease, and a program of outreach will be provided to inform such individuals of such services.

#### General Use of Grant Funds

EMAs must use the Title I HIV Emergency Relief grants to provide financial assistance to public or nonprofit entities, for the purpose of delivering or enhancing o HIV-related outpatient and ambulatory health and support services, including case management and comprehensive treatment services, for individuals and families with HIV disease; and

- HIV-related inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.
- Services supported by the Title I grant funds must be accessible to low-income individuals and families, including women and children with HIV infection, minorities, the homeless, and persons affected by chemical dependency.

#### Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-277, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or, in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

#### Executive Order 12372

Grants awarded for the Title I HIV Emergency Relief Grant Program are subject to the provisions of Executive Order 12372, as implemented under 45 CFR Part 100, which allows States the option of setting up a system for reviewing applications within their States for assistance under certain Federal programs. The application packages made available by HRSA to the EMAs contained a listing of States which have chosen to set up such a review system and provided a point of contact in the States for the review.

The catalog of Federal Domestic Assistance Numbers are: Formula Grants—93.915; Supplemental Grants—93.914.

Dated: October 29, 1996.

Ciro V. Sumaya,

*Administrator.*

[FR Doc. 96-28216 Filed 11-1-96; 8:45 am]

BILLING CODE 4160-15-P

#### HIV Care Grant Program

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

**ACTION:** Notice of grants made to States and territories.

**SUMMARY:** (Note: On May 20, 1996, PL 104-146 reauthorized the Ryan White CARE Act of 1990. Because most of the new provisions found in Title XXVI of the Public Health Service Act did not become effective until October 1, 1996, most of the information in this notice will reflect the language of the original legislation.) The Health Resources and Services Administration (HRSA) announces that fiscal year 1996 funds have been awarded to States and territories (hereinafter States) for the HIV Care Grant Program. Although these funds have already been awarded to the States, HRSA is publishing this notice to inform the general public of the existence of the funds. In addition, HRSA determined that it would be useful for the general public to be aware of the structure of the HIV Care Grant Program and the statutory requirements governing the use of the funds.

Funds will be used by the States to improve the quality, availability, and organization of health care and support services for individuals and families with HIV infection. The HIV Care Grant Program is authorized by Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381, as amended by the Ryan White CARE Act amendments of 1996, Public Law 104-146, which amended Title XXVI of the Public Health Service Act. Funds were appropriated under Public Law 104-134.

**FOR FURTHER INFORMATION, CONTACT:** Individuals interested in the HIV Care Grant Program should contact the appropriate office in their State, and may obtain information on their State contact by calling Anita Eichler, M.P.H., Director, Division of HIV Services, at (301) 443-6745.

#### SUPPLEMENTARY INFORMATION:

##### Availability of Funds

A total of \$198,406,000 was made available for the Title II HIV Care Grant Program. These funds have been allotted to the States according to a formula based on the number of AIDS cases reported to the Centers for Disease