

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

Control and Prevention for the 24 months ending September 30, 1995, and a per capita income factor. In addition to the Care Grants, \$51,999,164 was also awarded for the AIDS Drug Assistance Program (ADAP) to help States increase the number of HIV patients receiving drugs, including combination therapies and new drugs, and to help pay for their increasing costs. Below are two tables. The first shows the distribution of funds for the Care Grant Program by State. The second shows the distribution of funds for the ADAP by State.

CARE GRANT AWARDS

State	Amount
Alabama	\$2,354,841
Alaska	250,000
Arizona	1,789,469
Arkansas	1,170,077
California	27,867,193
Colorado	1,980,699
Connecticut	2,790,149
Delaware	1,075,426
District of Columbia	2,532,524
Florida	19,716,843
Georgia	5,878,430
Hawaii	1,008,519
Idaho	250,000
Illinois	5,577,650
Indiana	2,359,737
Iowa	523,842
Kansas	867,817
Kentucky	1,148,862
Louisiana	3,306,569
Maine	458,566
Maryland	4,973,650
Massachusetts	3,776,077
Michigan	3,104,263
Minnesota	973,550
Mississippi	1,596,005
Missouri	2,504,335
Montana	110,969
Nebraska	432,455
Nevada	1,751,036
New Hampshire	265,234
New Jersey	10,181,949
New Mexico	753,940
New York	29,315,160
North Carolina	4,109,140
North Dakota	100,000
Ohio	3,885,870
Oklahoma	1,414,863
Oregon	1,330,006
Pennsylvania	6,391,896
Rhode Island	925,291
South Carolina	3,857,827
South Dakota	100,000
Tennessee	3,209,960
Texas	12,636,414
Utah	691,928
Vermont	250,000
Virginia	4,465,646
Washington	2,486,787
West Virginia	376,925
Wisconsin	1,571,609
Wyoming	100,000
Guam	4,970
Puerto Rico	7,682,087
Virgin Islands	168,945

AIDS DRUG ASSISTANCE PROGRAM AWARDS

State/territory	FY 1996 grant award
Alabama	\$401,982
Alaska	38,443
Arizona	470,790
Arkansas	199,737
California	8,415,161
Colorado	528,455
Connecticut	861,629
Delaware	183,580
District of Columbia	800,064
Florida	5,503,506
Georgia	1,515,721
Hawaii	172,159
Idaho	35,657
Illinois	1,682,586
Indiana	402,818
Iowa	89,422
Kansas	183,023
Kentucky	196,116
Louisiana	773,878
Maine	78,279
Maryland	1,548,035
Massachusetts	1,059,974
Michigan	792,821
Minnesota	276,067
Mississippi	272,445
Missouri	626,791
Montana	18,943
Nebraska	73,822
Nevada	298,910
New Hampshire	66,858
New Jersey	2,953,162
New Mexico	128,701
New York	9,009,360
North Carolina	701,449
North Dakota	7,243
Ohio	782,236
Oklahoma	241,524
Oregon	354,625
Pennsylvania	1,599,571
Puerto Rico	1,685,094
Rhode Island	157,951
South Carolina	658,549
South Dakota	12,536
Tennessee	547,955
Texas	3,496,103
Utah	118,115
Vermont	29,529
Virginia	900,072
Washington	667,463
West Virginia	69,365
Wisconsin	268,824
Wyoming	13,650
Guam	0
Virgin Islands	28,415
Total	\$51,999,164

Eligibility Criteria

In order to receive funding under Title II of the CARE Act, each State was required to develop:

- A detailed description of the HIV-related services provided in the State to individuals and families with HIV disease during the year preceding the year for which the grant was requested, and the number of individuals and families receiving such services; and

- A comprehensive plan for the organization and delivery of HIV health care and support services to be funded with the Title II grant, including a description of the purposes for which the State intends to use such assistance.

Each State was also required to submit an application containing such agreements, assurances, and information as the Secretary determined to be necessary to carry out this program, including an assurance that:

- The public health agency that is administering the grant for the State will conduct public hearings concerning the proposed use and distribution of the Title II grant assistance;

- The State will, to the maximum extent practicable, ensure that HIV-related health care and support services delivered with Title II assistance will be provided without regard to the current or past health condition of the individual; ensure that such services will be provided in a setting that is accessible to low-income individuals with HIV disease, and provide outreach to inform such individuals of the services available; and, in the case of a State that intends to use grant funds for the continuation of health insurance coverage, ensure that the State has established a program that assures that such amounts will be targeted to individuals who would not otherwise be able to afford health insurance coverage, that income, assets, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance, and that information concerning such criteria will be made available to the public;

- The State will provide for periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive Title II funds from the State;

- The State will permit and cooperate with any Federal investigations undertaken regarding programs conducted under Title II;

- The State will maintain HIV-related activities at a level that is equal to not less than the level of such expenditures by the State for the 1-year period preceding the fiscal year for which the State applied to receive a grant under Title II; and

- The State will ensure that grant funds are not 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.

General Use of Grant Funds

States may use the HIV Care Grant funds to:

- Establish and operate HIV care consortia within areas most affected by HIV. The statute defines a consortium as an association of one or more public, and one or more nonprofit private health care and support service providers and community-based organizations operating within areas determined by the State to be most affected by HIV disease.

- Provide home- and community-based care services for individuals with HIV disease. Funding priorities must be given to entities that provide assurances to the State that they will participate in HIV care consortia if such consortia exist within the State, and will utilize the funds for the provision of home- and community-based services to low-income individuals with HIV disease.

- Provide assistance to assure the continuity of health insurance coverage for low-income (as defined by the State) individuals with HIV disease. The State must establish a program that assures that (1) funds will be targeted to individuals who would not otherwise be able to afford health insurance coverage, and (2) income, asset, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance, and information concerning such criteria shall be made available to the public.

- Provide treatments that have been determined to prolong life or prevent serious deterioration of health for low-income individuals with HIV disease.

A State must use at least 15 percent of its grant funds to provide health and support services to infants, children, women and families with HIV disease.

At least 75 percent of the fiscal year 1996 Title II grant awarded to a State must be obligated to specific programs and projects and made available for expenditure within 120 days of the receipt of the grant by the State.

Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, 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

It has been determined that the Title II HIV Care Grant Program is not subject to the provisions of Executive Order 12372 concerning inter-governmental review of Federal programs. The Catalog of Federal Domestic Assistance Number is 93.917.

Dated: October 29, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96-28217 Filed 11-1-96; 8:45 am]

BILLING CODE 4160-15-P

National Institutes of Health

Proposed Collection; Comment Request; Women's Health Initiative Observational Study

SUMMARY: In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, which provides for an opportunity for public comment on proposed data collection projects, the Office of the Director (OD), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

PROPOSED COLLECTION: Title: Women's Health Initiative (WHI) Observational Study. Type of Information Collection Request: Revision OMB #0925-0414 Exp: 6/97 Need for Use of Information Collection: This study will be used by NIH to evaluate risk factors for chronic disease among older women by developing and following a large cohort of postmenopausal women and relating subsequent disease development to baseline assessments of historical, physical, psychosocial, and physiologic characteristics. In addition, the observational study will complement the clinical trial (which has received clinical exemption) and provide additional information on the common causes of frailty, disability and death for postmenopausal women, namely, coronary heart disease, breast and colorectal cancer, and osteoporotic fractures. Frequency of Response: On occasion. Affected Public: Individuals and physicians. Type of Respondents: Women, next of kin, and physicians office staff. The annual reporting burden is as follows:

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual hours requested
OS Participants	100,000	1.06	.828	88,348
Next-of-Kin	2,682	1	.084	225
Physician's Office Staff	166	1	.084	14
Total				88,614

The annualized cost burden is: \$882,505.

The estimated annual Capital Costs, Operating Costs and/or Maintenance Costs is: \$10,342,000.

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection is necessary for the

proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of

information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plan and instruments, contact: Dr. Loretta