

prevailing costs, which exist currently; *Frequency*: Annually; *Affected Public*: Not-for-profit institutions; *Number of Respondents*: 11,300; *Total Annual Responses*: 11,300; *Total Annual Hours*: 6385.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eyd, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 23, 1997.

Edwin J. Glatzel,
Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

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Health Resources and Services Administration

Program Announcement for a Cooperative Agreement To Initiate an Interdisciplinary Center for Community-Based Learning

The Health Resources and Services Administration (HRSA) announces the awarding of a sole source cooperative agreement to the Association of Academic Health Centers to plan for and implement an Interdisciplinary Center for Community-Based Learning. This activity will be supported under the authority of Title III, Section 301, of the Public Health Service Act. A proposed three-year period of support beginning in fiscal year 1997 is anticipated with approximately \$100,000 per year.

The project will (1) strengthen and institutionalize the academic health centers commitment to interdisciplinary community-based learning, particularly in under served community settings, (2) provide expertise to academic health centers in regard to model interdisciplinary community-based curricula and training sites, and (3) support an interdisciplinary network of health care professionals working to create and strengthen an

interdisciplinary community-based curriculum.

The Association of Academic Health Centers was chosen because it is the recognized professional association representing academic health centers, with a mission that "seeks to explore and study issues that relate to greater coordination of health-related schools and programs, both within and among institutions, interdisciplinary and multiprofessional concerns."

It also has previously established relationships with several multiprofessional groups and associations which are actively developing an agenda for interdisciplinary community-based learning and have ready access to information regarding all interdisciplinary community-based training programs at academic health centers in the country.

Federal Involvement

The Cooperative Agreement mechanism is being used for this project to allow for substantial Federal programmatic involvement with the planning, development, administration, and evaluation of the Interdisciplinary Center for Community-Based Learning.

Requests for Additional Information

Requests for additional information regarding this sole source cooperative agreement should be directed to: Sue Hassmiller, Ph.D., R.N., Bureau of Health Professions, Room 8-05, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301)443-6700, Fax: (301)443-2111, Email: shassmiller@hrsa.dhhs.gov

Dated: January 23, 1997.

Ciro V. Sumaya,
Administrator.

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National Institutes of Health

Proposed Recommendations of the Task Force on Genetic Testing; Notice of Meeting and Request for Comment

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The Task Force on Genetic Testing was created by the National Institutes of Health (NIH)-Department of Energy (DOE) Working Group on Ethical, Legal, and Social Implications of Human Genome Research to make recommendations to ensure the development of safe and effective

genetic tests, their delivery in laboratories of assured quality, and their appropriate use by health care providers and consumers. The Task Force reviewed genetic testing in the United States, promulgated interim principles consonant with its goals ("Interim Principles", available at <http://ww2.med.jhu.edu/tfgtelsi>), and has taken public comments into consideration in revising them. Over the past eight months the Task Force has discussed policies to implement several of its principles. It now submits proposed recommendations for public comment. These proposed recommendations are available at <http://ww2.med.jhu.edu/tfgtelsi>.

DATES: To assure consideration by the Task Force, comments must be received on or before March 10. The Task Force will meet on March 17 from 8:00 a.m. to recess and on March 18 from 8:00 a.m. to adjournment at approximately 12:00 noon. The meeting will take place at the Doubletree Inn at the Colonnade, 4 West University Parkway, Baltimore, Maryland, (410) 235-5400. Time permitting, guests will have the opportunity to speak on comments already submitted, but no formal time is being set aside. A final report, including the principles and recommendations, together with background information and comments, will be issued shortly after the meeting.

ADDRESSES: Written comments should be sent to Neil A. Holtzman, M.D., M.P.H., Genetics and Public Policy Studies, The Johns Hopkins Medical Institutions, 550 N. Broadway, Suite 511, Baltimore MD, 21205-2004, faxed to Dr. Holtzman at 410-955-0241, or emailed to tfgt-a@welchlink.welch.jhu.edu. Individuals who plan to attend the March 17-18 meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Dr. Holtzman in advance of the meeting.

Background

Scientific breakthroughs have greatly accelerated the discovery of genes which, when altered by mutation, result in disease or in increased risk of disease. When these mutations occur in the germline (sperm or egg), they can be passed from one generation to the next. These basic research discoveries lead readily to the development of tests for inherited mutations. The number of DNA-based genetic tests and the volume of testing are increasing steadily. This has been accomplished in part by the work of the new biotechnology industry.