

evaluation system to set a threshold for eligibility for noncompetitive renewal of the PRO contract. We are issuing the following standards for minimum performance to inform the PROs about what we consider to be a minimum level of PRO performance during the 5th Scope of Work.

II. Standards For Minimum Performance

To be eligible for a noncompetitive renewal of its 6th round contract, a PRO must meet, at a minimum, the performance standards listed below by the end of its 18th contract month. However, meeting these minimum performance standards does not guarantee a noncompetitive renewal of its contract. We will make a final decision on renewal/nonrenewal by the end of the 28th month of the 5th Scope of Work contract.

We will issue a "Notice of Intent to Non-renew the PRO Contract" letter to all PROs that do not meet the minimum performance standards by the end of their 18th contract month. A PRO will be considered to have met the minimum performance standards if:

A. The PRO initiated quality improvement projects in at least the five clinical topic areas to include acute myocardial infarction, diabetes, prevention (flu vaccination, pneumonia vaccination, or mammography), and two topic areas of a PRO's choice.

B. Each PRO quality improvement project is sufficiently broad enough in scope to involve a specified percentage of beneficiaries in the PRO's geographic area (a percentage of beneficiaries with the condition or percentage for whom the prevention service is indicated) as follows:

Topic Area	Scope (Percentage of beneficiaries involved)
Acute Myocardial Infarction	10
Diabetes	5
Prevention (flu vaccination, pneumonia vaccination, or mammography)	10
Topic of PRO's choice	10
Topic of PRO's choice	10

C. The PRO demonstrates that a sufficient number of providers in its contractually specified geographic area have actively attempted to improve care through participation in the PRO's quality improvement projects. Specifically, the PRO must have enlisted the participation of:

- At least 25 percent of all acute care hospitals; and

- One of the following:
 - * In States with a high managed care penetration (defined to include California, Florida, Oregon, Washington, Arizona, Massachusetts, New York and Pennsylvania), at least one managed care plan; or
 - * In all remaining states, at least 10 community-based practitioners.

D. A PRO will demonstrate that at least one of the five prescribed projects has achieved a measured improvement on one or more of the targeted project indicators. In other words, the PRO must demonstrate that the gap between the "expected" indicator level (for example, the YEAR 2000 goal, practice guideline, clinical control trials recommendation) and the "actual" level, as documented in the baseline measurement, will have been lessened, as shown in the project's evaluation (for example, remeasurement step).

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

III. Response to Comments

Although we are not able to acknowledge or respond to all items of correspondence individually, we will consider all written comments that we receive by the date and time specified in the DATES section of this preamble.

Authority: Sections 1102 and 1881 of the Social Security Act (42 U.S.C. 1302 and 1395rr).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 29, 1997.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following advisory committee meeting of the National Institute of General Medical Sciences Special Emphasis Panel:

Committee Name: Trauma and Burn.

Date: July 21, 1997.

Time: 2:00 p.m.—until conclusion.

Place: The Copley Plaza Hotel, 138 St. James Avenue, Boston, MA 02116.

Contact Person: Bruce K. Wetzel, Ph.D., Scientific Review Administrator, NIGMS, Office of Scientific Review, 45 Center Drive, Room 2AS-19, Bethesda, MD 20892-6200, 301-594-3907.

Purpose: To review and evaluate program project applications.

This meeting will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6). Title 5 U.S.C. The discussions of these applications could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program Nos. 93.821, Biophysics and Physiological Sciences; 93.859, Pharmacological Sciences; 93.862, Genetics Research; 93.863, Cellular and Molecular Basis of Disease Research; 93.880, Minority Access Research Careers [MARC]; and 93.375, Minority Biomedical Research Support [MBRS])

Dated: June 26, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97-17380 Filed 7-1-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, the SAMHSA Reports Clearance Officer on (301) 443-8005.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the

use of automated collection techniques or other forms of information technology.

Proposed Project: 1998 National Household Survey on Drug Abuse—Revision—The National Household Survey on Drug Abuse (NHSDA) is a survey of the civilian, noninstitutionalized population of the

United States, age 12 and over. The data are used to determine the prevalence of use of cigarettes, alcohol, and illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program

activities, and better allocate resources. For 1998, the core NHSDA questionnaire will remain unchanged, however several special topic modules are expected to change. The total annual burden estimate is 43,855 hours as shown below:

	No. of respondents	No. of responses per respondent	Average burden per response (hours)	Total burden (hours)
Household Screener	84,966	1	0.05	4,248
NHSDA Questionnaire	33,565	1	1.18	39,607

Send comments to Beatrice Rouse, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 25, 1997.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Services Administration.
[FR Doc. 97-17274 Filed 7-1-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities Under OMB Review

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301)443-8005.

The Annual Census of Patient Characteristics in State and County

Mental Hospital Inpatient Services—Revision—The Census is a complete enumeration of all State and county mental hospitals and collects aggregate information by age, gender, and diagnosis for each State on the number of additions during the year and resident patients who are physically present for 24 hours per day in the inpatient service at the end of the reporting year. First conducted in 1840, the Census has provided information throughout the years that is not available from any other sources. The Census is the primary means within the Center for Mental Health Services for assessing deinstitutionalization practices of State and county mental hospitals. The annual burden estimate is as follows:

	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total annual burden (hours)
State Statisticians and Superintendents of State Mental Hospitals	58	1	2	116

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10236, Washington, DC 20503.

Dated: June 12, 1997.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Services Administration.
[FR Doc. 97-17272 Filed 7-1-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities Under OMB Review

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-8005.

Protection and Advocacy for Individuals with Mental Illness (PAIMI) Annual Program Performance Report—

Revision—The PAIMI Act (Pub. L. 99-319) authorized funds to support activities on behalf of individuals with mental illness. Recipients of this formula grant program are required by law to annually report their activities and accomplishments to include the number of individuals served, types of facilities involved, types of activities undertaken and accomplishments resulting from such activities. This summary must also include a separate report prepared by the PAIMI Advisory Council descriptive of its activities and assessment of the operations of the protection and advocacy system. The annual burden estimate is as follows: