

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Notice.

SUMMARY: This notice announces that the Agency for Health Care Policy and Research (AHCPR) is planning to request the Office of Management and Budget (OMB) to allow a proposed information collection project of "Medical Expenditure Panel Survey—Insurance Component (MEPS-IC) for 1998 and 1999." In accordance with the Paperwork Reduction Act of 1995, Pub. L. 104-13 (44 U.S.C. 3506(c)(2)(A)), AHCPR invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on October 6, 1997 and allowed 60 days for public comment. As a result, public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by January 21, 1998.

ADDRESSES: Written comments should be submitted to the OMB Desk Officer at the following address: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, OMB; New Executive Office Building, Room 10235; Washington, 20503.

All comments will become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Ruth A. Celtnieks, AHCPR Reports Clearance Officer, (301) 594-1406, ext. 1497.

SUPPLEMENTARY INFORMATION:

Proposed Project

"Medical Expenditure Panel Survey—Insurance Component (MEPS-IC) for 1998 and 1999."

The AHCPR plans to continue collection of the MEPS-IC. This survey collects information from employers (including public and private sectors) and other health insurance providers. The survey was first conducted in 1997.

The MEPS-IC is the integration of two previous surveys which collected similar information from two different samples. The two surveys were:

1. The 1994 National Employer Health Insurance Survey (NEHIS) sponsored by AHCPR, the National Center for Health

Statistics (NCHS) and the Health Care Financing Administration (HCFA). The NEHIS had a sample drawn from (1) a list of private sector establishments, the Dunn Market Identifiers, provided by Dunn and Bradstreet, a major supplier of business information, (2) a list of all government entities, Federal, State and local, provided by the Census Bureau, and (3) a list of self-employed individuals provided by the NCHS; and

2. The 1987 Health Insurance Plans Survey (HIPS) sponsored by AHCPR's predecessor, the National Center for Health Statistics Research. The HIPS sample was a sample of employers and other health insurance providers generated from the 1987 National Medical Expenditure Survey, a household survey similar to the MEPS-HC.

As a result, the sample for the MEPS-IC is made up of two components:

1. A list sample of employers selected from three sample frames, private sector, government entities and self-employed individuals, available from the Bureau of the Census; and

2. a sample of employers and other health insurance providers identified by respondents to the MEPS-Household Component (MEPS-HC). The MEPS-HC is an annual household survey designed to collect medical expenditures and ancillary information for individuals.

Data will be produced in two forms:

(1) Files containing employer information from the list sample of selected employers; and (2) files containing calendar years 1997 and 1998 insurance data collected in 1998 and 1999 from employers and linked to information from the household respondents of the 1997 and 1998 MEPS-HC surveys.

The data are intended to be used for purposes such as:

- Generating national and State estimates of employer health care offerings;
- Producing aggregate data on national and State estimates of spending on employer-sponsored health insurance for analyzing results of national and State health care policy and providing information to guide future policy;
- Supplying data to model the demand for health insurance; and
- Providing a valuable source of information concerning household responses regarding choices of health plans and costs and benefits of these plans, when pooled with data from the MEPS-HC.

These data provide the basis for researchers to address significant questions for employers and policymakers alike.

Method of Collection

The data will be collected using a combination of modes. AHCPR intends to first contact the employers by telephone. This contact will provide information on the availability of health insurance from the employer and essential persons to contact. Based upon this information, AHCPR will send a mail questionnaire to employers and others identified by employers. In order to assure high response rates, AHCPR will follow-up with a second mailing at an acceptable time interval, followed by a telephone call to collect data from those who have not responded by mail.

Data collected from each employer will include a description of the business (e.g., size, industry) and descriptions of health insurance plans available, plan enrollments, total plan costs and costs to employers.

For employers that can be matched to the MEPS-HC respondents, data will also be collected indicating the actual plan selected by the MEPS-HC respondent and the plan costs.

As part of the process, for larger employers with high burdens, such as State employers and large firms, AHCPR will, if needed, perform personal visits and do customized collection, such as, acceptance of data in computerized formats. Annual burden estimates follow:

Initial Number of Respondents: 40,000.

Number of Surveys Per Respondent: 1.

Average Burden Per Respondent: .5 hour.

Estimated Annual Total Burden: 20,000 hours.

Request for Comments

Comments are invited on: (a) The necessity of the proposed collection; (b) the accuracy of the Agency's estimate of 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 upon the respondents, including the use of automated collection techniques or other forms of information technology. Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection.

Copies of these proposed collection plans and instruments can be obtained from the AHCPR Reports Clearance Officer (see above).

Dated: December 15, 1997.

John M. Eisenberg,

Administrator.

[FR Doc. 97-33253 Filed 12-19-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Notice of Assessment of Medical Technology

The Agency for Health Care Policy and Research (AHCPR), through the Center for Practice and Technology Assessment (CPTA), announces that it is initiating an assessment of the effectiveness of Prostate-specific antigen (PSA) testing in patients with benign prostatic hyperplasia (BPH).

The AHCPR is requesting information on the utility, and costs associated with the use of PSA testing and the specific indications for which this testing is appropriate. The AHCPR also requests information on patient selection criteria.

The assessment consists of a synthesis of information found in published literature and obtained from appropriate organizations in the private sector, Public Health Service (PHS) agencies and others in the Federal Government. AHCPR assessments are conducted in accordance with sections 904(b) and (d) of the PHS Act (42 U.S.C. 299a-2(b) and (d)). The assessment is based on the most current knowledge concerning the clinical effectiveness and appropriate uses of the technology being evaluated. The information being sought by this notice is a review and evaluation of past, current, and planned research related to this technology, as well as a bibliography of published, controlled clinical trials and other well-designed clinical studies. Information related to the characteristics of the patient population most likely to benefit from PSA testing as well as information on the clinical acceptability, effectiveness, and the extent of use of this technology, is also being sought. Following completion of the assessment, a recommendation will be formulated to assist the Health Care Financing Administration (HCFA) in establishing Medicare coverage policy.

The AHCPR is interested in receiving information which would help in the evaluation or review of the technology as described above. To enable the interested scientific community to evaluate the information and analysis included in the assessment, AHCPR will discuss in the assessment only those

data and analyses for which a source(s) can be cited. Respondents are therefore encouraged to include with their submissions a written consent permitting AHCPR "to cite and make public the sources of the data and the comments provided". Otherwise, in accordance with the confidentiality statute governing information collected by AHCPR, 42 U.S.C. 299a-1(c), no information received will be published or disclosed which could identify an entity or individual supplying the information or any individual or entity described in the information. In addition, clearly market proprietary information may be kept confidential in accordance with the Freedom of Information Act, 5 U.S.C. § 552(b)(4).

Any person or group wishing to provide AHCPR with information relevant to this assessment should do so in writing no later than March 23, 1998 to: Douglas B. Kamerow, M.D., M.P.H., Director, Center for Practice and Technology Assessment, Agency for Health Care Policy and Research, 6000 Executive Boulevard, Suite 310, Rockville, MD 20852, Phone: (301) 594-4015.

Dated: December 15, 1997.

John M. Eisenberg,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Number 816]

Individual Grants for Extramural Injury Research for Primary Prevention of Unintentional Injuries, Acute Care, Disability Prevention, and Biomechanics; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC) announces that applications are being accepted for Injury Prevention and Control Research Grants for fiscal year (FY) 1998.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Unintentional Injuries. (To order a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 301, 391-394 of the Public Health Service Act (42 USC 241, 280b-280b-3), as amended. Program regulations are set forth in Title 42 CFR Part 52.

Smoke-Free Workplace

CDC strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants include all nonprofit and for-profit organizations. Thus State and local health departments and State and local governmental agencies, universities, colleges, research institutions, and other public and private organizations, including small, minority and/or woman-owned businesses are eligible for these research grants. Current holders of CDC injury control research projects are eligible to apply.

Note: An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, a grant, contract, loan, or any other form.

Availability of Funds

Approximately \$2.7 million is available for FY 1998 injury research grants that include funding for projects that address primary prevention of unintentional injuries (home and leisure, and motor vehicle related-injuries), acute care, the prevention of secondary conditions in persons with disabilities, and biomechanics.

Approximately \$1,800,000 is available to support 6-8 projects that address primary prevention of unintentional injuries (home and leisure, and motor vehicle related-injuries), acute care, and the prevention of secondary conditions in persons with disabilities. Awards will be made for a 12-month budget period within a project period not to exceed three years. The maximum funding level per year will not exceed \$300,000 (including both direct and indirect costs). Applications that exceed the funding cap of \$300,000 will be excluded from the competition and returned to the applicant.

Approximately \$900,000 is available to support 3-5 projects that address