

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Statement of Organization, Functions and Delegations of Authority**

This notice amends Part R of the Statement of Organization Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 63 FR 35938-39 dated July 1, 1998). This notice reflects the establishment of the Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth (RAB).

Establish The Office for the Advancement of Telehealth (RAB) in the Office of the Administrator to read as follows:

Telehealth is the use of electronic communications and information technologies to provide and support health care services and training when distance separates the participants. The Office for the Advancement of Telehealth (OAT) serves as the focal point within the Health Resources and Services Administration (HRSA) for coordinating and advancing the use of electronic communications and information (telehealth) technologies. Telehealth technologies can be used in a broad array of applications, including, but not limited to, the provision of: health care at a distance (telemedicine); technical assistance to grantees using electronic media; distance-based learning to improve the knowledge of HRSA staff, grantees, and others; and improved information dissemination to both consumers and providers about the latest developments in health care, and other activities designed to improve the health status of the nation. The Office for the Advancement of Telehealth carries out the following functions. Specifically: provides leadership within HRSA in developing and coordinating telehealth programs and policies and in facilitating the electronic dissemination of best practices in health care to health professionals and others; (2) provides technical assistance and support to

HRSA components and others as they develop telehealth initiatives; (3) produces, and provides technical support and training to HRSA components in the production and planning of health-related media; (4) administers grant programs to promulgate and evaluate the use of appropriate telehealth technologies among HRSA grantees and others; (5) assesses new and existing telehealth technologies and advises the HRSA Administrator on strategies to maximize the potential of these technologies for meeting HRSA's educational, technical assistance and other objectives; (6) provides a resource center for the dissemination of the latest information and research findings related to the use of telehealth technologies in HRSA programs and underserved areas, including findings on "best practices"; (7) staffs the Joint Working Group on Telemedicine; (8) works with other components of the Department, with other Federal and state agencies, and with the private sector to promote and overcome barriers to cost-effective telehealth programs; and (9) advises the Administrator and the Department on telehealth policy.

*Delegations of Authority.* All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation.

This reorganization is effective upon date of signature.

Dated: July 7, 1998.

**Claude Earl Fox,**

*Administrator.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities Under Emergency Review by the Office of Management and Budget**

The Substance Abuse and Mental Health Services Administration

(SAMHSA) has submitted the following request (see below) for emergency OMB review under the Paperwork Reduction Act (44 U.S.C. Chapter 35). OMB approval has been requested by July 30, 1998. A copy of the information collection plans may be obtained by calling the SAMHSA Reports Clearance Officer on (301)443-7978.

*Title:* CAPI/ACASI Pretest of 1999 National Household Survey on Drug Abuse (NHSDA).

*OMB Number:* 0930-New.

*Frequency:* Single time.

*Affected public:* Individuals or households.

SAMHSA will conduct a field pretest and cognitive laboratory testing of the proposed 1999 NHSDA questionnaire from August 1-31, 1998. Household screening will be conducted electronically, using a hand-held computer. The interview will be conducted using a laptop computer. Sections of the questionnaire currently administered on paper by an interviewer will be Computer-Assisted Personal Interview (CAPI) and those sections which are currently self-administered by respondents on paper will be Audio Computer-Assisted Self Interview (ACASI). The national implementation of fully automated data collection in the NHSDA was originally planned for the year 2000. In early June, the Department of Health and Human Services made the decision to include in the 1999 NHSDA an expanded tobacco module to be conducted using ACASI. SAMHSA has determined that using the computer-assisted methodology for only one portion of the interview could be problematic. Therefore, the entire 1999 NHSDA interview will be conducted using this methodology, and will be pretested in a field sample and in a cognitive laboratory. Approximately 150 field interviews and 150 laboratory interviews will be conducted with persons age 12 and older. The estimated response burden for the field test is shown below:

	No. of respondents	Responses/ respondent	Hours per response	Response burden
Electronic household screener .....	836	1	0.05	41.8
Electronic household questionnaire:				
Respondents age 12-17 .....	75	1	1.20	90.0
Respondents age 18+ .....	75	1	1.20	90.0
Screening verification .....	25	1	.067	1.7
Interview verification .....	23	1	.067	1.5