

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: U.S. Component of the 2001/2002 World Health Organization Study of Health Behavior in School Children (WHO-HPSC): New

The Office of Data and Information Management (ODIM), Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), will participate on behalf of the United States in the 2001/2002 WHO Study of Health Behavior in School Children. The information proposed for collection will be used by MCHB, HRSA, and the National Institutes of

Health (NIH) to increase understanding of adolescent health to improve the quality of health programs and services. This cross-national research study will collect survey data to study adolescent health status and behaviors in relation to their social and supportive environment. Types of data will include measures of physical activity, body size, nutrition, social inequality, diversity, injury, violence, and perceptions of peers, school and family as supportive.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total burden hour
Survey	17,500	1	.75	13,125

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 6, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 01-3489 Filed 2-9-01; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: The Administrations budget request for fiscal year (FY) 2001 includes \$11,923,500 for the Indian Health Service (IHS) Loan Repayment Program (LRP) for health professions educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. It is anticipated that \$11,923,500 will be available to support approximately 298 competing awards averaging \$40,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals. Funds must be expended by September 30 of

the fiscal year. This program is authorized by Section 108 of the Indian Health Care Improvement Act (IHCA) as amended, 25 U.S.C. 1601 et seq. The IHS invites potential applicants to request an application for participation in the LRP.

DATES: Applications for the FY 2001 LRP will be accepted and evaluated monthly beginning March 16, 2001, and will continue to be accepted each month thereafter until all funds are exhausted. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month. Notice of awards will be mailed on the last working day of each month.

Applicants selected for participation in the FY 2001 program cycle will be expected to begin their service period no later than September 30, 2001.

Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or
2. Sent on or before the deadline date.

(Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are *not* acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2001, will be notified in writing.

Form To Be Used for Application

Applications will be accepted only if they are submitted on the form entitled "Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval

number of OMB #0917-0014 (expires 12/31/02).

ADDRESSES: Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 12300 Twinbrook Parkway—Suite 100, Rockville, Maryland 20852, PH: 301/443-3396 (between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays).

FOR FURTHER INFORMATION CONTACT:

Please address inquiries to Ms. Jacqueline K. Santiago, Chief, IHS Loan Repayment Program, Twinbrook Metro Plaza—Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, PH: 301/443-3396 (between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays).

SUPPLEMENTARY INFORMATION: Section 108 of the IHCA, as amended by Public Laws 100-713 and 102-573, authorizes the IHS LRP and provides in pertinent part as follows:

The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

Section 4(n) of the IHCA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Pub. L. 104-313, provides that:

"Health Profession" means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social

work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term "Indian health program" is defined in Section 108(a)(2)(A), as follows:

* * * any health program or facility funded, in whole or in part, by the IHS for the benefit of Indians and administered:

a. directly by the Service; (or)

b. by any Indian tribe or tribal or Indian organization pursuant to a contract under:

(1) The Indian Self-Determination Act; or
(2) section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(3) by an urban Indian organization pursuant to Title V of this act.

Applicants may sign contractual agreements with the Secretary for 2 years. The IHS will repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational, and living expenses in amounts up to \$20,000 per year for each year of contracted services. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Repayment of health profession education loans will be made to the participant within 120 days after the entry-on-duty of the participant has been confirmed by the IHSLRP.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. All Indian health program sites are annually prioritized within the Agency by discipline, based on need or vacancy.

All health professionals will receive up to \$20,000 per year for the length of their contract. Where the amount of the LRP award may result in an increase in Federal income tax liability, the IHS will pay an additional 20 percent of the participant's total loan repayments to the Internal Revenue Service for the increased tax liability.

Pursuant to Section 108(b), to be eligible to participate in the LRP, an individual must:

(1) A. be enrolled:

(i) in a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of

study in the same year such individual applies to participate in such program; or

(ii) in an approved graduate training program in a health profession; or

B. have—

(i) a degree in a health profession; and
(ii) a license to practice; and

(2) A. be eligible for, or hold, an appointment as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service (PHS); (or)

B. be eligible for selection for civilian service in the Regular or Reserve Corps of the (PHS); (or)

C. meet the professional standards for civil service employment in the IHS; or

D. be employed in an Indian health program without service obligation; and

(3) submit to the Secretary an application for a contract to the Loan Repayment Program.

All applicants must sign and submit to the Secretary, a written contract agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary, and submit a signed affidavit attesting to the fact that they have been informed of the relative merits of the U.S. PHS Commissioned Corps and the Civil Service as employment options.

Once the applicant is approved for participation in the LRP, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those positions in order of priority by developing discipline-specific prioritized lists of sites.

Ranking criteria for these sites include the following:

- Historically critical shortages caused by frequent staff turnover;
- Current unmatched vacancies in a Health Profession Discipline;
- Projected vacancies in a Health Profession Discipline;
- Ensuring that the staffing needs of Indian health programs administered by an Indian tribe or tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service; and
- Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached LRP contracts entered into under this section.
- Consistent with this priority ranking, in determining applications to

be approved and contracts to accept, the IHS will give priority to applications made by American Indians and Alaska Natives and to individual recruited through the efforts of Indian tribes or tribal or Indian organizations.

• Funds appropriated for the LRP in FY 2001 will be distributed among the health professions as follows: allopathic/osteopathic practitioners will receive 27 percent, registered nurses 20 percent, mental health professionals 10 percent, dentists 12 percent, pharmacists 10 percent, optometrists 5 percent, physician assistants/advanced practice nurses 6 percent, Podiatrists 4 percent, physical therapists 2 percent, other professions 4 percent. This requirement does not apply if the number of applicants from these groups, respectively, is not sufficient to meet the requirement.

• The IHS will give priority in funding among health professionals to physicians in the following priority specialties: anesthesiology, emergency room medicine, general surgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, otolaryngology/otorhinolaryngology, psychiatry, radiology and dentistry. Funding for these priority specialties is within the 27 percent established for allopathic/osteopathic practitioners.

FY 2000 applicants whose applications were complete by September 30, 2000, and who want to compete in the FY 2001 award cycle, will receive a site score equal to either their FY 2000 score or the FY 2001 score, whichever is higher.

The following factors are equal in weight when applied, and are applied when all other criteria are equal and a selection must be made between applicants.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, would be selected.

• An applicant's length of current employment in the IHS, tribal, or urban program.

• Availability for service earlier than other applicants (first come, first served); and

• Date the individual's application was received.

Any individual who enters this program and satisfactorily completes his or her obligated period of services may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts will receive up to the maximum amount of \$20,000 per year plus an additional 20 percent for Federal Withholding. Participants who

were awarded loan repayment contracts prior to FY 2000 will be awarded extensions up to the amount of \$30,000 a year and 31 percent in tax subsidy if funds are available, and will not exceed the total of the individual's outstanding eligible health profession educational loans.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

The IHS Area Offices and Service Units are authorized to provide additional funding to make awards to applicants in the LRP, but must be in compliance with any limits in the appropriation and Section 108 of the Indian Health Care Improvement Act not to exceed the amount authorized in the IHS appropriation (up to \$22,000,000 for FY 2001).

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that service unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for pharmacists. The Chinle Service Unit consist of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaile PHS Indian Health Center. The national ranking will be used for the Chinle Comprehensive Health Care Facility (Score = 44) and the Tsaile PHS Indian Health Center (Score = 46). With a score of 46, the Tsaile PHS Indian Health Center would receive priority over the Chinle Comprehensive Health Care Facility.

This program is not subject to review under Executive Order 12372.

(The Catalog of Federal Domestic Assistance number is 93.164)

Dated: February 2, 2001.

Michel E. Lincoln,

Deputy Director.

[FR Doc. 01-3488 Filed 2-9-01; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Privacy Act of 1974; Amendment to the Health Care Program Violations System of Records

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice and comment period.

SUMMARY: In accordance with the provisions of the Privacy Act of 1974, the Office of Inspector General (OIG) is amending an existing system of records, entitled "Health Care Program Violations." This system of records maintains certain health care sanction records for the purpose of making sanction decisions publically available. In order to assure the proper identification of sanctioned individuals, we are amending the category of records maintained in the system to include individual Social Security numbers (SSNs). The purpose of maintaining SSNs is to provide another field of identification which may be entered by those querying the system; these SSNs will not be accessible by users of the system. In addition, in the future, entities listed in the system will be able to be queried by their Employer Identification number (EIN).

This notice also makes other amendments to the system of records that include more specifically describing the categories of individuals covered by the system; adding a routine use for disclosure of information as required by the Federal Acquisition Streamlining Act of 1994; revising the routine use for disclosure of information in the event of litigation; and explaining the method of retrievability for electronic records. Additional minor technical changes include revising the period of record retention for paper records; adding a retention period for electronic records; and changing the point of contact for the record notification procedure.

DATES: *Effective date:* This revision will become effective, without further notice, on March 29, 2001, unless comments received on or before that date result in a contrary determination.

Comment date: Comments on this revision will be considered if we receive them at the address provided below no later than 5 p.m. on March 14, 2001.

ADDRESSES: Please mail or deliver written comments to the following address: Office of Inspector General, Department of Health and Human Services, Attention: OIG-52-N, Room 5246, Cohen Building, 330

Independence Avenue, SW., Washington, DC 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to file code OIG-52-N. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 5541 of the Office of Inspector General at 330 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8 a.m. to 4:30 p.m.

FOR FURTHER INFORMATION CONTACT: Joel Schaer, OIG Regulations Officer, (202) 619-0089.

SUPPLEMENTARY INFORMATION:

I. Background

A. The Federal Health Care Program Violations System of Records

Under current law, individuals and entities must be excluded from participation in Federal health care programs in accordance with section 1128 of the Social Security Act (42 U.S.C. 1320a-7) for certain types of convictions, and may be excluded for other reasons, including licensure board actions, other Federal or State agency actions, and quality of care violations. In conjunction with this authority, the "Health Care Program Violations" system of records, maintained by the OIG, serves as a source of public information on all individuals or entities excluded from Federal health care programs. This system of records also provides the organizations responsible for licensing, certifying or otherwise approving the health-related activities of individuals and entities with the information they may need to make decisions. The system of records also allows health care employers to check on the exclusion status of new and current employees and contractors. This is of particular importance to hospitals and other health care entities, which are subject to civil money penalties, as authorized by Public Law 105-33, for hiring or contracting with excluded individuals and entities. Finally, the system of records serves as a fraud deterrent by virtue of public knowledge of its very existence, and provides the OIG with a means of analyzing trends and impact in fraud and abuse detection and enforcement.

Procedural information regarding the "Health Care Program Violations" system of records was last published in the **Federal Register** on August 26, 1982 (47 FR 37693).