**FOR FURTHER INFORMATION CONTACT:** Sandra M. Peay, or Parcellena P. Fielding, Contact Representatives, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room 303, Washington, DC 20580 (202) 326–3100.

By Direction of the Commission.

**Donald S. Clark,**

*Secretary.*

[FR Doc. 97–26388 Filed 10–3–97; 8:45 am]

BILLING CODE 6750–01–M

## GENERAL ACCOUNTING OFFICE

### Appointments to the Medicare Payment Advisory Commission

**AGENCY:** General Accounting Office.

**ACTION:** Notice of appointments.

**SUMMARY:** The Balanced Budget Act of 1997 establishes the Medicare Payment Advisory Commission, with members to be appointed by the Comptroller General. This notice announces the appointment and terms of the initial members, and the designation of the chairman and vice chairman, of the Commission.

**DATES:** Appointments effective October 1, 1997.

**ADDRESSES:** The General Accounting Office is at 441 G St. NW., Washington, DC, 20548. The Office of the Chairman of the Medicare Payment Advisory Commission will be at 2120 L St. NW., Washington, DC, 20037–1527.

**FOR FURTHER INFORMATION CONTACT:** General Accounting Office: Walter S. Ochinko, 202–512–7157. Medicare Payment Advisory Commission: Lauren LeRoy, 202–653–7220, or Don Young, 202–401–8986.

**SUPPLEMENTARY INFORMATION:** Section 1805 of the Social Security Act, as added by section 4022 of the Balanced Budget Act of 1997 (Pub. L. 105–33, 111 Stat. 251, 350) provided for creation of the Medicare Payment Advisory Commission, comprising 15 members appointed by the Comptroller General. The Comptroller General is to designate one member as chairman and one member as vice chairman. Members serve 3-year terms, except that the Comptroller General is to establish staggered terms for the members first appointed.

The appointments, to be effective October 1, 1997, are: Gail R. Wilensky, Chair; Joseph P. Newhouse, Vice Chair; P. William Curreri, M.D.; Anne B. Jackson; Spencer Johnson; Peter Kemper; Judith R. Lave; Donald T. Lewers, M.D.; Hugh W. Long, William A. MacBain; Woodrow A. Myers, Jr., M.D.; Janet G. Newport; Alice F. Rosenblatt; John W. Rowe, M.D.; and Gerald M. Shea.

The following members will serve 1-year terms, to expire September 30, 1998: P. William Curreri, Anne B. Jackson, Spencer Johnson, Donald T. Lewers, M.D., and Janet G. Newport. The following members will serve 2-year terms, to expire September 30, 1999: Peter Kemper, Judith R. Lave, Hugh W. Long, William A. MacBain, and Gerald M. Shea. The following members will serve 3-year terms, to expire September 30, 2000: Gail R Wilensky, Joseph P. Newhouse, Woodrow A. Myers, Jr., M.D., Alice F. Rosenblatt, and John W. Rowe, M.D. Subsequent appointments will be for 3 years.

**James F. Hinchman,**

*Acting Comptroller General of the United States.*

[FR Doc. 97–26449 Filed 10–3–97; 8:45 am]

BILLING CODE 1610–02–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Office of the Secretary publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following are those information collections recently submitted to OMB.

*1. Responsibilities of Awardees and Applicant Institutions for Reporting Possible Misconduct in Science* (42 CFR Part 50 and PHS 6349)—0937–0198—Revision—As required by Section 493 of the Public Health Service Act, the Secretary by regulation shall require that applicant and awardee institutions receiving PHS funds must investigate and report instances of alleged or apparent misconduct in science. *Respondents:* State or local governments; Businesses or other for-profit; Non-profit institutions—Reporting Burden Information—*Number of Respondents:* 3607; *Number of Annual Responses:* 3,700; *Average Burden per Response:* 29.85 minutes; *Total Reporting Burden:* 1,841 hours—*Disclosure Burden Information—Number of Respondents:* 3,607; *Number of Annual Responses:* 3,667; *Average Burden per Response:* 30 minutes; *Total Disclosure Burden:* 1,834 hours—Recordkeeping Burden Information—*Number of Respondents:* 40; *Number of Annual Responses:* 140; *Average Burden per Response:* 7.03 hours; *Total Recordkeeping Burden:* 984 hours—*Total Burden*—4,659 hours. *OMB Desk Officer:* Allison Eydt

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690–6207. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street NW., Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Written comments should be received within 30 days of this notice.

Dated: September 25, 1997.

**Dennis P. Williams,**

*Deputy Assistant Secretary, Budget.*

[FR Doc. 97–26347 Filed 10–2–97; 8:45 am]

BILLING CODE 4150–04–M

## 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 the Agency for Health Care Policy and Research's. (AHCPR) intention to request the Office of Management and Budget (OMB) to allow a proposed information collection of the ''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.

**DATES:** Comments on this notice must be received by December 5, 1997.

**ADDRESSES:** Written comments should be submitted to: Ruth A. Celtnieks, Reports Clearance Officer, AHCPR, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852–4908

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 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;
- Supply 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 employees.

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 wit 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 Burden Total:* 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: September 29, 1997.

**John M. Eisenberg,**

*Administrator.*

[FR Doc. 97–26352 Filed 10–3–97; 8:45 am]

BILLING CODE 4160–90–M

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Adminstration for Children and Families

## Submission for OMB Review; Comment Request

*Title:* Early Head Start Evaluation Father Study.

*OMB No.:* New Request.

*Description:* The Head Start Reauthorization Act of 1994 established a special initiative creating funding for services for families with infants and toddlers. In response the Administration on Children, Youth and Families (ACYF) designed the Early Head Start (EHS) program. In September 1995, ACYF awarded grants to 68 local programs to serve families with infants and toddlers. ACYF awarded grants to an additional 75 local programs in September 1996.

EHS programs are designed to produce outcomes in four domains: (1) child development, (2) family development, (3) staff development, and (4) community development. The Reauthorization required that this new initiative be evaluated. To study the effect of the initiative, ACYF awarded a contract through a competitive procurement to Mathematics Policy Research, Inc. (MPR) with a subcontract to Columbia University's Center for Young Children and Families. The evaluation will be carried out from October 1, 1995 through September 30, 2000. Data collection activities that are