20. How should consent for inclusion in an immunization registry be obtained? Should it be implicit or explicit?

21. What information should be included in an immunization registry?

22. Should registries include (and release) information on contraindications, adverse events, etc.?

23. Who should have access to immunization registry data and how can restricted access be assured?

24. What information should be available to persons other than the client/patient and the direct health care provider (e.g., schools)?

25. What is the best way to protect privacy and ensure confidentiality within a registry?

26. How should individuals/parents have access to registry information on themselves/their children?

27. Should data maintained in a state and community-based immunization registry be considered public information?

28. Would national privacy and confidentiality standards help ensure that data maintained in an immunization registry is protected?

Ensuring Provider Participation Questions to be Considered:

1. What type of resources (e.g., hardware, staff, etc.) are needed for you (provider/organization) to participate in a computerized registry?

2. What are the cost-related barriers that keep you (provider/organization) from participating in an immunization registry?

3. What cost should providers be responsible for, pertaining to participation in immunization registry systems?

4. What are the cost savings you would anticipate as a result of participating in a computerized registry (e.g., increased return visit form reminders, less personnel paperwork for preschool exams, etc.)?

5. How much time would you be willing to invest per patient visit (e.g., additional 1, 5, 7, 10 minutes) in the overall success of an immunization registry?

6. What type of user support would be needed in order for you (provider/organization) to participate in an immunization registry?

7. How would you (provider/organization) encourage providers and consumers in your community to participate in an immunization registry?

8. What community support would be necessary for you to participate in the immunization registry?

9. What benefits/value (e.g., immunization reminders, quick access to immunization histories, etc.) would a registry provide that would encourage your (provider/organization) participation?

10. What incentives should be offered to providers/organizations to participate in an immunization registry?

11. What barriers have you (provider/organization) encountered that have prevented you from participating in an immunization registry?

12. Is provider liability (e.g, disclosure of sensitive patient information) a barrier to participating in an immunization registry? Why?

13. How would an immunization registry impact your practice/organization?

14. Do you currently share immunization data with other providers electronically? For what purpose (e.g., billing, share group data, etc.)?

15. How (e.g., electronic record, paper record) is medical information maintained in your practice/organization?

16. Who should retain ownership of immunization records as they are distributed throughout an immunization registry?

17. How would you (provider/organization) use the data maintained in an immunization registry?

18. What type of quality control process would you (provider/organization) perform to ensure the accuracy and completeness of the immunization data entered into an immunization registry?

19. What type of security policies and procedures need to be in place for you to be confident that data are secure?

20. What functions should a registry perform in your office in order for you (provider/organization) to participate?

21. Do you have any advice or recommendations for NVAC/CDC/HHS related to the implementation of the network of state and community-based registries and do you have any concerns?

22. Do you feel that there is a need for the Federal Government to provide leadership in developing state and community-based immunization registries? What should the role of the Federal Government be in this effort?

23. Have you received training on the use and maintenance of computerized medical information? Do you feel this training is needed to fully support the development and maintenance of immunization registries?

Contact Person for More Information: Robb Linkins, M.P.H., Ph.D., Chief, Systems Development Branch, Data Management Division, NIP, CDC, 1600 Clifton Road, NE, M/S E–62, Atlanta, Georgia 30333, telephone (404) 639–8728, e-mail rxl3@cdc.gov.

Dated: May 22, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–14232 Filed 5–28–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–417]

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

AGENCY: Health Care Financing Administration.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Hospice Request for Certification in the Medicare Program and Supporting Regulations in 42 CFR 418.1–418.405; *Form No.:* HCFA–417 (OMB# 0938–0313); *Use:* The Hospice Request for Certification Form is used for hospice identification, screening, and to initiate the certification process. The information captured on this form is entered into a data base which assists HCFA in determining whether providers have sufficient personnel to participate in the Medicare program. The form summarizes data relative to: type of hospice; types of services provided by the hospice; and number of full time equivalents; *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, and State, local or tribal government; *Number of Respondents:* 2,286; *Total Annual Responses:* 2,286; *Total Annual Hours:* 572.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at http://www.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: May 19, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–14284 Filed 5–28–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4356–N–03]

Notice of Proposed Information Collection: Comment Request

AGENCY: Office of the Assistant Secretary for Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due date: July 28, 1998.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name/or OMB Control Number and should be sent to: Wayne Eddins, Reports Liaison Officer, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Rita Ross, Office of Multifamily Housing, telephone number (202) 708–3555 (this is not a toll-free number) for copies of the proposed forms and other available documents.

SUPPLEMENTARY INFORMATION: The Department is submitting the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Requisition for Disbursement of Section 202 Loan Funds.

OMB Control Number, if applicable: 2502–0187.

Description of the need for the information and proposed use: Form HUD–92403–EH is used by the nonprofit Owner entity to obtain disbursements on its HUD-funded loan under the Section 202 Direct Loan Program for Housing the Elderly or Handicapped. Its use during the construction period and at final loan closing enables the Owner to obtain funds so that he may settle his obligations or be reimbursed in a timely manner.

Agency form numbers, if applicable: HUD–92403–EH.

Estimation of the total numbers of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: The estimated number of respondents are 930, the frequency of responses is 3, and ½ hour per response.

Status of the proposed information collection: Reinstatement without change.

Authority: The Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: May 15, 1998.

Art Agnos,

Acting General Deputy Assistant Secretary for Housing-Federal Housing Commissioner.

[FR Doc. 98–14235 Filed 5–28–98; 8:45 am]

BILLING CODE 4210–27–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4356–N–C4]

Notice of Proposed Information Collection: Comment Request

AGENCY: Office of the Assistant Secretary for Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due date: July 28, 1998.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Wayne Eddins, Reports Liaison Officer, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Debbie Holt, Disbursement and Customer Service Branch, telephone number (202) 755–7570, ext. 149 (this is not a toll-free number) for copies of the proposed forms and other available documents.

SUPPLEMENTARY INFORMATION: The Department is submitting the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Automated Clearinghouse Program Application, Title I Insurance Coverage Payments system—FR 3823.

OMB Control Number, if applicable: 2502–0152.

Description of the need for the information and proposed use: The information is needed for the use of the Automated Clearinghouse System which is used by the Title I Insurance System to collect a debt due the Federal government. The previous approval will expire soon and will need to be reinstated so that the department can continue to use this mechanism.

Agency form numbers, if applicable: Form HUD–56150.

Estimation of the total numbers of hours needed to prepare the information