

Questionnaire version	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
State Boards .....	81	1	81	.25	20.3
Malpractice Payers .....	188	1	188	.25	47.0
Professional Societies .....	67	1	67	.25	16.8
Other .....	209	1	209	.25	52.3
Querying:					
Hospital .....	770	1	770	.4	308
Group Practice .....	173	1	173	.4	69.2
HMOs .....	153	1	153	.4	61.2
State Boards .....	74	1	74	.4	29.6
Malpractice Payers .....	*				
Professional Societies .....	66	1	66	.4	26.4
Other .....	184	1	184	.4	73.6
Match Responses:					
Hospital .....	770	2.6	2002	.33	660.7
Group Practice .....	173	2.8	484.4	.33	159.9
HMOs .....	153	2.2	336.6	.33	111.1
State Boards .....	74	2.2	162.8	.33	53.7
Malpractice Payers .....	*				
Professional Societies .....	66	2.0	132	.33	43.6
Other .....	184	1.9	349.6	.33	115.4

## Non-Users Survey

Version/Entity Type:					
Hospital .....					
Group Practice .....	113	1	113	.1	11.3
HMOs .....	151	1	151	.1	15.1
State Boards .....					
Malpractice Payers .....					
Professional Societies .....	113	1	113	.1	11.3
Other .....	113	1	113	.1	11.3
Total Users .....	2,366		6,834		2,199
Total Non-Users .....	490		490		49
Total Users and Non-Users .....	2,856		7,324		2,248

\* Cannot query the NPDB; thus these entities do not receive querying or match response questionnaires.

\*\*These are the unduplicated numbers of entities required for the surveys.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 14, 2000.

**James J. Corrigan,**

*Associate Administrator for Management and Program Support.*

[FR Doc. 00-1533 Filed 1-21-00; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National

Advisory body scheduled to meet during the month of February 2000.

*Name:* National Advisory Council on the National Health Service Corps (NHSC).

*Date and Time:*

February 10-11, 2000; 9 a.m.-noon.

February 12, 2000; 9 a.m.-4:30 p.m.

February 13, 2000; 9 a.m.-10:00 a.m.

*Place:* Bethesda Marriott Hotel, 5151 Pooks Hill Road, Bethesda, Maryland 20814, Phone: (301) 897-9400.

The meeting is open to the public.

*Agenda:* Items will include updates on the NHSC and Scholarships and Loan Repayments program; Health Professional Shortage Areas (HPSA) designations; and a report from the Philadelphia field office. The Council will be attending the Capitol Area Rural Health Roundtable on Thursday, February 10, from 3:00 p.m. to 5:00 p.m. A site visit will be on Friday, February 11. Transportation for the public will not be available.

For further information, call Ms. Eve Morrow, Division of National Health Service Corps, at (301) 594-4144.

Dated: January 14, 2000.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 00-1532 Filed 1-21-00; 8:45 am]

**BILLING CODE 4160-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of February 2000.

The National Advisory Committee on Rural Health will convene its thirty-fourth meeting at the time and place specified below:

*Name:* National Advisory Committee on Rural Health.

*Date and Time:*

February 7, 2000; 8:30 a.m.-4:45 p.m.

February 8, 2000; 8:30 a.m.-4:00 p.m.

February 9, 2000; 8:30 a.m.–10:30 a.m.P=’02’≤

**Place:** Washington Court Hotel, 525 New Jersey Avenue, N.W., Washington, D.C. 20001. Phone: (202) 628–2100.

The meeting is open to the public.

**Purpose:** The National Advisory Committee on Rural Health provides advice and recommendations to the Secretary with respect to the delivery, research, development, and administration of health care services in rural areas.

**Agenda:** Monday morning, February 7, at 8:30 a.m. the new chairperson, Senator Nancy Kassebaum Baker will open the meeting and welcome the Committee members. The first plenary session will be a presentation on the rural health issues in the Veterans Administration. At 10:00 a.m. the group will move to the National Rural Health Association’s Policy Institute Congressional Forum (also convened in the same hotel). After lunch, presentations will include the Kaiser Commission on Medicaid and the uninsured; update on public health and hospital capital, and the Indian Health Service.

Tuesday morning at 8:30 a.m., there will be an update of the Office of Rural Health Policy activities, followed by presentations on Medicare payment in rural areas, rural mental issues, and an update on research and regulatory activities.

After lunch, Committee discussion will continue on issues presented by the Indian Health Service, and Veterans Administration.

The final plenary session will be convened on Wednesday, February 9 at 8:30 a.m. During this session the Committee will discuss future activities and next meeting. The meeting will be adjourned at 10:30 a.m.

Anyone requiring information regarding the subject Committee should contact Wayne W. Myers, M.D., Executive Secretary, National Advisory Committee on Rural

Health, Health Resources and Services Administration, Room 9A–55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, telephone (301) 443–0835, Fax (301) 443–2803.

Persons interested in attending any portion of the meeting should contact Sandi Lyles or Lilly Smetana, Office of Rural Health Policy, (301) 443–0835.

Dated: January 14, 2000.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 00–1534 Filed 1–21–00; 8:45 am]

**BILLING CODE 4160–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 60-Day Proposed Collection: Common Reporting Requirements for Urban Indian Health Program; Republication

**Editorial Note:** In the issue of January 14, 2000, beginning on page 2417, FR Doc. 00–888 was printed as a duplicate of FR Doc. 00–887, beginning on page 2416. The correct FR Doc. 00–888 is published below.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, to provide a 60-day advance opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information

collection to be submitted to the Office of Management and Budget (OMB) for review.

### Proposed Collection

**Title:** 09–17–0007, “Common Reporting Requirements for Urban Indian Health Program.” **Type of Information Collection Request:** Extension of currently approved information collection, 09–17–0007, “Common Reporting Requirements for Urban Indian Health Program,” which expires February 28, 2000. **Form Number:** Reporting formats contained in the Indian Health Service Urban Indian Health Programs Common Reporting Requirements Instruction Manual. **Need and Use of Information Collection:** American Indian/Alaska Native (AI/AN) urban health organization contracting with the IHS provide the information collected. The information is collected annual and is used to monitor contractor performance, prepare budget reports, allocate resources, and evaluate the urban health contract program.

**Affected Public:** Businesses or other for-profit organizations, individuals, not-for-profit institutions, and State, local, or Tribal Government. **Type of Respondents:** health care providers.

Table 1 below provides: Types of data collection instruments, Estimate number of respondents, Number of responses per respondent, Annual Number of Responses, Average burden hour per response, and total annual burden hour.

Data collection instructions	Estimated number or respondents	Responses per respondent	Annual number of responses	Average burden hr per response <sup>1</sup>	Total annual burden hours
Face Sheet .....	34	1	34	0.50 (30 mins) .....	17.0
Table 1 .....	34	1	34	2.00 (120 mins) ....	68.0
Table 2 .....	34	1	34	0.75 (45 mins) .....	26.0
Table 3 .....	34	1	34	22.25 (135 mins) ..	77.0
Table 4 .....	<sup>2</sup> 23	1	23	0.50 (30 mins) .....	12.0
Table 5 .....	34	1	34	2.00 (120 mins) ....	68.0
Table 6 .....	34	1	34	2.00 (120 mins) ....	68.0
Table 7 .....	34	1	34	1.00 (60 mins) .....	34.0
Table 8 .....	34	1	34	1.25 (75 mins) .....	43.0
Total .....	295	.....	295	.....	413.0

<sup>1</sup> For ease of understanding, burden hours are also provided in actual minutes.

<sup>2</sup> Excludes urban Indian health projects with no medical component.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

### Request for Comments

Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency

processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumption used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the

public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**Send Comments and Request For Further Information:** Send your written comments, requests for more information of the proposed collection, or requests to obtain a copy of the data collection instrument(s) and