

between MSA codes 8003 and 8840, located on page 60078.

TABLE A.—HOSPICE WAGE INDEX FOR URBAN AREAS

MSA code No.	Urban area (constituent counties or county equivalents) ¹	Wage index ²
0600	Augusta-Aiken, GA-SC ... Columbia, GA. McDuffie, GA. Richmond, GA. Aiken, SC. Edgefield, SC.	0.9604
0840	Beaumont-Port Arthur, TX. Hardin, TX. Jefferson, TX. Orange, TX.	0.9188
1950	Danville, VA Danville City, VA. Pittsylvania, VA.	0.9655
1960	Davenport-Moline-Rock Island, IA-IL. Scott, IA. Henry, IL. Rock Island, IL.	0.9277
2000	Dayton-Springfield, OH ... Clark, OH. Greene, OH. Miami, OH. Montgomery, OH.	1.0080
2020	Daytona Beach, FL Flagler, FL. Volusia, FL.	0.9576
2040	Decatur, IL Macon, IL.	0.8866
2840	Fresno, CA Fresno, CA. Madera, CA.	1.0934
2880	Gadsden, AL Etowah, AL.	0.9257
3285	Hattiesburg, MS Forrest, MS. Lamar, MS.	0.8133
5140	Missoula, MT Missoula, MT.	0.9680
5483	New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT. Fairfield, CT. New Haven, CT.	1.3165
6020	Parkersburg-Marietta, WV-OH. Washington, OH. Wood, WV.	0.8966
6483	Providence-Warwick-Pawtucket, RI. Bristol, RI. Kent, RI. Newport, RI. Providence, RI. Washington, RI.	1.1390
6640	Raleigh-Durham-Chapel Hill, NC. Chatham, NC. Durham, NC. Franklin, NC. Johnston, NC. Orange, NC. Wake, NC.	1.0169
6780	Riverside-San Bernardino, CA. Riverside, CA.	1.1944

TABLE A.—HOSPICE WAGE INDEX FOR URBAN AREAS—Continued

MSA code No.	Urban area (constituent counties or county equivalents) ¹	Wage index ²
6800	San Bernardino, CA. Roanoke, VA Botetourt, VA. Roanoke, VA. Roanoke City, VA. Salem City, VA.	0.8671
8160	Syracuse, NY Cayuga, NY. Madison, NY. Onondaga, NY. Oswego, NY.	1.0029

¹ This column lists each MSA area name (in italics) and each county, or county equivalent, in the MSA area. Counties not listed in this Table are considered to be Rural Areas. Wage Index values for these areas are found in Table B.

² Wage index values are based on FY 1996 hospital cost report data before reclassification. This wage index is further adjusted. Wage index values greater than 0.8 are subject to a budget-neutrality adjustment of 1.065425. Wage index values below 0.8 are adjusted to be the greater of a 15-percent increase, subject to a maximum wage index value of 0.8, or an adjustment by multiplying the hospital wage index value for a given area by the budget-neutrality adjustment. We have completed all of these adjustments and included them in the wage index values reflected in this table.

TABLE B.—WAGE INDEX FOR RURAL AREAS

MSA Code No.	Nonurban area	Wage index ¹
9950	Washington	1.1130

¹ Wage index values are based on FY 1996 hospital cost report data before reclassification. This wage index is further adjusted. Wage index values greater than 0.8 are subject to a budget-neutrality adjustment of 1.065425. Wage index values below 0.8 are adjusted to be the greater of a 15-percent increase, subject to a maximum wage index value of 0.8, or an adjustment by multiplying the hospital wage index value for a given area by the budget-neutrality adjustment. We have completed all of these adjustments and have included them in the wage index values reflected in this table.

(Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: July 18, 2001.

Brian P. Burns,

Deputy Assistant Secretary for Information Resources Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-18]

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:* Application for Hospital Insurance in 42 CFR 406.7; *Form No.:* HCFA-18 (OMB# 0938-0251); *Use:* The HCFA-18F5 is used to establish entitlement to hospital insurance and supplementary medical insurance for beneficiaries entitled under title XVIII of the Social Security Act; *Frequency:* On occasion; *Affected Public:* Individuals or households; *Number of Respondents:* 50,000; *Total Annual Responses:* 50,000; *Total Annual Hours:* 12,500.

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: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: July 18, 2001.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notification of Request for Emergency Clearance; Modification of OMB Number 0925-0361, "National Institutes of Health Loan Repayment Programs"

SUMMARY: In accordance with section 3507(j) of the Paperwork Reduction Act of 1995, the National Institutes of Health hereby publishes notification of request for Emergency Clearance for modification of the information collection related to the "Loan Repayment Program for Health Disparities Research" and the "Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds," published elsewhere in today's **Federal Register**. The currently approved information collection, "National Institutes of Health Loan Repayment Programs" (OMB No. 0925-0361), permits the NIH to request from applicants information related to eligibility, qualifications, career interests and recommendations necessary to evaluate their applications for repayment of educational indebtedness in return for agreeing to conduct research as an employee of the National Institutes of Health. Public Law 106-525 amended the Public Health Service Act (42 U.S.C. 288-5) by adding a new section 485G to provide repayment of educational loan indebtedness of qualified health professionals who are not Federal employees and who agree to conduct basic, clinical, or behavioral research directly related to health disparities. Public Law 106-554 amended section 487E of the Public Health Service Act (42 U.S.C. 288-5) to allow expansion of the existing program to provide repayment of educational loan indebtedness of qualified health professionals from disadvantaged backgrounds who are not Federal

employees and who agree to conduct clinical research.

To implement these new loan repayment programs, NIH must request additional information from applicants and the institutions that submit applications on their behalf. Specifically, in the case of the Loan Repayment Program for Health Disparities Research, information in the application will also include: (1) A Research Plan—a description of the applicant's proposed role in the research conducted in the extramural laboratory or clinical research setting; (2) A brief statement addressing the applicant's long-range career plan for engaging in research on health disparities; (3) Institutional Assurance of future/current employment/affiliation; (4) Description of Training Environment, including a Training Plan, describing the applicant's mentoring program, the types of training interactions, research methods to be used and scientific techniques to be taught, journal clubs or groups the applicant will join, conferences and seminars to be attended, and a Description of the Advisor's/Supervisor's Research Program, with a description of the current research, listing of research support and a current C.V. with a list of publications.

In regard to the Extramural Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds, applicants are required to submit: (1) A Research Plan—a description of the applicant's proposed clinical research assignment, including the applicant's specific responsibilities and roles in conducting the research; (2) Institutional Assurance of future/current employment/affiliation; (3) Description of Training Environment, including a Training Plan, describing the applicant's mentoring program, the types of training interactions, research methods to be used and scientific techniques to be taught, journal clubs or groups the applicant will join, conferences and seminars to be attended, and a Description of the Advisor/Supervisor's Research Program, with a description of the current research, listing of research support and a current C.V. with a list of publications.

The present modification relates to the additional reporting requirement of submission of information and documentation to permit the agency to evaluate the eligibility, qualifications, and overall merit of the applications, including, for example, the quality of the mentoring program, the quality of the mentor/supervisor's research program, the proposed training

mechanism, and the research methods and scientific techniques to be taught.

The modification is essential to the mission of NIH (42 U.S.C. 241 and 282(b)) and pursuant to the statutory mandates of 42 U.S.C. 287c-33 and 42 U.S.C. 288-5a requiring the NIH to establish loan repayment programs for eligible qualified health professionals, not employed by the Federal Government, who enter into contracts with the Secretary of Health and Human Services (HHS) to engage in minority health disparities research and for qualified health professionals from disadvantaged backgrounds, not employed by the Federal Government, who enter into contracts with the Secretary, HHS, to conduct clinical research.

The United States Congress conducted hearings to establish these expansions of the National Institutes of Health Loan Repayment Programs on the basis of which it determined that these measures are essential to the public welfare. In view of the record established in legislative hearings and congressional deliberations, NIH is herewith requesting that OMB approve the modification of the collection of information simultaneously with the publication of this **Federal Register** Notice and the publication of the Program Announcements in the **Federal Register**.

Proposed Collection

Title: National Institutes of Health Loan Repayment Programs. *Type of Information Collection Request:* REVISION. *Need and Use of Information Collection:* The additional NEW reporting requirement is needed to permit the agency to evaluate the eligibility, qualifications and overall merit of the applications. *Frequency of Response:* One-time response to accommodate NEW programs. *Affected Public:* Individuals or households; Business or other for-profit; Not-for-profit institutions; State, local or tribal Government. *Type of Respondents:* Loan Repayment Program Applicants; Scientific and Clinical Researchers; Research and Academic Institutions; Lending Organizations and Banks. The annual reporting burden was: *Estimated Number of Respondents:* 990. *Estimated Number of Responses per Respondent:* 1. *Average Burden Hours Per Response:* 1.53. *Estimated Total Annual Burden Hours Requested:* 1,424. The NEW annual reporting burden is as follows: *Estimated Number of Respondents:* 1,540. *Estimated Number of Responses per Respondent:* 1.02. *Average Burden Hours Per Response:* 1.43. *Estimated Total Annual Burden Hours Requested:*