

facilitate matching organs with individuals included in the list.

Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to match donor organs with recipients, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and

transplantation in this country. Data are used in the development and revision of OPTN rules and requirements, operating procedures, and standards of quality for organ acquisition and preservation, some of which have provided the foundation for development of Federal regulations. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available without restriction for use by OPTN members, the Scientific

Registry of Transplant Recipients, the Department of Health and Human Services, and others for evaluation, research, patient information, and other important purposes.

Revisions in the 28 data collection forms are intended to clarify existing questions, to provide additional detail and categories to avoid confusion and be more inclusive, to remove obsolete data, and to comply with requests for more complete and precise data.

#### ESTIMATES OF ANNUALIZED HOUR BURDEN

| Form                                          | Number of respondents | Responses per respondents | Total responses | Hours per response | Total burden hours |
|-----------------------------------------------|-----------------------|---------------------------|-----------------|--------------------|--------------------|
| Cadaver Donor Registration .....              | 59                    | 170                       | 10,030          | 0.3                | 3,009.00           |
| Death referral data .....                     | 59                    | 12                        | 708             | 10                 | 7,080.00           |
| Living Donor Registration .....               | 668                   | 11                        | 7,348           | 0.2                | 1,469.60           |
| Living Donor Follow-up .....                  | 668                   | 16                        | 10,688          | 0.1                | 1,068.80           |
| Donor Histocompatibility .....                | 156                   | 86                        | 13,416          | 0.1                | 1,341.60           |
| Recipient Histocompatibility .....            | 156                   | 161                       | 25,116          | 0.1                | 2,511.60           |
| Heart Candidate Registration .....            | 140                   | 26                        | 3,640           | 0.3                | 1,092.00           |
| Lung Candidate Registration .....             | 75                    | 29                        | 2,175           | 0.3                | 652.50             |
| Heart/Lung Candidate Registration .....       | 81                    | 2                         | 162             | 0.3                | 48.60              |
| Thoracic Registration .....                   | 140                   | 29                        | 4,060           | 0.3                | 1,218.00           |
| Thoracic Follow-up .....                      | 140                   | 168                       | 23,520          | 0.2                | 4,704.00           |
| Kidney Candidate Registration .....           | 242                   | 108                       | 26,136          | 0.2                | 5,227.20           |
| Kidney Registration .....                     | 242                   | 62                        | 15,004          | 0.3                | 4,501.20           |
| Kidney Follow-up* .....                       | 242                   | 444                       | 107,448         | 0.2                | 21,489.60          |
| Liver Candidate Registration .....            | 120                   | 97                        | 11,640          | 0.2                | 2,328.00           |
| Liver Registration .....                      | 120                   | 44                        | 5,280           | 0.4                | 2,112.00           |
| Liver Follow-up .....                         | 120                   | 276                       | 33,120          | 0.3                | 9,936.00           |
| Kidney/Pancreas Candidate Registration .....  | 138                   | 14                        | 1,932           | 0.2                | 386.40             |
| Kidney/Pancreas Registration (new form) ..... | 138                   | 7                         | 966             | 0.4                | 386.40             |
| Kidney/Pancreas Follow-up (new form) .....    | 138                   | 51                        | 7,038           | 0.3                | 2,111.40           |
| Pancreas Candidate Registration .....         | 138                   | 7                         | 966             | 0.2                | 193.20             |
| Pancreas Registration .....                   | 138                   | 4                         | 552             | 0.3                | 165.60             |
| Pancreas Follow-up .....                      | 138                   | 12                        | 1,656           | 0.2                | 331.20             |
| Intestine Candidate Registration .....        | 38                    | 6                         | 228             | 0.2                | 45.60              |
| Intestine Registration .....                  | 38                    | 3                         | 114             | 0.2                | 22.80              |
| Intestine Follow-up .....                     | 38                    | 9                         | 342             | 0.2                | 68.40              |
| Immunosuppression Treatment .....             | 668                   | 39                        | 26,052          | 0.025              | 651.30             |
| Immunosuppression Treatment Follow-up .....   | 668                   | 259                       | 173,012         | 0.025              | 4,325.30           |
| Post Transplant Malignancy .....              | 668                   | 8                         | 5,344           | 0.05               | 267.20             |
| <b>Total .....</b>                            | <b>883</b>            | <b>.....</b>              | <b>517,693</b>  | <b>.....</b>       | <b>78,744.50</b>   |

\* Includes an estimated 10,000 kidney transplant patients transplanted prior to the initiation of the data system.

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 11-05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: May 30, 2002.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 02-14020 Filed 6-4-02; 8:45 am]

BILLING CODE 4165-15-P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for

review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

##### **Proposed Project: Health Education Assistance Loan (HEAL) Program: Lender's Application for Insurance Claim Form and Request for Collection Assistance Form (OMB No. 0915-0036)—Extension**

The HEAL program ensures the availability of funds for loans to eligible students who desire to borrow money to pay for their educational costs. The HEAL lenders use the Lenders Application for Insurance Claim to request payment from the Federal

Government for federally insured loans lost due to borrowers death, disability, bankruptcy, or default. The Request for

Collection Assistance form is used by HEAL lenders to request federal assistance with the collection of

delinquent payments from HEAL borrowers.

The burden estimates are as follows:

| Form                                           | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|------------------------------------------------|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Lender's Application for Insurance Claim ..... | 20                    | 75                       | 1,500           | .50                | 750                |
| Request for Collection Assistance .....        | 20                    | 1,260                    | 25,200          | .167               | 4,208              |
| Total Burden .....                             | 20                    | .....                    | 26,700          | .....              | 4,958              |

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

Dated: May 30, 2002.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 02-14021 Filed 6-4-02; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Small Rural Hospital Improvement Grant Program

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that applications are being accepted for grants to small rural hospitals to help them do any or all of the following: (1) Pay for costs related to the implementation of prospective payment systems (PPS), (2) comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and (3) reduce medical errors and support quality improvement.

**Name of Grant Program:** Small Rural Hospital Improvement Grant Program.

**Program Authorization:** Section 1820(g)(3) of the Social Security Act and the Departments of Labor, HHS, Education and Related Agencies Appropriations Act of 2002 (Pub. L. 107-116).

**Amount of Funding Available:** Approximately \$15.0 million will be available for grants in fiscal year 2002.

**Eligible Applicants:** All small rural hospitals located in the fifty States and

Territories, including faith-based hospitals. For the purpose of this program, (1) small is defined as 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report, (2) rural is defined as located outside a Metropolitan Statistical Area (MSA) or located in a rural census tract of a MSA as determined under the Goldsmith Modification, and (3) hospital is defined as a non-Federal, short-term, general acute care facility. A list of eligible hospitals, approximately 1265, can be found at <http://www.ruralhealth.hrsa.gov/ship.htm>.

**Funding Criteria:** To help facilitate the awards process, eligible hospitals are asked to submit a brief letter of application to their State Office of Rural Health (SORH) that describes their need, and intended use and expenditure of grant funds. In turn, the SORH will prepare and submit a single grant application (PHS Form 5161) to HRSA on behalf of all hospital applicants. An award will be made to each State based on the total number of applicants in that State. Grantee hospitals will receive their award from the SORH. If a State chooses not to join in this Federal-State partnership, eligible hospitals may submit a grant application (PHS Form 5161) directly to HRSA.

It is anticipated that all eligible hospitals will apply for this grant program, which would result in awards of about \$11,000 per hospital. It is expected that most of these grant funds will be used to purchase technical assistance, services, training and information technology. To help maximize purchasing power through economies of scale, eligible grantees are strongly encouraged to organize themselves into consortiums and pool their grant funds for the purchase of these services. SORHs may help their eligible hospitals form consortiums and also purchase the goods and services they need.

Funding will be available for a single year followed by yearly renewals, with funding contingent upon: (a) availability of Federal funds, and (b) satisfactory

performance by the grantee. The SORH may charge up to five percent to the grants to cover its administrative costs.

**Review Criteria:** Applications will be evaluated on the extent to which they: (1) Are responsive to the requirements and purposes of this program, (2) describe need and strategies to address those needs, and (3) propose an allowable use of the grant funds. Further description of the review criteria is contained in the program guidance.

**Requesting Applications:** The application and program guidance may be downloaded via the Web at <http://www.ruralhealth.hrsa.gov/ship.htm>. Hard copies of the application and program guidance are available from: HRSA Grants Application Center, Grants Management Officer, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879. Phone (877) 477-2123, e-mail [hrsagac@hrsa.gov](mailto:hrsagac@hrsa.gov). Request CFDA #93.301.

**Submitting Applications:** All hospital applications must be submitted to the appropriate SORH in hard copy and postmarked before 5 PM EDT on June 21, 2002. All SORH applications must be submitted in hard copy and postmarked before 5 PM EDT on July 19, 2002 to the HRSA Grants Application Center, Grants Management Officer, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879.

**Program Contact Person:** Jerry Coopey, Office of Rural Health Policy, HRSA, Rm. 9A-55, Parklawn Bldg, 5600 Fishers Lane, Rockville, MD 20857. Phone (301) 443-0835, Fax (301) 443-2803, e-mail [jcoopey@hrsa.gov](mailto:jcoopey@hrsa.gov)

**Paperwork Reduction Act:** The application for this grant program has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0925-0001.

The OMB Catalog of Federal Domestic Assistance number is 93.301.

This program is not subject to the Public Health Systems Reporting Requirements.

**Executive Order 12372:** This program has been determined to be a program that is subject to the provisions of