

networks of health care providers in rural communities. Grantees will be working to change the delivery system in their service areas and will be using the Federal funds to develop network capabilities.

Grantees submit annual reports which provide information on progress towards goals and objectives of the network, progress toward developing

the governance and organizational arrangements for the network, specific network activities, certain financial data related to the grant budget, and health care services provided by the network. The information is used to evaluate progress on the grants, to understand barriers to network development in rural areas, to identify grantees in need

of technical assistance, and to identify best practices in the development of provider networks in rural communities. The information is also used to begin to evaluate the impact of networks on access to care. To minimize the burden on grantees, the reports will be submitted electronically. The estimated burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Baseline	16	1	2	32
Tracking	50	1	1	50
Total	50	82

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 26, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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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: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners: Regulations and Forms, OMB No. 0915-0126: Extension.

The National Practitioner Data Bank (Data Bank) was established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended. Final Regulations governing the Data Bank are codified at 45 CFR part 60. Responsibility for Data Bank implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The Data Bank began operation on September 1, 1990.

The intent of Title IV of Public Law 99-660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services, to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care

practitioners to move from State to State without disclosure of the practitioners' previous damaging or incompetent performance.

The Data Bank acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions, adverse clinical privileging actions, and adverse professional society actions is collected from, and disseminated to eligible entities. It is intended that Data Bank information should be considered with other relevant information in evaluating a practitioner's credentials.

This request is for an extension of reporting and querying forms previously approved in February 1996. The reporting forms and the request for information forms (query forms) may be accessed, completed, and submitted to the Data Bank electronically through the use of a program designated QPRAC 4 which is provided by the DHHS. The DHHS has developed a separate query form for practitioners making self-queries. This request also includes several administrative forms which have been developed since the last clearance.

The following estimates of burden are based on actual Data Bank operational experience:

Type of activity—45 CFR 60.0	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Reporting:				
Reports Correcting Errors and Omissions—60.6(a)	1,600	1.06	.25	424
Reports of Revision to Actions Previously Reported—60.6(b)	390	1.04	.75	304
Report of Medical Malpractice Payments—60.7(b)	525	27.3285	.75	10,760
Reports of Adverse Actions by State Medical and Dental Boards—60.8(b)	125	32.56	.75	3,053
Reports of Adverse Action Regarding Clinical Privileges and Professional Society Memberships—60.9(a)3.	975	1.03	.75	753
Entity Hearings:				
Requests for Hearing by Entities—60.9(c)	*1	1	8.0	8

Type of activity—45 CFR 60.0	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Requests for Information Disclosure (Query):				
Queries by Hospitals for Practitioner Applications—60.10(a)(1)	6,000	40	.083 5 Minutes	20,000
Queries by Hospitals—Two Year Cycle—60.10(a)(2)	6,000	160	.083 (**)	80,000
Queries by Hospitals—Peer Review—60.11(a)(1)	60,000	1	.50 ***1	30,000
Queries by Practitioners (Self-Query)—60.11(a)(2)	125	120	.083 ***	1,245
Queries by Licensure Boards—60.11(a)(3)	3,250	690	.083 ***	186,874
Queries by Non-Hospital Health Care Entities—60.11(a)(4)	1	1	.30 ***	.5
Queries by Plaintiff's Attorneys—60.11(a)(5)	100	1	.50 ***	50
Queries by Non-Hospital Health Care Entities—Peer Review—60.11(a)(6)				
Requests by Researchers for Aggregate Information—60.11(a)(7)				
Disputes:				
Practitioner Places a Dispute in His/Her Data Bank Report—60.14(b)	1,200	1	.5 DHHS—60.14(b).	600
Practitioner Places a Statement in His/Her Data Bank Report—60.14(b) ..	1,350	1	1.0 DHHS—60.14(b).	1,350
Practitioner Requests Review of the Disputed Report by The Secretary	135	1	8.0 DHHS—60.14(b).	1,080
Administrative forms used in operating the National Practitioner Data Bank;				
Entity Registration Form	150	1	1.0 Entity Registration Update Form	150
Entity Registration Update Form	100	1	.25 Authorized Agent Designation Form	25
Authorized Agent Designation Form	25	1	.25 Authorized Agent Designation Update	6.25
Authorized Agent Designation Update	5	1	.083 Account Discrepancy Report42
Account Discrepancy Report	200	1	.25 Electronic Transfer of Funds Authorization	50
Electronic Transfer of Funds Authorization	25	1	.25 Entity Reactivation	6.25
Entity Reactivation	50	1	.25 Total	12.5
Total				336,757

*There have been no hearing requests from reporting entities since the opening of the Data Bank.

**We are unable to distinguish between these and other types of queries made by hospitals and other health care entities.

***There have been approximately 12 attorney requests since the opening of the Data Bank; of these, one has been granted.

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 26, 1999.

Jane Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent

applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; telephone: 301/496-7057; fax: 301/402-0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Novel Human Cancer Antigen, NY ESO-1/CAG-3, and Gene Encoding Same

R Wang, SA Rosenberg (NCI)

DHHS Reference No. E-265-97/1 filed 21 Sep 98

Licensing Contact: Elaine Gese; 301/496-7056 ext. 282; e-mail: eg46t@nih.gov

The current invention embodies the identification, isolation and cloning of a gene encoding a novel tumor antigen, NY ESO-1/CAG-3, as well as cancer peptides thereof an antigenic cancer epitopes contained within the cancer peptides. This novel antigen is recognized by cytotoxic T lymphocyte clones derived from the TIL586 (tumor

infiltrating lymphocyte) cell line in an HLA restricted manner.

The inventors believe that cancer peptides which are encoded by the NY ESO-1/CAG-3 gene represent potential cancer vaccines, protecting an individual from development of cancer by inhibiting the growth of cells or tumors which express the NY ESO-1/CAG-3 antigen. Also embodied in the invention are pharmaceutical compositions comprising the NY ESO-1/CAG-3 antigen, peptide, or an antigenic cancer epitope thereof in combination with one or more immunostimulatory molecules. These compositions represent potential anticancer therapeutics, stimulating NY ESO-1/CAG-3-specific T cells to elicit an anti-cancer immunogenic response and thereby eliminating or reducing the cancer. While these vaccines and pharmaceutical compositions may be developed for use against a variety of cancers, data obtained to date indicate that they may be of particular value for use against melanoma.

Methods for diagnosing cancer via the detection of NY ESO-1/CAG-3 are also embodied in the invention.

Mouse Models for Huntington's Disease

D. Tagle (NHGRI)

DHHS Reference No. E-101-98/0

Licensing Contact: Marlene Shinn; 301/496-7056 ext. 285; e-mail: ms482m@nih.gov