Dated: August 27, 1997.

#### Sandra M. Joosten,

Executive Assistant, Office of the Secretary. [FR Doc. 97–23338 Filed 8–28–97; 12:45 pm] BILLING CODE 7590–01–M

# OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

#### **Notice of Request for Comments**

**ACTION:** Notice of request for comments.

**SUMMARY:** The Government Performance and Results Act of 1993 (GPRA), Pub. L. 103–62, codified in part at 31 U.S.C. 1115–1119, instructs federal agencies to develop performance goals and objectives in order that an agency's actual performance may be measured and compared against those goals and objectives, thus enhancing the effectiveness and efficiency of an agency's work. In developing its goals and objectives under GPRA, the Occupational Safety and Health Review Commission solicits the views of those who practice before it and those who are affected by its case dispositions.

**DATES:** Comments should be received by September 15, 1997.

ADDRESSES: Comments should be sent to William J. Gainer, Executive Director, Occupational Safety and Health Review Commission, 1120 20th Street, N.W., 9th Floor, Washington, DC 20036–3419, telephone: 202–606–5380. This is not a toll-free number.

#### FOR FURTHER INFORMATION CONTACT:

William J. Gainer, Executive Director, Occupational Safety and Health Review Commission, 1120 20th Street, N.W., 9th Floor, Washington, DC 20036–3419, telephone: 202–606–5380. This is not a toll-free number.

SUPPLEMENTARY INFORMATION: GPRA charges federal agencies with formulating strategic plans, preparing annual plans setting performance goals, and reporting annually the actual agency performance compared to those goals. In formulating its broad goals, the Commission has sought to identify objectives and develop measures that are concrete and allow the evaluation of its performance in carrying out its statutory mission under the Occupational Safety and Health Act of 1970, (OSH Act), 29 U.S.C. 651 et seq. The agency views its mission as providing fair and timely adjudication of workplace safety and health disputes between the Department of Labor, employers, and employees and their representatives. The Commission contemplates issuing a plan which includes both agency mission performance goals, and internal operational goals which will help the

Commission perform its mission and improve performance. The tentative mission performance goals are:

- —Assure the ready availability of fair, user friendly, and timely adjudication of all disputes brought before the Commission and its judges and achieve a high level of readability and quality in Commission legal decisions.
- —Significantly enhance the efficiency and effectiveness of communications between the Commission and the public, its customers and other stakeholders.

Its tentative operational goals are to:

—Capitalize on recent investments in modern computer hardware and software to increase organizational effectiveness, operate more efficiently and better serve internal and external customers.

- —Build a highly motivated diverse workforce by developing a first class human resource management system, including highly effective affirmative action, recruitment, training, award and performance management processes.
- —Maintain a highly effective integrated planning process to support budget, mission and operational decision making.
- Develop and institutionalize a process for continuous quality improvement.
   The Commission wishes to get the views of those who practice before it and those who are impacted by its decisions to help the agency in refining its goals, setting specific objectives and formulating agency performance

In submitting comments, the Commission requests that commentors consider the following questions:

- (a) Are there quantifiable or qualitative objectives that the Commission should pursue to meet its goals and accomplish its mission.
- (b) How should the Commission measure the effectiveness of its service to litigants and to the public?
- (c) What objectives should the Commission pursue to better communicate with its customers and the public?
- (d) How can the quality and timeliness of Commission and Administrative Law Judge decisions be improved and the improvement measured?
- (e) What information should the Commission routinely make available to the public and litigants and how should this information be made available?

The Commission requests that responses to this solicitation for comments be submitted by September 15, 1997.

Dated: August 27, 1997.

#### Stuart E. Weisberg,

Chairman.

[FR Doc. 97–23240 Filed 8–29–97; 8:45 am] BILLING CODE 7600–01–M

# OFFICE OF PERSONNEL MANAGEMENT

Federal Employees Health Benefits Program; Medically Underserved Areas for 1998

**AGENCY:** Office of Personal Management.

**ACTION:** Notice of Medically Underserved Areas for 1998.

**SUMMARY:** The Office of Personnel Management (OPM) has completed its annual calculation of the States that qualify as Medically Underserved Areas under the Federal Employees Health Benefits (FEHB) Program for the calendar year 1998. This is necessary to comply with a provision of FEHB law that mandates special consideration for enrollees of certain FEHB plans who receive covered health services in states with critical shortages of primary care physicians. Accordingly, for calendar year 1998, OPM's calculations show that the following States are Medically Underserved Areas under the FEHB Program: Alabama, Louisiana, Mississippi, New Mexico, South Carolina, South Dakota, West Virginia, and Wyoming. North Dakota has been removed from the list, with no new additions for 1998.

**EFFECTIVE DATE:** January 1, 1998.

FOR FURTHER INFORMATION CONTACT: Kenneth A. Lease, 202–606–0004.

SUPPLEMENTARY INFORMATION: FEHB law [5 U.S.C. 8902(m)(2)] mandates special consideration for enrollees of certain FEHB plans who receive covered health services in States with critical shortages of primary care physicians. Such States are designated as Medically Underserved Areas for purposes of the FEHB Program, and the law requires payment to all qualified providers in the States.

FEHB regulations (5 CFR 890.701) require OPM to make an annual calculation of the States that qualify as Medically Underserved Areas for the next calendar year by comparing the latest Department of Health and Human Service State-by-State population counts on primary medical care manpower shortage areas with U.S. Census figures on State resident population.

Office of Personnel Management.

James B. King,

Director.

### FEHB Medically Underserved Areas for Calendar Year 1998

State	HHS total pop- ulation 1	Commerce resident popu- lation <sup>2</sup>	FEHB per- centage <sup>3</sup>	Note
Alabama	1,281,728	4,273,000	29.996	MUA
Alaska	127,683	607,000	21.035	
Arizona	351,410	4,428,000	7.936	
Arkansas	576,317	2,510,000	22.961	
California	3,988,692	31,878,000	12.512	
Colorado	447,034	3,823,000	11.693	
Connecticut	346.839	3,274,000	10.594	
Delaware	67,260	725,000	9.277	
Florida	1,673,828	14,400,000	11.624	
Georgia	1,701,421	7,353,000	23.139	
Hawaii	62,095	1,184,000	5.245	
Idaho	264,791	1,189,000	22.270	
	1,682,193	11,847,000	14.199	
Illinois			15.772	
lowa	921,251 369,413	5,841,000 2,852,000	12.953	
.1	,	, ,	14.682	
Kansas	377,620	2,572,000		
Kentucky	926,320	3,884,000	23.850	NAL LA
Louisiana	1,688,346	4,351,000	38.804	MUA
Maine	176,664	1,243,000	14.213	
Maryland	275,968	5,072,000	5.441	
Massachusetts	775,910	6,092,000	12.737	
Michigan	1,947,059	9,594,000	20.295	
Minnesota	319,444	4,658,000	6.858	
Mississippi	1,251,220	2,716,000	46.068	MUA
Missouri	1,055,770	5,359,000	19.701	
Montana	156,131	879,000	17.762	
Nebraska	258,759	1,652,000	15.663	
Nevada	296,287	1,603,000	18.483	
New Hampshire	117,178	1,162,000	10.084	
New Jersey	875,494	7,988,000	10.960	
New Mexico	546,992	1,713,000	31.932	MUA
New York	3,646,561	18,185,000	20.053	
North Carolina	1,729,038	7,323,000	23.611	
North Dakota	155,435	644,000	24.136	
Ohio	1,436,668	11,173,000	12.858	
Oklahoma	679,457	3,301,000	20.583	
Oregon	423,306	3,204,000	13.212	
Pennsylvania	1,121,983	12,056,000	9.306	
Rhode Island	171,220	990,000	17.295	
South Carolina	1,019,483	3,699,000	27.561	MUA
South Dakota	205,160	732,000	28.027	MUA
Tennessee	1,045,326	5,320,000	19.649	
Texas	3,656,649	19,128,000	19.117	
Utah	371,171	2,000,000	18.559	
Vermont	71,177	589,000	12.084	
Virginia	766.745	6,675,000	11.487	
Washington	944,224	5,533,000	17.065	
West Virginia	530,009	1,226,000	29.026	MUA
	300,000	.,0,000	_0.020	11.0/1
Wisconsin	996,704	5,160,000	19.316	

¹From the "Total Population" column of the Department of Health and Human Services report entitled "Table 3. Health Professional Shortage Areas, Designated HPSA Summary Listing, Primary Medical Care HPSAs, As of March 31, 1997."

HHS contact for copy of report: Lisa Steinbruckner, 301–594–0816

²From the most recent year column of the Department of Commerce Report entitled "Table 3. Rankings of State Population Estimates and Components of Change: July 1, 1995 to July 1, 1996."

Commerce contact for report: Karen Jones, 301–457–2435

³Computation Formula for this column = the HHS number divided by the Commerce number.

Note: FEHB percentage equal to greater than 25%=MUA=medically underserved area.

[FR Doc. 97-23222 Filed 8-29-97; 8:45 am] BILLING CODE 6325-01-M

### **OFFICE OF PERSONNEL MANAGEMENT**

## The National Partnership Council

**AGENCY: Office of Personnel** Management.

**ACTION:** Notice of meeting.

Time and Date: 2:00 p.m., September 10,

Place: U.S. Office of Personnel Management Auditorium, Theodore Roosevelt Building, 1900 E Street, NW., Washington, DC 20415-0001.

Status: This meeting will be open to the public. Seating will be available on a firstcome, first-served basis. Individuals with