survive in the changing economic climate.

For centers with full-time staffs, eligible projects could include methods to market the health center practice to insured patients, plans to increase revenues and expenditures, and mergers with other health centers and providers. For centers with volunteer staffs, eligible projects should focus on maximizing the time and skills of volunteer physicians and dentists through use of appropriate clinical and administrative support personnel.

The Primary Care Health Center Management Program will close when a maximum of $1.5 million has been granted or on June 30, 1987, whichever occurs first. Proposals will be considered on an individual basis as they are received.

Inquiries and requests for application forms should be addressed to Dolores Price, Primary Care Health Center Management Program, Robert Wood Johnson Foundation, P. O. Box 2316, Princeton, NJ 08540.

New HHS Regulation Assures Continued Indigent Care

The Department of Health and Human Services has adopted a regulation to help ensure that certain federally assisted health care facilities continue to provide free care to indigent patients even after a change of ownership.

The regulation covers hospitals and other facilities which have received construction grants under the Hill-Burton program. Although Hill-Burton grants were last awarded in fiscal year 1975, recipients are required to provide free care, generally for 20 years after completion of an assisted project.

Previously, when such facilities were sold or transferred to a for-profit group or other entity that was not eligible for Hill-Burton grants, the Government was required to recover Federal funds. When the funds are recovered, the free care obligation is nullified.

"Today, many of these facilities are changing hands, often to for-profit firms. We need a new approach to encourage them to continue to offer health care to those in need that is consistent with the intentions of their Hill-Burton funding," HHS Secretary Otis R. Bowen, MD, said in announcing the rule. "This regulation provides a new mechanism, a irrevocable trust fund, which enables these facilities to continue to provide free care under the Hill-Burton program."

Under the new provisions, facilities that are sold or leased to for-profit entities may establish irrevocable trust funds to ensure continued free care for indigent patients. With an approved trust fund, the facility would not be required to repay Hill-Burton funds. It would be required to comply with existing Hill-Burton uncompensated services and community service rules.

The regulation, which carries out provisions of the Deficit Reduction Act of 1984, requires the facility to give the Department of Health and Human Services written notification within 10 days of the date the facility changes status. It also specifies when facilities must pay interest on recovery amounts due to the department.

Currently, more than 2,600 hospitals and another 1,900 health facilities are obligated under the Hill-Burton uncompensated services assurance to provide free care to indigent patients.

Safety Belt Law States Report Fewer Fatalities

Traffic death tolls among those drivers and passengers covered by safety belt use laws are continuing to decline, according to reports from States which implemented safety belt use laws in 1985.

Among the six States with the longest experience with safety belt use laws—New York, New Jersey, Illinois, Michigan, Texas, and Nebraska—decreases in fatalities range from 10 to 26 percent, which translates into a savings of nearly 525 lives in those six States alone. Adding the first 2 weeks of California's experience with the safety belt use law brings the total to 535 lives saved.

And State police in Michigan recently reported its first weekend without a traffic fatality in 10 years—or more than 500 weekends.

Traffic Safety Now, an organization dedicated to the passage of safety belt use laws in all 50 States and to promoting safety belt use in those States which have laws, reported that the total count on the number of lives saved in 1985 is not yet complete, since final figures are unavailable from Texas, Missouri, Nebraska, Hawaii, North Carolina, and the District of Columbia. These States also passed and implemented laws in 1985.

Errata—"Contribution of Smoking to Sex Differences in Mortality"

There were errors in tables 1, 2, 3, and 4 accompanying "The Contribution of Smoking to Sex Differences in Mortality" by Ingrid Waldron (*Public Health Reports*, March-April 1986). The title of table 2 (page 167) was incorrect. The correct title is "Total mortality—sex mortality ratios and percent of sex differences attributable to smoking."

The "Percent nonsmokers" for the British-Norwegian migrant study, 1963–68 (*13*) were omitted from table 1 (page 165). The percentages follow.

Group	*Percent nonsmokers*	
	Men	Women
Norway	61	81
Britain	43	64
Norwegian migrants	55	77
British migrants	49	65

Finally, the column headings for tables 3 and 4 should be "Sex mortality ratios," not "Sex mortality rates." Tables 3 and 4 appeared on page 168 of the issue.