

of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program Nos. 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: July 1, 1996.

Susan K. Feldman,

*Committee Management Officer, NIH.*

[FR Doc. 96–17213 Filed 7–5–96; 8:45 am]

BILLING CODE 4140–01–M

**Recombinant DNA Research: Notice of Intent To Propose Amendments to the NIH Guidelines for Research Involving Recombinant DNA Molecules (NIH Guidelines) Regarding Enhanced Mechanisms for NIH Oversight of Recombinant DNA Activities**

**AGENCY:** National Institutes of Health (NIH), HHS.

**ACTION:** Notice of Intent to Propose Amendments.

**SUMMARY:** The NIH Director intends to propose amendments to the *NIH Guidelines* (59 FR 34496, amended 59 FR 40170, amended 60 FR 20726, amended 61 FR 1482, amended 61 FR 10004) to enhance NIH mechanisms for scientific and ethical oversight of recombinant DNA activities. To accomplish this objective, the NIH Recombinant DNA Advisory Committee (RAC) will be discontinued and all *approval* responsibilities for recombinant DNA experiments involving human gene transfer will be relinquished to the Food and Drug Administration (FDA) which retains statutory authority for such approval. Enhancement of NIH oversight of human gene therapy will be accomplished through three distinct mechanisms: (1) Establishment of the Office of Recombinant DNA Activities (ORDA) Advisory Committee (OAC) to ensure public accountability for recombinant DNA research and relevant data, (2) implementation of Gene Therapy Policy Conferences (GTPC) to augment the quality and efficiency of public discussion of the scientific merit and the ethical issues relevant to gene therapy clinical trials, and (3) continuation of the publicly available, comprehensive NIH database of human gene transfer clinical trials, including adverse event reporting.

Specifically, the NIH Director proposes to realign and extend the current roles and responsibilities of NIH oversight of human gene transfer by establishing OAC. This chartered committee will be comprised of a standing membership of 6 to 10

individuals representing the scientific, legal, ethical, and public advocacy communities. The OAC will meet regularly to: (1) advise ORDA regarding relevant gene therapy issues, (2) identify and prioritize proposed conference topics and participants, and (3) periodically review and analyze data submitted to the NIH gene therapy database. Through ORDA, the OAC will administer, propose modifications, and promulgate amendments to the *NIH Guidelines*. These *NIH Guidelines*, which set forth accepted principles, practices, and procedures under which investigators and institutions may safely conduct recombinant DNA research under a variety of settings, will continue to be the responsibility of the NIH Director. Investigator compliance with the relevant physical and biological containment standards in the *NIH Guidelines* ensures acceptable protection for human health and the environment.

The NIH Director proposes to convene the Gene Therapy Policy Conferences at regular intervals (3–4 times per year). These conferences will offer the unique advantage of assembling numerous participants who possess significant scientific, ethical, and legal expertise and/or interest that is directly applicable to a specific recombinant DNA research issue. In order to enhance the depth and value of scientific and ethical/social discussion, each GTPC will be devoted to a single issue relevant to scientific merit and/or safety as it relates to human gene therapy clinical trials. These may include topics such as basic research on the use of novel gene delivery vehicles and applications to human gene therapy, novel applications of gene transfer, or relevant ethical/societal implications of a particular application of gene transfer technology. Although NIH will no longer be responsible for the approval of gene therapy protocols, these modifications *do not* preclude the use of a novel protocol as a focus for a conference discussion, i.e., a novel protocol captured by the NIH database could be added by OAC, in consultation with ORDA, to a list of potential policy conference topics.

The findings and recommendations of the GTPC will be submitted to the NIH Director and will be made available to multiple Department of Health and Human Services (DHHS) components, including the FDA and the Office for Protection from Research Risks (OPRR). The NIH Director anticipates that this expanded public policy forum will serve as a model for interagency communication and collaboration, concentrated expert discussion of novel

scientific issues and their potential societal implications, and enhanced opportunity for public discussion of specific issues and the potential impact of such applications on human health and the environment.

Finally, the NIH Director proposes to maintain the administration of gene therapy clinical trial data management functions through ORDA and in consultation with the OAC. Using current definitions, NIH will continue to capture incoming protocol information, ongoing data (including adverse and significant clinical events), and long-term follow-up data. In compliance with the *NIH Guidelines*, investigators will continue to be required to register human gene transfer experiments with ORDA to ensure continued public access to the comprehensive human gene transfer clinical trial database.

**DATES:** Written comments must be received by August 7, 1996.

**ADDRESSES:** Written comments should be submitted to the Office of Recombinant DNA Activities, Office of Science Policy, National Institutes of Health, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland, 20892–7010. Fax transmissions may be sent to (301) 496–9839.

**FOR FURTHER INFORMATION CONTACT:** Debra Knorr, Office of Recombinant DNA Activities, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland, 20892–7010, (301) 496–9838.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In 1974, the National Academy of Sciences (NAS) established a Committee on Recombinant DNA Molecules which was charged with examining the risks associated with recombinant DNA research and recommending specific actions or guidelines. The NAS Committee report requested: (1) that certain experiments be voluntarily deferred; (2) that plans to construct recombinants with animal DNA should be carefully weighed; (3) that the NIH Director establish a committee to oversee a program to evaluate hypothetical risks, to develop procedures to minimize the spread of recombinant DNA molecules, and to recommend guidelines to be followed by investigators; and (4) that an international meeting be convened to review progress and discuss ways to deal with potential hazards.

In that same year, the Department of Health, Education, and Welfare (currently the Department of Health and Human Services (DHHS)) chartered a committee (later identified as the RAC) in response to the NAS report. In 1975,

RAC held its first meeting to establish appropriate biological and physical containment practices and procedures that were later developed into a set of guidelines for the safe conduct of recombinant DNA research (the *NIH Guidelines*). Subsequently, the NIH created ORDA to provide administrative support to the RAC.

In 1982, an in-depth examination of the broad ethical implications of human gene therapy research, *The Social and Ethical Issues of Genetic Engineering with Human Beings (Splicing Life)*, was published by the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Splicing Life* proposed that, "... since laboratory biohazards related to recombinant DNA research were no longer regarded as urgent matters, the NIH should extend its purview over recombinant DNA research beyond environmental issues to human gene therapy."

They recommended that the membership of the RAC should be broadened to include a combination of Federal and non-Federal scientists, lay public participants, and ethicists. In response to *Splicing Life*, the NIH established the RAC Human Gene Therapy Subcommittee which was subsequently merged with the parent committee to become the current RAC.

## II. Rationale for Change

In recognition of the committee's critical role in maintaining public accountability for recombinant DNA research, the NIH Director weighed a variety of factors prior to announcing NIH's intent to change and enhance its current oversight responsibilities for recombinant DNA research. In order to clarify the rationale for the proposed changes described herein, a series of questions and answers are provided below.

### *1. On what basis does the NIH conclude that this is the optimal time to eliminate the RAC and realign NIH's responsibilities to public discussion and data management of human gene therapy clinical trials?*

Since its inception, the NIH has continuously relinquished oversight of various elements in the field of recombinant DNA research, as such elements reached maturity. From 1979–1983, several major revisions were made to the *NIH Guidelines* when putative risks to the public did not materialize and the initial restrictions were deemed unnecessary. In 1991, the NIH's oversight of environmental release of genetically modified organisms was relinquished and these responsibilities

were ceded to the U.S. Department of Agriculture and the Environmental Protection Agency. These changes were, in part, motivated by the recognition that NIH did not have the statutory authority or the "tools" to function as a regulatory agency.

In 1995, a similar devolution of NIH oversight of human gene therapy occurred. By this time, the RAC had reviewed and approved 113 gene therapy protocols and over 1,000 patients had been enrolled in world-wide trials. The RAC, the scientific community, and the public had a substantial base of information regarding the use and safety of many of the vectors employed in, and target diseases addressed by, human gene therapy. Subsequent analyses revealed that the human health and environmental safety concerns expressed at the inception of gene therapy clinical trials had not materialized. Absent evidence for substantial safety concerns for gene therapy protocols which have been previously tested, on March 6, 1995, the RAC voted to recommend approval of amendments to the *NIH Guidelines* that would eliminate RAC review and approval of human gene therapy experiments not considered to be novel. Under this mechanism, all protocols determined not to represent a novel gene therapy delivery strategy or target disease that could adversely affect human health were considered exempt from RAC review and approval and were forwarded directly to the FDA. This streamlined process, which became known as the NIH and FDA "Consolidated Review," eliminated unnecessary and time consuming duplication of effort by the NIH and the FDA. On April 17, 1995, the NIH Director approved these amendments to the *NIH Guidelines*. Once again, the NIH relinquished a portion of its oversight of recombinant DNA research to the agency (FDA) with statutory responsibility to approve such protocols.

Since the implementation of consolidated review in July 1995, only six of the 36 protocols submitted to ORDA required RAC review and approval; and five of those six protocols were already in the system before consolidated review. The consolidated review process proved to be so successful in eliminating the need for RAC review and approval, that NIH canceled both the March and June 1996 RAC meetings due to the lack of novel protocols requiring RAC attention.

The NIH Director has concluded that the current proposal to enhance NIH oversight of recombinant DNA activities

is timely and appropriate based on the current base of knowledge, the need for substantial discussion of gene therapy techniques which are not yet being tested in humans, and the duplication of review and approval by the NIH while the FDA holds the statutory authority. Thus, the NIH Director proposes the termination of the RAC, relinquishing of all protocol approval to the FDA and the creation of two new entities to enhance the depth and breadth of public discussion of gene therapy issues.

### *2. Why does the NIH propose to replace the RAC?*

The proposed actions regarding the RAC should not be viewed narrowly as "eliminating" the RAC. Rather, these actions were developed in a timely and appropriate response to a series of publicly debated discussions over a period of several years. The NIH Director maintains that the establishment of the OAC and the convening of the GTPC are effective and innovative responses to this rapidly changing area of biomedical research based on the foundation of scientific knowledge that has been gained over the last six years and overlapping responsibilities of other Federal agencies. This proposal optimizes current Federal resources, maintains public access to information, and facilitates public discussion of novel issues relevant to human gene therapy research. NIH concludes that it is not the RAC per se that is critical for public accountability, but the system by which NIH continues to provide public discussion of the scientific, safety, and ethical/legal issues related to human gene therapy.

As proposed, the OAC will provide a smaller, but fully representational, standing committee with a range of advisory and administrative oversight responsibilities similar, but not identical to, the RAC. In contrast, participation in the proposed GTPC will be subject to recommendations by the OAC and ORDA and, as such, will provide the necessary flexibility to engender in-depth, expert discussion of scientific issues and societal implications that cannot be achieved under current mechanisms. The GTPC will continue to maintain favorable RAC attributes such as continued public access to conference discussions and recommendations, publication of scheduled meeting dates and proposed agendas in the Federal Register, and publication of official conference minutes. Eliminating RAC protocol approval reduces duplication of effort with the FDA while enhancing the time and effort devoted to both ongoing and

anticipated gene therapy policy issues deserving of substantial public discussion.

### 3. Why not continue RAC review and approval of gene therapy protocols?

In 1990, when the RAC first turned its attention to human gene therapy, the NIH was the sole source of the substantial expertise necessary to review the relatively new field of human gene therapy. Since that time, the FDA has created a new Division of Cellular and Gene Therapies and has committed substantial resources to the development of review capabilities in this arena. At its inception, it was critical for the RAC to conduct a case-by-case review of human gene transfer protocols, since each new protocol invariably set a new precedent. Six years later, the RAC has relinquished most of its review and approval activities under the "consolidated" review plan which forwards all but novel protocols directly to the FDA for consideration.

During the six years of RAC review and approval, there has been considerable discussion of the juxtaposition of the NIH mandate to oversee the most meritorious medical research and the RAC mission to approve or disapprove individual protocols based predominantly on issues of safety. By adopting a new model of public discussion that does not require approval, the NIH can, through the proposed policy conferences, engage in substantive critique of the scientific merit of a line of research without having to give an NIH stamp of approval on the basis of limited threat to human health or safety.

### 4. Did NIH accept the recommendations of the RAC Ad Hoc Advisory Committee (Verma Committee)?

The decision to retire the RAC does not foreclose on the recommendations of the Verma Committee. The NIH Director accepted most of the recommendations of the *RAC Ad Hoc Review Committee*. However, rather than implement the recommendations through the RAC, the Director proposes a new structure for NIH oversight of human gene therapy.

Specifically: (1) The first recommendation calls for continuation of consolidated review by the RAC. Under the proposal contained herein, the RAC is eliminated and consolidated review will not be maintained. (2) A second recommendation calls for an open public forum for discussion of protocols which contain a new technology or novel departures in human gene transfer research. The

proposed Gene Therapy Policy Conferences will not only preserve such a forum, but will provide for more in-depth discussion of both the science and the ethical issues related to a specific gene therapy issue. In this manner, it will enhance the type of public access that has been characteristic of the RAC. Although this proposal does not provide for review and approval of individual protocols, it *does not* preclude the use of a novel protocol as a focus for a conference discussion; a novel protocol captured by the NIH database could be raised by the OAC, in consultation with ORDA, to the list of policy conference topics. (3) The recommendation that RAC should develop criteria for consolidated review would not be applicable to the proposed new structure, since this proposal cedes review and approval to the FDA. However, as stated above, the OAC will have the authority to recommend a novel protocol captured by the NIH database for public discussion at a policy conference. (4) The fourth recommendation that the RAC should provide advice on policy matters revolving around gene therapy and other recombinant DNA issues would be fully met by the proposed Gene Therapy Policy Conferences. Because each of these conferences will focus on a single issue, it is the Director's contention that policy advice will be substantially augmented under this new mechanism. The NIH cannot, however, give the RAC, or any other NIH standing or *ad hoc* body, the authority to give policy advice or make recommendations to the FDA. The NIH has had and will continue to have open and frequent dialogue with the FDA about gene therapy policy matters related to safety, scientific and ethical issues and fully expects the FDA to recommend policy conference topics to OAC and ORDA. (5) The proposed maintenance of the NIH gene therapy database fully responds to the recommendation regarding the continued need for data monitoring and adverse event reporting. The Office of Recombinant DNA Activities (ORDA) has retained the services of a contractor to assist in the development of a computer software package that will have sufficient capacity to monitor and evaluate gene transfer protocols.

### 5. Will there be a mechanism for continuing to review gene therapy informed consent documents?

As needs dictate, both OAC and the GTPC will provide a forum for the oversight of human gene therapy informed consent. It is expected that an entire conference may be devoted to such informed consent issues in the

context of gene therapy. The NIH Director will continue, when appropriate, to make amendments to sections of the *NIH Guidelines, Points to Consider* relevant to informed consent procedures during gene therapy clinical trials. Investigators and IRBs engaged in, or reviewing, human gene therapy trials are expected to employ the *NIH Guidelines, Points to Consider* for this purpose. However, under the proposal contained herein, neither the OAC nor the GTPC will engage in protocol-by-protocol review of informed consent documents.

The sixteen Federal agencies that engage in human subjects research reference the Common Rule and, thus, abide by the principle of giving full authority of individual approval of informed consent documents to locally constituted Institutional Review Boards (IRBs). These responsibilities remain solely within the regulatory framework of OPRR through the local IRBs. OPRR oversees implementation of 45 CFR Part 46 in all domestic and foreign institutions or sites receiving DHHS funds. OPRR requires each institution that conducts or supports research involving human subjects to set forth the procedures it will use to protect human subjects in a policy statement called an Assurance of Compliance.

Finally, there is no other disease, disability, or methodology that, at present, requires a Federal review of individual informed consent documents. It is the proposal of the NIH Director that human gene therapy informed consent documents be subject to the same procedures as all other forms of human subject research.

OMB's "Mandatory Information Requirements for Federal Assistance Program Announcements" (45 FR 39592, June 11, 1980) requires a statement concerning the official government programs contained in the *Catalog of Federal Domestic Assistance*. Normally, NIH lists in its announcements the number and title of affected individual programs for the guidance of the public. Because the guidance in this notice covers not only virtually every NIH program but also essentially every Federal research program in which DNA recombinant molecule techniques could be used, it has been determined not to be cost effective or in the public interest to attempt to list these programs. Such a list would likely require several additional pages. In addition, NIH could not be certain that every Federal program would be included as many Federal agencies, as well as private organizations, both national and international, have elected to follow the

*NIH Guidelines.* In lieu of the individual program listing, NIH invites readers to direct questions to the information address above about whether individual programs listed in the *Catalog of Federal Domestic Assistance* are affected.

Dated: June 28, 1996.

Harold Varmus,

Director, National Institutes of Health.

[FR Doc. 96-17349 Filed 7-5-96; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

### Office of the Assistant Secretary for Housing—Federal Housing Commissioner

[Docket No. FR-4032-N-02]

#### Notice of Proposed Information Collection: Comment Request

**AGENCY:** Office of the Assistant Secretary for Housing, HUD.

**ACTION:** Notice.

**SUMMARY:** The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

**DATES:** Comments due: September 6, 1996.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Oliver Walker, Reports Liaison Officer, Office of Housing, Department of Housing & Urban Development, 451 7th Street, SW, Room 9116, Washington, DC 20410.

**FOR FURTHER INFORMATION CONTACT:** Oliver Walker, Room 9116, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410, (202) 708-1694, or, TTY for hearing and speech impaired, (202) 708-4594 (these are not toll-free numbers) for copies of the proposed collection of information.

**SUPPLEMENTARY INFORMATION:** The Department will submit the proposed information collection to OMB for review, as required by the information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35, as amended).

The Notice is soliciting comments from members of the public and

affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

*Title of Proposal:* Single Family Mortgage Insurance—Loss Mitigation Procedures

*OMB Control Number, if applicable:* [N/A—none yet assigned]

*Description of the need for the information and proposed use:* New section 24 CFR 203.605, "Loss Mitigation Evaluation," requires mortgagees to perform an evaluation of each defaulting mortgagor's circumstances to determine which if any of the available loss mitigation techniques are appropriate in order to assist the mortgagor to:

- (a) Reinstate the mortgage and retain ownership of the affected property, or
- (b) Avoid foreclosure, and mitigate the losses to the Department by encouraging the mortgagor to sell the property or, if the mortgagor has no equity in the property, to pursue a buyer under the pre-foreclosure ("short") sale procedure or to voluntarily convey the deed in lieu of what would otherwise be the imminent foreclosure of the mortgage.

This evaluation must be performed no later than when three monthly mortgage installments are due and unpaid, and must be performed monthly thereafter while the account is in default and such foreclosure avoidance and loss mitigation options remain under consideration.

This information is needed to ascertain whether adequate and prudent loan servicing was performed by the mortgagee. If a mortgagee submits a claim for FHA insurance benefits, this information will be subject to post-claim review under the Department's lender monitoring activities.

*Agency form numbers, if applicable:* Documentation simply added to lender's servicing files on HUD-27011 insurance claim form.

*Members of affected public:*

Mortgagees, loan servicing entities.

*Estimation of the total numbers of hours needed to prepare the information collection, including:*

(a) *Number of respondents:* Each FHA approved lender will be required to respond as part of standard procedures for servicing defaulted loans.

(b) *Frequency of response:* 625,000 (based on 250,000 90-day defaults; 50% self-cure; 125,000 90+ day defaults averaging 3-additional months).

(c) *Hours of response:* 625,000 @ 0.25 hrs = 156,250 hours.

*Status of the proposed information collection:* Pending approval.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. chapter 35, as amended.

Dated: June 27, 1996.

Nicolas P. Retsinas,

Assistant Secretary for Housing—Federal Housing Commissioner.

[FR Doc. 96-17176 Filed 7-5-96; 8:45 am]

BILLING CODE 4210-27-M

[Docket Nos. FR-3903-N-04 and FR-3904-N-05]

#### Announcement of Funding Awards for Supportive Housing for the Elderly and Persons With Disabilities, FY 1995

**AGENCY:** Office of the Assistant Secretary for Housing—Federal Housing Commissioner, HUD.

**ACTION:** Announcement of funding awards.

**SUMMARY:** In accordance with section 102(a)(4)(C) of the Department of Housing and Urban Development Reform Act of 1989, this announcement notifies the public of funding award decisions made by the Department as a result of competitions for funding under the following two notices of funding availability: Supportive Housing for the Elderly and Supportive Housing for Persons with Disabilities. This announcement contains the names and addresses of the awardees and the amount of the award.

**FOR FURTHER INFORMATION CONTACT:** Jane Luton, Division Director, New Product Division, Office of Multifamily Housing Division, Department of Housing and Urban Development, Room 6142, 451 Seventh Street SW., Washington, DC 20410-0500; telephone (202) 708-2866. (This is not a toll-free number.) A telecommunications device for hearing- and speech-impaired individuals (TTY) is available at 1-800-877-8339 (Federal Information Relay Service).