

small business when there is a reasonable expectation of obtaining competition from two or more small businesses. If no expectation exists, the procurements will be conducted on an unrestricted basis.

Region 2 encompasses the states of New Jersey, New York, and territories of Puerto Rico and the Virgin Islands.

Region 3 encompasses the states of Pennsylvania, Delaware, West Virginia, Maryland (except Montgomery and Prince Georges Counties), and Virginia (except the city of Alexandria and the counties of Arlington, Fairfax, Loudoun, and Prince William).

Region 5 encompasses the states of Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin.

Region 6 encompasses the states of Iowa, Kansas, Missouri and Nebraska.

Region 7 encompasses the states of Arkansas, Louisiana, Oklahoma, New Mexico, and Texas.

Region 8 encompasses the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.

Region 9 encompasses the states of Arizona, California, Hawaii, and Nevada.

The National Capital Region encompasses the District of Columbia, Montgomery and Prince Georges counties in Maryland, and the city of Alexandria and the counties of Arlington, Fairfax, Loudoun, and Prince William in Virginia.

Trash/garbage Collection Services in PSC S205

Procurements for trash/garbage collection services in PSC S205 will be conducted on an unrestricted basis.

Architect-Engineer Services (All PSC Codes Under the Demonstration Program)

Procurements for all architect-engineer services (except procurements issued by contracting activities in GSA Regions 4, 5, 9, and the National Capital Region) shall be conducted on an unrestricted basis.

Procurements for architect-engineer services issued by contracting activities in Regions 4, 5, 9, and the National Capital Region shall be set aside for small business when there is a reasonable expectation of obtaining competition from two or more small businesses. If no expectation exists, the procurements may be conducted on an unrestricted basis.

Region 4 encompasses the states of Alabama, Florida, Georgia, Kentucky, North Carolina, South Carolina, Mississippi, and Tennessee.

Region 5 encompasses the states of Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin.

Region 9 encompasses the states of Arizona, California, Hawaii, and Nevada.

The National Capital Region encompasses the District of Columbia, Montgomery and Prince Georges counties in Maryland, and the city of Alexandria and the counties of Arlington, Fairfax, Loudoun, and Prince William in Virginia.

Non-Nuclear Ship Repair

GSA does not procure non-nuclear ship repairs.

Dated: December 16, 1996.

Ida M. Ustad,

*Deputy Associate Administrator for Acquisition Policy.*

[FR Doc. 97-526 Filed 1-8-97; 8:45 am]

BILLING CODE 6820-61-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meetings

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meetings.

*Name:* National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Health Data Needs, Standards, and Security.

*Times and Dates:*

9:00 a.m.-5:30 p.m., January 21, 1997.

9:00 a.m.-5:30 p.m., January 22, 1997.

9:00 a.m.-5:30 p.m., February 10, 1997.

9:00 a.m.-5:30 p.m., February 11, 1997.

*Place:* Room 503A, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, D.C. 20201.

*Status:* Open.

*Purpose:* Under the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), the Secretary of Health and Human Services is required to adopt standards for specified transactions to enable health information to be exchanged electronically. The law requires that, within 24 months of adoption, all health plans, health care clearinghouses, and health care providers who choose to conduct these transactions electronically must comply with these standards. The Secretary is required to consult the NCVHS in complying with these provisions. As part of the consultation process, the Committee will submit recommendations to the Secretary during 1997.

To assist in the development of the NCVHS recommendations to HHS, the NCVHS Subcommittee on Health Data Needs, Standards, and Security is holding a series of public meetings to obtain the views, perspectives and concerns of interested and affected parties. The Subcommittee recognizes that there are natural tensions which exist between those who generate the

information which goes into these transactions and those who use the information. At the meetings, the Subcommittee will discuss these and other issues which may arise when a uniform set of standards must be implemented by all data generators and users. Generators of this data include hospitals, physicians, nurses, dentists, pharmacists, and other providers of health care. Users of this data include health insurers, health plans, researchers, and managers of quality, utilization and risk.

For the meetings, specific organizations representing both the generators and users of this data will be invited by the Subcommittee to provide answers to the following questions in writing, to make brief oral presentations of their answers, and to answer further questions from the Subcommittee. Representatives of ANSI accredited Standards Developing Organizations will be asked to present their views of these issues as well.

### Questions To Be Addressed

1. What are your organization's expectations for the results of the Administrative Simplification standards requirements in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)? In what ways will the outcome affect the members of your organization, both positively and negatively?

2. Does your organization have any concerns about the process being undertaken by the Department of Health and Human Services to carry out the Administrative Simplification requirements of this law? If so, what are those concerns and what suggestions do you have for improvements?

3. What major problems are experienced by the members of your organization with the current transactions specified under the HIPAA? For generators of the data, how readily available is the information that you need to provide for the transactions and how meaningful is that information from a clinical perspective? For users of the data, are you receiving the information you need from the transactions to pay the bill, manage the care process, etc., and what is your perception of its quality?

4. How can the goal of administrative simplification best be achieved while meeting the business needs of all stakeholders?

In addition, the Subcommittee will receive a presentation from the Health Care Financing Administration on unique identifiers for providers and payers on January 21. On January 22, the Subcommittee will discuss other business consistent with its charge.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey building by non-government employees. Thus, persons without a government identification card should plan to arrive at the building each day either between 8:30 and 9:00 a.m. or 12:30 and 1:00 p.m. so they can be escorted to the meeting. Entrance to the meeting at other times during the day cannot be assured.

FOR FURTHER INFORMATION CONTACT: Substantive program information

as well as summaries of the meeting and a roster of committee members may be obtained from James Scanlon, NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 444-D, Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201, telephone (202) 690-7100, or Marjorie S. Greenberg, Acting Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 436-7050. Information also is available on the NCVHS homepage: <http://aspe.os.dhhs.gov/ncvhs/index.htm>.

Dated: January 2, 1997.

James Scanlon,

*Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 97-434 Filed 1-8-97; 8:45 am]

BILLING CODE 4151-04-M

**Centers for Disease Control and Prevention**

**Epidemiology Program Office, Office of the Director, Centers for Disease Control and Prevention (CDC), Notice of Meeting**

*Name:* Guide to Community Preventive Services Task Force Meeting.

*Times and Dates:* 8:30 a.m.-5 p.m., January 27, 1997; 8:30 a.m.-5 p.m., January 28, 1997.

*Place:* Terrace Garden Inn, 3405 Lenox Road, NE, Atlanta, Georgia 30326.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The mission of the Task Force is to develop and publish a Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health services and what works in the delivery of those services. The primary purpose of this second meeting is to continue in the development of a shared vision for the Guide; review and assess the methods used in the initial development of the first two chapters; and to select additional topics to be included in the Guide.

*Matters to be Discussed:* Agenda items include the definition of "community" for the Guide; defining target audiences for the Guide; process for selection of topics to be included in the Guide; updates on current chapters in progress: the prevention of (a) motor vehicle injuries and (b) vaccine preventable diseases; and selection of new topics for upcoming chapters.

Agenda items are subject to change as priorities dictate.

FOR ADDITIONAL INFORMATION CONTACT: Marguerite Pappaioanou, Chief, Community Preventive Service Guide Development Activity, Division of Prevention Research and Analytic Methods, Epidemiology Program Office, CDC, 1600 Clifton Road, NE, M/S D-01, Atlanta, Georgia 30333, telephone 404/639-4301.

Persons wishing to reserve a space for this meeting should call 404/639-4311 by close of business on January 21, 1997.

Dated: January 3, 1997.

Joseph E. Salter

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97-467 Filed 1-8-97; 8:45 am]

BILLING CODE 4163-18-P

**National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC); Notice of Meeting**

*Name:* Translating Advances in Genetics into Public Health Action.

*Times and Dates:* 10 a.m.-5:30 p.m., January 27, 1997; 8 a.m.-3 p.m., January 28, 1997.

*Place:* Terrace Garden Hotel, 3405 Lenox Road, NE, Atlanta, Georgia 30326.

*Status:* Open to the public, limited only by the space available.

*Purpose:* CDC has established a Task Force on Genetics in Disease Prevention to: (1) develop a strategic plan for CDC-wide genetics programs, (2) coordinate and support program efforts, and (3) convene constituents and consultants for their individual advice on strategic planning, priorities for CDC activities, and policy development. This Task Force was formed in October, and is in the process of collecting and summarizing information about CDC efforts related to genetics that will be used during strategic planning.

This meeting will enable invited participants (individuals from academia, public health, professional organizations, consumer groups, and industry) to provide input and discuss strategic planning issues and needs associated with the translation of advances in genetics into public health action. Information gained from this meeting will be considered, along with that previously received, in drafting strategic planning documents. These documents will then be distributed for further comment.

*Matters to be Discussed:* Agenda items include discussions on population-based assessment functions, development of public health policies and guidelines, quality assurance and prevention effectiveness functions, and needs for professional

education and information dissemination efforts.

Agenda items are subject to change as priorities dictate.

FOR FURTHER INFORMATION CONTACT: Dometa Williams, Genetics Task Force, NCEH, CDC, 4770 Buford Highway, NE, Atlanta, Georgia 30341, telephone 770/488-7120, FAX 770/488-7197.

Dated: January 3, 1997.

Joseph E. Salter,

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97-460 Filed 1-8-97; 8:45 am]

BILLING CODE 4163-18-P

**Food and Drug Administration**

[Docket No. 97N-0003]

**Hoffman-LaRoche, Inc., et al.; Withdrawal of Approval of 11 New Drug Applications, 1 Abbreviated Antibiotic Application, and 20 Abbreviated New Drug Applications**

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is withdrawing approval of 11 new drug applications (NDA's), 1 abbreviated antibiotic application (AADA), and 20 abbreviated new drug applications (ANDA's). The holders of the applications notified the agency in writing that the drug products were no longer marketed and requested that the approval of the applications be withdrawn.

**EFFECTIVE DATE:** February 10, 1997.

**FOR FURTHER INFORMATION CONTACT:** Olivia A. Vieira, Center for Drug Evaluation and Research (HFD-7), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301-594-1046.

**SUPPLEMENTARY INFORMATION:** The holders of the applications listed in the table in this document have informed FDA that these drug products are no longer marketed and have requested that FDA withdraw approval of the applications. The applicants have also, by their request, waived their opportunity for a hearing.

Application no.	Drug	Applicant
NDA 6-525 .....	Gantrisin (sulfisoxazole) Tablets .....	Hoffman-La Roche, Inc., 340 Kingsland St., Bldg. 719-4, Nutley, NJ 07110.
NDA 12-486 .....	Taractan (chlorprothixene) Tablets .....	Do.
NDA 12-772 .....	Haldrone (paramethasone acetate) Tablets .....	Eli Lilly and Co., Lilly Corporate Center, Indianapolis, IN 46285.