

(1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized access, use or disclosure of the record or any part thereof. The physical safeguards shall provide a level of security that is at least the equivalent of the level of security contemplated in OMB Circular No. A-130 (revised), Appendix III—Security of Federal Automated Information Systems which sets forth guidelines for security plans for automated information systems in Federal agencies;

(2) Remove or destroy the information that allows the subject individual(s) to be identified at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the request;

(3) Refrain from using or disclosing the information for any purpose other than the stated purpose under which the information was disclosed;

(4) Make no further use or disclosure of the information except:

(i) To prevent or address an emergency directly affecting the health or safety of an individual;

(ii) For use on another project under the same conditions, provided HCFA has authorized the additional use(s) in writing; and,

(iii) When required by law;

(e) Secure a written statement or agreement from the prospective recipient of the information whereby the prospective recipient attests to an understanding of and willingness to abide by the foregoing provisions and any additional provisions that HCFA deems appropriate in the particular circumstances; and,

(f) Determine whether the disclosure constitutes a computer "matching program" as defined in 5 U.S.C. 552a(a)(8). If the disclosure is determined to be a computer "matching program," the procedures for matching agreements as contained in 5 U.S.C. 552a(o) must be followed.

The new routine uses established by this notice are to be considered as the next three numbers following the existing enumerated routine uses in each of the individual systems of records being affected as listed in Appendix A. These new routine uses read as follows:

(1) To a HCFA contractor, including but not necessarily limited to fiscal intermediaries and carriers under title XVIII of the Social Security Act, to administer some aspect of a HCFA-administered health benefits program, or to a grantee of a HCFA-administered grant program, which program is or could be affected by fraud or abuse, for the purpose of preventing, deterring,

discovering, detecting, investigating, examining, prosecuting, suing with respect to, defending against, correcting, remedying, or otherwise combating such fraud or abuse in such programs.

(2) To another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States, including any state or local government agency, for the purpose of preventing, deterring, discovering, detecting, investigating, examining, prosecuting, suing with respect to, defending against, correcting, remedying, or otherwise combating fraud or abuse in a health benefits program funded in whole or in part by Federal funds.

(3) To any entity that makes payment for, or oversees the administration of, health care services, for the purpose of preventing, deterring, discovering, detecting, investigating, examining, prosecuting, suing with respect to, defending against, correcting, remedying, or otherwise combating fraud or abuse against such entity or the program or services administered by such entity, provided:

(a) Such entity enters into an agreement with HCFA to share knowledge and information regarding actual or potential fraudulent or abusive practices or activities regarding the delivery or receipt of health care services, or regarding securing payment or reimbursement for health care services, or any practice or activity that, if directed toward a HCFA-administered program, might reasonably be construed as actually or potentially fraudulent or abusive;

(b) Such entity does, on a regular basis, or at such times as HCFA may request, fully and freely share such knowledge and information with HCFA, or as directed by HCFA, with HCFA's contractors; and,

(c) HCFA determines that it may reasonably conclude that the knowledge or information it has received or is likely to receive from such entity could lead to preventing, deterring, discovering, detecting, investigating, examining, prosecuting, suing with respect to, defending against, correcting, remedying, or otherwise combating fraud or abuse in the Medicare, Medicaid, or other health benefits program administered by HCFA or funded in whole or in part by Federal funds.

These proposed new routine uses are consistent with the relevant provisions of the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

Because these proposed routine uses will significantly alter the systems of records listed in Appendix A, we are

preparing a report of altered system of records under 5 U.S.C. 552a(r).

Dated: June 29, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Appendix A

09-70-0005 National Claims History (NCH), HHS/HCFA/BDMS
 09-70-0040 Health Care Financing Administration Organ Transplant Data File, HS/HCFA/BDMS
 09-70-0501 Carrier Medicare Claims Records, HHS/HCFA/BPO
 09-70-0503 Intermediary Medicare Claims Records, HHS/HCFA/BPO
 09-70-0505 Supplemental Medical Insurance (SMI) Accounting Collection and Enrollment System (SPACE), HHS/HCFA/BPO
 09-70-0516 Medicare Physician Supplier Master File, HHS/HCFA/BPO
 09-70-0518 Medicare Clinic Physician Supplier Master File, HHS/HCFA/BPO
 09-70-0520 End Stage Renal Disease (ESRD) Program Management and Medical Information System (PMMIS), HHS/HCFA/BDMS
 09-70-0524 Intern and Resident Information System, HHS/HCFA/BPO
 09-70-0525 Medicare Physician Identification and Eligibility System (MPIES), HHS/HCFA/BPO
 09-70-0526 Common Working File (CWF), HHS/HCFA/BPO
 09-70-0527 HCFA Utilization Review Investigatory Files, HHS/HCFA/BPO
 09-70-0529 Medicare Supplier Identification File, HHS/HCFA/BPO
 09-70-1511 Physical Therapists in Independent Practice (Individuals), HHS/HCFA/HSQB
 09-70-2003 HCFA Program Integrity/Program Validation Case Files HHS/HCFA/BPO
 09-70-2006 Income and Eligibility Verification for Medicaid Eligibility Quality Control (MEQC) Review, HHS/HCFA
 09-70-4001 Group Health Plan (GHP) System, HHS/HCFA/OMC
 09-70-4003 Medicare HMO/CMP Beneficiary Reconsideration System (MBRS), HHS/HCFA/OMC
 09-70-6001 Medicaid Statistical Information System (MSIS), HHS/HCFA/BDMS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines Request for Nominations for Voting Members

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill three vacancies on the Advisory Commission on Childhood Vaccines (ACCV). The ACCV was established by Title XXI of the Public Health Service Act (the Act), as enacted by Public Law (Pub. L.) 99-660 and as subsequently amended, and advises the Secretary of Health and Human Services (the Secretary) on issues related to implementation of the National Vaccine Injury Compensation Program (VICP).

FOR FURTHER INFORMATION CONTACT: Ms. Melissa Palmer, Principal Staff Liaison, Policy and Commission Branch, Division of Vaccine Injury Compensation, at (301) 443-3196.

DATES: Nominations are to be submitted by August 17, 1998.

ADDRESSES: All nominations are to be submitted to the Director, Division of Vaccine Injury Compensation, Bureau of Health Professions, HRSA, Parklawn Building, Room 8A-35, 5600 Fishers Lane, Rockville, Maryland 20857.

SUPPLEMENTARY INFORMATION: Under the authorities that established the ACCV, viz., the Federal Advisory Committee Act of October 6, 1972 (P.L. 92-463) and section 2119 of the Act, 42 U.S.C. 300aa-19, as added by P.L. 99-660 and amended, HRSA is requesting nominations for three voting members of the ACCV.

The ACCV advises the Secretary on the implementation of the VICP; on its own initiative or as the result of the filing of a petition, recommends changes in the Vaccine Injury Table; advises the Secretary in implementing the Secretary's responsibilities under section 2127 regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions; surveys Federal, State, and local programs and activities relating to the gathering of information on injuries associated with the administration of childhood vaccines, including the adverse reaction reporting requirements of section 2125(b); advises the Secretary on means to obtain, compile, publish, and use credible data related to the frequency and severity of adverse reactions associated with childhood vaccines; and recommends to the Director, National Vaccine Program Office, research related to vaccine injuries which should be conducted to carry out the VICP.

The ACCV consists of nine voting members appointed by the Secretary as follows: three health professionals, of whom at least two are pediatricians,

who are not employees of the United States, who have expertise in the health care of children, the epidemiology, etiology and prevention of childhood diseases, and the adverse reactions associated with vaccines; three members from the general public, of whom at least two are legal representatives (parents or guardians) of children who have suffered a vaccine-related injury or death; and three attorneys, of whom at least one shall be an attorney whose specialty includes representation of persons who have suffered a vaccine-related injury or death, and one shall be an attorney whose specialty includes representation of vaccine manufacturers. In addition, the Director of the National Institutes of Health, the Assistant Secretary for Health and Surgeon General, the Director of the Centers for Disease Control and Prevention, and the Commissioner of the Food and Drug Administration (or the designees of such officials) serve as nonvoting ex officio members.

Specifically, HRSA is requesting nominations for three voting members of the ACCV representing: (1) a health professional with special experience in childhood diseases; (2) an attorney whose specialty includes representation of persons who have suffered a vaccine-related injury or death; and (3) a member from the general public who is a legal representative (parent or guardian) of a child (or children) who has suffered a vaccine-related injury or death. Nominees will be invited to serve 3-year terms beginning January 1, 1999, and ending December 31, 2001.

Interested persons may nominate one or more qualified persons for membership on the ACCV. Nominations shall state that the nominee is willing to serve as a member of the ACCV and appears to have no conflict of interest that would preclude the ACCV membership. Potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflicts of interest. A curriculum vitae or résumé should be submitted with the nomination.

The Department of Health and Human Services has special interest in assuring that women, minority groups, and the physically handicapped are adequately represented on advisory committees and therefore extends particular encouragement to nominations for appropriately qualified female, minority, or physically handicapped candidates.

Dated: July 10, 1998.

Claude Earl Fox,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Project Grants for Health Care and Other Facilities

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of limited competition for grant funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces a limited competition to provide \$510,203 in construction funding to Iowa hospitals which were recipients of Rural Health Transition Grants from the Health Care Financing Administration. Funds were appropriated for this purpose by Public Law 105-78 under the Public Health Service Act.

Funds are available to support one or two construction/renovation projects. In accordance with the directive set forth in the House and Senate Conference Report on Public Law 105-78, competition is limited to the hospitals listed below (H.R. Report No. 105-390, dated November 7, 1997). Award consideration will be limited to the following Iowa facilities:

Adair County Memorial Hospital, Greenfield;
Audubon County Memorial Hospital, Audubon;
Cass County Memorial Hospital, Atlantic;
Davis County Hospital, Bloomfield;
Greene County Medical Center, Jefferson;
Guthrie County Hospital, Guthrie Center;
Hamilton County Public Hospital, Webster City;
Horn Memorial Hospital, Ida Grove;
Mahaska County Hospital, Oskaloosa;
Manning General Hospital, Manning;
Monroe County Hospital, Albia;
Montgomery County Memorial Hospital, Red Oak;
Palo Alto County Hospital, Emmetsburg;
Ringgold County Hospital, Mount Ayr;
St. Anthony Regional Hospital, Carroll;
St. Joseph's Mercy Hospital, Centerville;
Story County Hospital, Nevada;
Van Buren County Hospital, Xerosauqua;
Washington County Hospital, Washington;
Wayne County Hospital, Corydon;
Winnesieck County Memorial Hospital, Decorah.

Other Award Information: HHS strongly encourages all grant and contract recipients to provide a smoke free workplace and to promote the