Times and Dates: 9 a.m.–2 p.m., January 11, 1999; 8:30 a.m.–4 p.m., January 12, 1999.

Place: Hubert H. Humphrey Building, Room 800, 200 Independence Avenue, SW, Washington, DC 20201.

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

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 between 8 and 8:30 a.m. or 12:30 and 1 p.m. to be escorted to the meeting. Entrance to the meeting at other times during the day cannot be assured.

Purpose: This committee advises and makes recommendations to the Director of the National Vaccine Program on matters related to the Program responsibilities.

Matters to be Discussed: Agenda items will include updates on the National Vaccine Program Office (NVPO) activities. There will be a report from the Division of Vaccine Injury Compensation. There will be discussions on the National Vaccine Advisory Committee roles and missions; the impact of the Childrens' Health Insurance Plan on immunization coverage; achieving the goal of polio eradication: challenges and opportunities; stockpiling vaccines; bioterrorism—strategies for vaccine readiness; status of a DHHS Vaccine Safety Action Plan; initiatives in global vaccines—new directions; influenza pandemic preparedness; Hepatitis B vaccine. There will be a report from the Assistant Secretary for Health and Surgeon General. There will be reports from the immunization registries workgroup; the Subcommittee on Immunization Coverage; Subcommittee on Future Vaccines; and Subcommittee on Vaccine Safety. There will be a discussion on future agenda items.

Name: Subcommittee on Immunization Coverage.

Time and Date: 2:30 p.m.–5 p.m., January 11, 1999.

Place: Hubert H. Humphrey Building, Room 800, 200 Independence Avenue, SW, Washington, DC 20201.

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

Purpose: This subcommittee will identify and propose solutions that provide a multifaceted and holistic approach to reducing barriers that result in low immunization coverage for children.

Matters to be Discussed: This subcommittee will give an update on the status of the Childrens' Health Insurance Plan; there will be a discussion on adolescent immunization guidelines; the status of the paper on ''Strategies to Sustain Success in Childhood Immunizations'' and plan to promote recommendations stated in paper; an update on guidelines for implementation of new vaccines; an update on guidelines for adult immunizations.

Name: Subcommittee on Future Vaccines.

Time and Date: 2:30 p.m.–5 p.m., January 11, 1999.

Place: Hubert H. Humphrey Building, Room 405, 200 Independence Avenue, SW, Washington, DC 20201.

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

Purpose: The Subcommittee on Future Vaccines will develop policy options and guide national activities which will lead to accelerated development, licensure, and best use of new vaccines in the simplest possible immunization schedules.

Matters to be Discussed: This subcommittee will hold discussions regarding agenda items for a joint NVAC/NVPO/CVI meeting on ''orphan vaccines; vaccines for which development is impeded for a variety of reasons; an update on the issues of indemnification in relation to vaccine clinical trials.

Name: Subcommittee on Vaccine Safety.

Time and Date: 2:30 p.m.–5 p.m., January 11, 1999.

Place: Hubert H. Humphrey Building, Room 425A, 200 Independence Avenue, SW, Washington, DC 20201.

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

Purpose: This subcommittee will review issues relevant to vaccine safety and adverse reactions to vaccines.

Matters to be Discussed: This subcommittee will discuss Hepatitis B and the France experience; there will be further discussion on risk communication. Agenda items are subject to change as priorities dictate.

This notice is being published less than 15 days in advance of the meeting, due to administrative delays.

CONTACT PERSON FOR MORE INFORMATION: Felecia D. Pearson, Committee Management Specialist, NVPO, CDC, 1600 Clifton Road, NE, M/S A11, Atlanta, Georgia 30333. Telephone 404/639–4450.

The director of the Management Analysis and Services Office has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: December 21, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–34376 Filed 12–28–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) and the National Council on Folic Acid; Meeting

Name: Preventing Neural Tube Birth Defects with Folic Acid: Working Together for Healthier Babies.

Times and Dates: 7:30 a.m.–6 p.m., January 28, 1999: 8:30 a.m.–3 p.m., January 29, 1999.

Place: The Doubletree Hotel, Pentagon City—National Airport, 300 Army-Navy Drive, Arlington, Virginia, 22202. Telephone 703/845–1010, fax 703/845–2610.

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

Purpose: The National Conference is sponsored jointly by the Centers for Disease Control and Prevention (CDC) and the National Council on Folic Acid to provide the following opportunities to:

1. Premiere folic acid prevention plans for all national partners and provide information, tools, and training for these partners to assist in the campaign.

2. Inform state and local partners about plans for the campaign; propose collaborative efforts; and provide training for activities at the state and local level; discuss funding opportunities for state and local campaigns.

Matters To Be Discussed: Agenda items will include presentations on (1) The Science of Prevention with Folic Aid; (2) The Campaign—Plans, Partners, PSAs; (3) New Sources of Funding; (4) Personal Impact of Living with Spina Bifida; (5) Summary of Conference and Charge to Action. A concurrent session with be held on the following topics: (1) Creating a community campaign with the Resource Guide; (2) Partnering: How to mobilize your community and build resources; (3) Health communications: Testing messages and materials, defining audiences, using available materials; (4) Evaluation: Building evaluation in from the beginning, usefulness of various evaluation techniques; (5) Accessing minority audiences (using Hispanics as examples); (6) Working with the media on your campaign, Strategies for using CDC campaign materials; (7) Business partners' potential roles in the campaign; (8) Health care professionals, key to the campaign; (9) Community-based organizations as campaign partners.

Agenda items are subject to change as priorities dictate. Registration is required.

Contact Person for More Information: Linda Mitchell, Birth Defects and Genetic Diseases Branch, Division of Birth Defects and Developmental Disabilities, NCEH, CDC, 4770 Buford Highway, NE, m/s F–45, Atlanta, Georgia 30341–3724. Telephone 770/488-7703, fax 770/488–7197.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for

both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: December 22, 1998.

Carolyn J. Russell,

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

[FR Doc. 98–34378 Filed 12–28–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Form # HCFA–R–0269]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS), is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

We are, however, requesting an emergency review of the information collections referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed prior to the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320 and is essential to the mission of the Agency. The Agency cannot reasonably comply with the normal clearance procedures because of a statutory deadline imposed by section 4319 of the Balanced Budget Act of 1997. Without this information, HCFA would not be able to properly implement all of the requirements set forth in the statute prior to the statute's sunset provision. Specifically, the statute mandates evaluations of competitive bidding projects, along with evaluation reporting requirements. The statutory requirement includes an evaluation of competitive bidding impacts on access to care, quality of care, and diversity of product selection. The first evaluation project will measure these characteristics before competitive bidding as well as after the competitively bid fees become effective. The baseline and follow-up measurements will be compared. To ensure valid comparisons, marketplace changes that may be attributable to competitive bidding should not affect the baseline measurements. Therefore, the baseline measurements must be completed before the competitive bidding contracts are established in the Spring of 1999. If HCFA were to follow the normal clearance procedures, resulting in a delay in the baseline measurements, it would have difficulty determining whether competitive bidding causes reductions in access, quality, or product selection.

HCFA is requesting OMB review and approval of this collection by January 11, 1999, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individual designated below by January 8, 1999.

During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

Type of Information Collection Request: New collection.

Title of Information Collection: Evaluation of Competitive Bidding Demonstration for Durable Medical Equipment (DME) and Prosthetics, Orthotics, and Supplies (POS)—Data Collection Plan for Baseline Beneficiary Surveys, Oxygen Consumer Survey, Medical Equipment and Supplies Consumer Survey and Supporting Statute Section 4319 of the Balanced Budget Act of 1997.

Form No.: HCFA–R–0269.

Use: Section 4319 of the Balanced Budget Act (BBA) mandates HCFA to implement demonstration projects under which competitive acquisition areas are established for contract award purposes for the furnishing of Part B items and services, except for physician's services. The first of these demonstration projects implements competitive bidding of categories of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). Under the law, suppliers can receive payments from Medicare for items and services covered by the demonstration only if their bids are competitive in terms of quality and price. Each demonstration project may be conducted in up to three metropolitan areas for a three year period. Authority for the demonstration expires on December 31, 2002. The schedule for the demonstration anticipates about a six month period required between mailing the bidding forms to potential bidders and the start of payments for DMEPOS under the demonstration. HCFA intends to operate the demonstration in two rounds, the first of two years, and the second of one year. HCFA has announced that it intends to operate its first demonstration in Polk County, Florida, which is the Lakeland-Winter Haven Metropolitan Area.

This evaluation is necessary to determine whether access to care, quality of care, and diversity of product selection are affected by the competitive bidding demonstration. Although secondary data will be used wherever possible in the evaluation, primary data from beneficiaries themselves is required in order to gain an understanding of changes in their level of satisfaction and in the quality and selection of the medical equipment.

The purpose of the data collection plan is to describe the baseline data collection procedures and the plan for analyzing the data to be collected.

The baseline beneficiary surveys will take place February to May 1999, prior to the competitive bidding demonstration. We will sample beneficiaries from enrollment files provided by the durable medical equipment regional carrier (DMERC). The sample will be stratified into two groups: beneficiaries who use oxygen and beneficiaries who are non-oxygen users, i.e., users of the other four product categories covered by the demonstration (hospital beds, enteral nutrition, urological supplies, and surgical dressings) but not oxygen. To draw a comparison, we will sample in both the demonstration site (Polk County, Florida) and a comparison site (Brevard County, Florida) that matches Polk County on characteristics such as number of Medicare beneficiaries and DME/POS utilization.

Information collected in the beneficiary survey will be used by the University of Wisconsin-Madison (UW–M), Research Triangle Institute (RTI), and Northwestern University (NU) to evaluate the Competitive Bidding Demonstration for DME and POS.