September 22, 1999, from 8 a.m. to 12:30 p.m. Registration and written notices of participation must be submitted by September 13, 1999.

ADDRESSES: The public meeting will be held at The Washington Plaza Hotel, 10 Thomas Circle NW., at Massachusetts Ave. and 14th St., Washington, DC. Submit registration and written notices of participation to Catherine M. DeRoever (address below). Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Catherine M. DeRoever, Advisory Committee Office (HFS–22), Center for Food Safety and Applied Nutrition, Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–4251, FAX 202–205–4970, or e-mail ''cderoeve@bangate.fda.gov''.

–Those persons interested in attending the public meeting should, by September 13, 1999, fax their name, title, firm name, address, and telephone number to Catherine M. DeRoever (fax number above).

–Those persons interested in presenting information at the public meeting should, by September 13, 1999, fax their name, title, firm name, address, telephone number, and an outline of their presentation to Catherine M. DeRoever (fax number above). Oral comments may be made during the open public comment period, Tuesday, September 21, 1999, between 4 p.m. and 5 p.m. Time allotted to each public commentator may be limited to 3 minutes with time being assigned on a first-come-first-served basis.

–There is no registration fee for this public meeting, but advance registration is suggested. Interested persons are encouraged to register early because space may be limited.

SUPPLEMENTARY INFORMATION: This public meeting will provide an opportunity for an open discussion of the issues related to bare-hand contact of ready-to-eat foods in retail establishments. The committee will be asked to consider the risk of transmitting bacterial, viral, and parasitic pathogens from foodworkers, via ready-to-eat foods, to consumers, and the effectiveness of interventions.–

–The sponsoring agencies encourage individuals with relevant scientific data or information (i.e., epidemiology and effectiveness of interventions to prevent or minimize risks associated with bare-hand contact of ready-to-eat foods) to present such information at the meeting or in written comments to this record.

–A transcript of the public meeting will be prepared. Copies of the transcript may be requested in writing from the Freedom of Information Office (HFI–35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A–16, Rockville, MD 20857, approximately 15 working days after the meeting. The transcript of the public meeting and submitted comments will be available for public examination at the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday.

Dated: August 6, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99–20992 Filed 8–12–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES–

Food and Drug Administration

[Docket No. 99N–1075]

Public Health Impact of Vibrio Parahaemolyticus in Molluscan Shellfish

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Food and Drug Administration (FDA), Center for Food Safety and Applied Nutrition, in conjunction with the National Advisory Committee on Microbiological Criteria for Foods, in cooperation with the Food Safety and Inspection Service, U.S. Department of Agriculture (FSIS/USDA) is announcing a public meeting to discuss issues related to a preliminary risk assessment model examining the relationship between *Vibrio parahaemolyticus* and human health.

DATES: The public meeting will be held on Friday, September 24, 1999, from 8 a.m. to 3:15 p.m. Submit registration and written notices of participation by September 13, 1999. Submit written comments by October 25, 1999.

ADDRESSES: The public meeting will be held at The Washington Plaza Hotel, 10 Thomas Circle, NW., at Massachusetts Ave. and 14th St., Washington, DC. Submit registration and written notices of participation to Catherine M. DeRoever (address below). Submit written comments to the Dockets Management Branch (HFA–305), Food an Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Catherine M. DeRoever, Advisory Committee Office (HFS–22), Center for Food Safety and Applied Nutrition, Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–4251, FAX 202–205–4970, or e-mail ''cderoeve@bangate.fda.gov''.

Those persons interested in attending the public meeting should, by September 13, 1999, fax their name, title, firm name, address, and telephone number to Catherine M. DeRoever (fax number above).

Those persons interested in presenting information at the public meeting should, by September 13, 1999, fax their name, title, firm name, address, telephone number, and an outline of their presentation to Catherine M. DeRoever (fax number above).

There is no registration fee for this public meeting, but advance registration is suggested. Interested persons are encouraged to register early because space may be limited.

SUPPLEMENTARY INFORMATION: This public meeting will provide an opportunity for review and comment of the preliminary *V. parahaemolyticus* risk assessment. The role of factors in the environment, post harvest handling and processing in the probability of illness will be described. Integration of epidemiology, consumption, and dose-response will be modeled. Scientific inferences, assumptions, and modeling tools will be made from the completed search of peer reviewed literature. Comments will be requested on the approaches and analyses presented and any additional information that should be included in the analyses.

The sponsoring agencies encourage individuals with relevant scientific data or information to present such information at the meeting or in written comments to this record.

A transcript of the public meeting will be prepared. Copies of the transcript may be requested in writing from the Freedom of Information Office (HFI–35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A–16, Rockville, MD 20857, approximately 15 working days after the meeting. The transcript of the public meeting and submitted comments will be available for public examination at the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday.

Dated: August 6, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99–20991 Filed 8–12–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–1050–PN]

RIN 0938–AJ34

Medicare Program; Special Payment Limits for Certain Durable Medical Equipment and Prosthetic Devices

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed notice.

SUMMARY: This notice proposes special payment limits, for five items of durable medical equipment and one prosthetic device, to replace the current fee schedule amounts for these items. Currently, payment under the Medicare program for these items is equal to 80 percent of the lesser of the actual charge for the item or the fee schedule amount for the item. We have determined that the Medicare fee schedule amounts for five durable medical equipment items and one prosthetic device are not inherently reasonable because they are grossly excessive relative to the amounts paid for these items by the Department of Veterans Affairs. This notice proposes that payment for these items be 80 percent of the actual charges for the items or the special payment limits we set for these items, whichever is less. It is intended to prevent continuation of excessive payment for these items. The special payment limits would be based on the median wholesale prices paid by the Department of Veterans Affairs for these items plus an appropriate markup.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, by 5 p.m. on October 12, 1999.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1050–PN, P.O. Box 9016, Baltimore, MD 21244–9016.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–16–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1050–PN. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT: Joel Kaiser, (410) 786–4499.

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I. Background

A. Payment Under Reasonable Charges

Before January 1, 1989, payment for all durable medical equipment (DME) and prosthetic devices furnished under Part B of the Medicare program (Supplementary Medical Insurance) was made on a reasonable charge basis through contractors known as Medicare carriers and intermediaries. Reasonable charge determinations were generally based on customary and prevailing charges derived from historic charge data. The reasonable charges were established by the carriers using the methodology set forth in sections 1833 and 1842(b) of the Social Security Act (the Act) and 42 CFR part 405, subpart E of our regulations. The reasonable charge for an item was generally set at the lowest of the following factors:

- The supplier's actual charge for the item.
- The supplier's customary charge.
- The prevailing charge in the locality for the item.

(The prevailing charge could not exceed the 75th percentile of the customary charges of suppliers in the locality.)

- The inflation indexed charge. (The inflation indexed charge is defined in § 405.509(a) as the lowest of the fee screens used to determine reasonable charges for services, supplies, and equipment paid on a reasonable charge basis (excluding physicians' services) that is in effect on December 31 of the previous fee screen year, updated by the inflation adjustment factor.)

B. Payment Under Fee Schedules

Sections 1834(a) and (h) of the Act provide that Medicare payment for DME and prosthetics and orthotics, respectively, is equal to 80 percent of the lesser of the actual charge for the item or the fee schedule amount for the item. Section 1834(a) of the Act classifies DME into the following payment categories:

- Inexpensive or other routinely purchased DME.
- Items requiring frequent and substantial servicing.
- Customized items.
- Oxygen and oxygen equipment.
- Other covered items (other than DME).
- Other items of DME (capped rental items).

There is a separate methodology for determining the fee schedule payment amount for each category of DME.

The fee schedules for DME and prosthetic devices are calculated using average reasonable charges from 1986 and 1987 and are generally adjusted annually by the change in the Consumer Price Index for all Urban Consumers (CPI–U), that is, the covered item update, for the 12-month period ending June 30 of the preceding year. Section 1834(h)(2)(B) of the Act requires that regional fee amounts be calculated for prosthetic devices. The regional fee