

Dated: May 17, 2000.

**Margaret M. Dotzel,**

*Acting Associate Commissioner for Policy.*

[FR Doc. 00-12989 Filed 5-23-00; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### AIDS Education and Training Centers' National HIV/AIDS Clinical Consultation Center Grant

**AGENCY:** Health Resources and Services Administration.

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) announces that applications will be accepted for fiscal year (FY) 2000 grants for a discretionary grant to support an AIDS Education and Training Centers' National Clinical Consultation Center. The Center will be responsible for assisting medical providers in the treatment of persons with HIV infection and in management of health care workers who may have sustained occupational exposure to HIV and other blood borne pathogens commonly occurring in persons living with HIV infection (including Hepatitis B and C) through prompt, individualized, expert consultation. The Center will also link service users to education and training opportunities available through regional AIDS Education and Training Centers and provide technical assistance to these regional centers. The authority for this program is 2692 (a) of the Public Health Service Act as amended by Public Law 104-146, the Ryan White Comprehensive AIDS Resources Emergency Act Amendments of 1996.

#### Availability of Funds

It is anticipated that a single recipient will be selected for the National HIV/AIDS Clinical Consultation Center and the award is expected to be \$1,500,000 of the initial budget period. Funding will be made available for 12 months, with a project period of up to three years. Continuation awards within the approved project period will be made on the basis of satisfactory progress and the availability of funds.

#### Eligible Applicants

Eligible applicants are public and nonprofit entities and schools and academic health science centers.

**DATES:** A letter of intent to submit an application is requested by June 14,

2000. Applications for this announced grant must be received in the HRSA Grants Application Center by the close of business July 10, 2000, to be considered for competition. Applications shall be considered as meeting the deadline if they are: (1) Received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks shall not be acceptable as proof of timely mailing.) Applications received after the deadline will be returned to the applicant.

**ADDRESSES:** Letters of intent to apply for funding should be mailed to Dr. Laura Cheever, HIV Education Branch, HRSA, 5600 Fishers Lane, Parklawn Building, Rm 7-16, Rockville, Maryland 20857. All applications should be mailed or delivered to: Grants Management Officer, HRSA Grants Application Center, 1815 N. Fort Meyer Drive, Suite 300, Arlington, VA 22209. Grant applications sent to any address other than that above are subject to being returned. **Federal Register** notices and application guidance for the HIV/AIDS Bureau program are available on the World Wide Web via the Internet. The web site for the HIV/AIDS Bureau is: <http://www.hrsa.gov/hab/>. Federal grant application kits are available at the following Internet address: <http://forms.psc.gov/phsforms.htm>. For those applicants who are unable to access application materials electronically, a hard copy of the official grant application kit (SF 5161) must be obtained from the HRSA Grants Application Center. The Center may be contacted by (telephone, 1-877-477-2123) FAX: (703-477-2345) e-mail: [hrsagac@hrsa.gov](mailto:hrsagac@hrsa.gov).

#### FOR FURTHER INFORMATION CONTACT:

Additional information may be obtained from Dr. Laura W. Cheever, Chief, HIV Education Branch, Division of Training and Technical Assistance, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-16, Rockville, Maryland 20857. Telephone number (301) 443-6364 and the FAX: (301) 443-9887.

Dated: May 17, 2000.

**Claude Earl Fox,**

*Administrator.*

[FR Doc. 00-12990 Filed 5-23-00; 8:45 am]

BILLING CODE 4160-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### "Low-Income" Levels for Health Professions and Nursing Programs

Health Resources and Services Administration (HRSA) is updating income levels used to identify a "low-income family" for the purpose of providing training in the various health professions and nursing programs included in titles VII and VIII of the Public Health Service Act (the Act).

The Department periodically publishes in the **Federal Register** low-income levels used for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from a disadvantaged background, or (3) individuals from low-income families.

The program under the Act that may use "low-income levels" as one of the factors in determining a disadvantaged or low-income status are:

Advanced Education Nursing (section 811)  
Allied Health Special Projects (section 755)  
Basic Nurse Education and Practice (section 831)  
Dental Public Health (section 768)  
Faculty Loan Repayment and Fellowships Program (section 738)  
General and Pediatric Dentistry (section 747)  
Health Administration Traineeships and Special Projects (section 769)  
Health Careers Opportunity Program (section 739)  
Loans to Disadvantaged Students (section 724)  
Physician Assistant Training (section 747)  
Primary Care Residency Training (section 747)  
Public Health Traineeships (section 767)  
Quentin N. Burdick Program for Rural Interdisciplinary Training (section 754)  
Residency Training in Preventive Medicine (section 768)  
Scholarships for Disadvantaged Students (section 737)  
Public Health Training Centers (section 766)  
Nursing Workforce Diversity (section 821)

These programs generally award grants to accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, Pediatric medicine, nursing, chiropractic, public or nonprofit private

schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or educational entities to assist the disadvantaged to enter the graduate from health professions schools. Some programs provide for the repayment of health professions education loans for disadvantaged students.

The following income figures were taken from poverty thresholds published by the U.S. Bureau of the Census, using an index adopted by a Federal Interagency Committee for use in a variety of Federal programs. That index includes multiplication by a factor of 1.3 for adaptation to health professions and nursing programs which support training for disadvantaged individuals or those from disadvantaged backgrounds. The income figures have been updated to reflect increases in the Consumer Price Index through December 31, 1999.

Size of parents' family*	Income level**
1 .....	\$11,100
2 .....	14,400
3 .....	17,200
4 .....	22,000
5 .....	26,000
6 or more .....	29,200

\* Includes only dependents listed on Federal income tax forms.

\*\* Rounded to the nearest \$100. Adjusted gross income for calendar year 1999.

Dated: May 18, 2000.

**Claude Earl Fox,**  
Administrator.

[FR Doc. 00-12991 Filed 5-23-00; 8:45 am]

BILLING CODE 4160-15-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Establishment of Interagency Council on Biomedical Imaging in Oncology in Call for Requests to Present

The National Cancer Institute (NCI), Food and Drug Administration (FDA), and the Health Care Financing Administration (HCFA) are pleased to announce the formation of an Interagency Council on Biomedical Imaging in Oncology. This announcement summarizes the purpose of this newly created Interagency Council, how it will function, the types of advice it will provide, its composition and membership, and the time of the first Council meeting.

*Name of Committee:* The National Cancer Institute, Food and Drug

Administration, and the Health Care, Financing Administration Interagency Council on Biomedical Imaging in Oncology.

*Due Date for Request:* June 8, 2000.

*Contract Person:* Ellen G. Feigal, Deputy Director, Division of Cancer Treatment and Diagnosis, National Cancer Institute, 31 Center Drive, Building 31, Room 3A44, Bethesda, MD 20892-2440, Tel: 301 496-6711, Fax: 301 496-0826, E-mail: [ef30d@nih.gov](mailto:ef30d@nih.gov).

#### SUPPLEMENTARY INFORMATION:

##### *What Is the Interagency Council?*

The Interagency Council is a newly created multi-agency group designed to serve as a sounding board for investigators and manufacturers attempting to take emerging medical imaging technology to market. It consists of a core staff from the FDA, HCFA, and NCI with experience and knowledge concerning the decision-making processes for their agency for medical imaging products. Additional agency staff may be added to the core group on specific matters when needed. The purpose of the Council is to provide multi-agency advice that may help guide imaging technology developers in the fight against cancer. The Council will provide advice on projects or project proposals brought voluntarily by investigators and technology/device developers in industry and academia. It offers a new, multi-agency perspective to the communication with government agencies that is already available to investigators and companies.

##### *Why Does the Nation Need This?*

In September, 1999, the NCI and the National Electrical Manufacturer's Association co-sponsored the First NCI-Industry Forum and Workshop on Biomedical Imaging in Oncology. This meeting included senior leadership from industry, FDA, HCFA, NCI, and researchers from academia. We gathered to discuss ways to align investment in imaging technologies with the biomedical opportunities and unmet clinical needs in cancer. Participants asked the NCI to convene meetings between the multiple government agencies and industry to facilitate forward movement of promising technologies into the marketplace. The overall goal is to bring effective technologies into clinical use so that an impact on the public health can be achieved. The summary of the Forum and Workshop and follow-up comments to that conference can be reviewed on <http://dino.nci.nih.gov/dctd/forum>.

##### *What Will the Interagency Council Do?*

The three agencies participating in the Interagency Council all have different roles in the development of medical imaging technologies. NCI has created and is expanding a Biomedical Imaging Program. This effort currently funds innovative device and technology development, small animal imaging, in vivo cellular and molecular imaging centers, and a clinical trails imaging network (ACRIN). FDA is responsible for determining the safety and efficacy of specific products proposed for marketing and for marketing and for monitoring those products while they are on the market. HCFA is responsible, as a Federal health insurance provider, for determining coverage and reimbursement for products and services in the marketplace for their beneficiaries. By participating in the Council, these three agencies will be able to provide coordinated assistance to sponsors as they go through the development and regulatory processes necessary to bring products to market.

The specific roles envisioned by the participants in the Council are as follows:

NCI will provide input on scientific and medical issues, information on the initiatives and research resources available to fund or develop imaging technologies, explain the process for gaining access to such resources, and facilitate future interactions of imaging technology developers with NCI staff or with other NCI-sponsored investigators.

FDA will provide information on the issues that may need to be addressed to establish that a product is safe and effective, explain its existing guidance and procedures, and facilitate future interactions of imaging technology developers with its regulatory staff. How FDA may interact with sponsors is defined in statutes, regulations, and performance goals, and FDA expects that the Council will provide a mechanism to explain to imaging technology developers how to work within existing processes to bring products to market.

HCFA will provide information on its coverage and reimbursement processes, and facilitate future interactions of imaging technology developers with HCFA staff.

The products of the Interagency Council will be:

- Suggestions on the scientific and medical issues related to proposals, and information regarding available resources, potential relevant contacts for investigators within FDA, HCFA, NCI or with other investigators; and
- Written summary of the session, detailing the agenda topic, participants,