

and dissemination of the contract work products and other pertinent information.

- Reviews and evaluates the effectiveness of the processes and procedures used to coordinate and facilitate the review of the contract work products.

- Develops, conducts, and coordinates modifications to existing operational procedures, contracts, reporting mechanisms and related materials as required.

- Provides the documentation and analysis necessary to initiate and support corrective action resulting from the findings of the MTS development activities.

(7) Medicare Transaction System Program Planning and Needs Analysis (FLG17)

- Recommends alternatives to existing requirements, operational priorities, processes, procedures, and methods for improvement which will enhance the quality and cost-effectiveness of Medicare operational and administrative procedures and meet the needs of HCFA's internal and external customers.

- Develops, implements, and directs project planning, control and administration procedures, processes, and methods used to determine Medicare Transaction System Initiative (MTSI) program status, assess performance, report progress, and implement changes.

- Maintains the MTSI program schedule and MTSI program management plan and various program management databases.

- Provides advisory and consultative services on project planning to HCFA central and regional office staff and key officials responsible for planning and implementing projects in support of the development and implementation of the Medicare Transaction System.

- Conducts project planning training to HCFA staff responsible for MTSI projects.

Dated: December 21, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 96-2373 Filed 2-5-96; 8:45 am]

BILLING CODE 4120-01-P

Office of the Secretary

Advisory Committees; Notice

ACTION: Notice.

SUMMARY: This notice announces a new charter for the National Committee on

Vital and Health Statistics (NCVHS) and solicits nominations for membership on the Committee. The NCVHS is the statutory public advisory body to the Department of Health and Human Services in the area of health data and statistics. The Charter has been revised to address emerging issues in health data, including a focus on health data standards and privacy issues.

A number of vacancies will occur on the Committee beginning on March 1, 1996. New members of the Committee will be appointed to four year terms by the Secretary from among persons who have distinguished themselves in the following fields: Health statistics, electronic interchange of health care information, privacy and security of electronic information, population-based public health, purchasing or financing health care services, integrated computerized health information systems, health services research, consumer interests in health information, health data standards, epidemiology, and the provision of health services.

The Department will give close attention to equitable geographic distribution and to minority and female representation. Appointments will be made without discrimination on the basis of age, race, gender, sexual orientation, HIV status, cultural, religious or socioeconomic status.

DATES: Nominations for new members should include a letter describing the qualifications of the nominee and the nominee's current resume or vitae. The closing date for nominations is March 22, 1996. Nominations previously submitted for vacancies occurring in 1995 automatically will be considered in this solicitation and need not be resubmitted.

Nominations should be sent to the person named below: James Scanlon, Executive Secretary, HHS Data Council, U.S. Department of Health and Human Services, Room 440-D, 200 Independence Avenue SW., Washington, DC 20201, (202) 690-7100.

FOR FURTHER INFORMATION CONTACT: James Scanlon, (202) 690-7100.

SUPPLEMENTARY INFORMATION:

Introduction

The National Committee on Vital and Health Statistics serves as the statutory public advisory body to the Department of Health and Human Services in the area of health data and statistics. In that capacity, the Committee provides advice and assistance to the Department on a variety of key health data issues. Over its forty-five year history, the Committee has stimulated a host of improvements

in national and international health data and statistics. The Committee has been associated with groundbreaking contributions in such areas as disease classification, health surveys, health data sets and standards as well as privacy protection for health information.

Over its existence, the Committee has reshaped and redirected its work in response to changing needs and priorities. The 1990's have witnessed striking changes in health and health care and in health data and information systems. Both the national environment for health information systems and the nature of the information systems issues which the Department is confronting have changed dramatically. For example, ten years ago, efforts to improve data compatibility focused on encouraging the use of standard paper forms. Today, public/private compatibility requires coordination of electronic data transmission and coding standards, and compatibility with the evolving national information infrastructure. The new electronic information environment is raising new privacy issues and magnifying the importance of insuring that the Department's current policies are appropriate for new technologies.

The revisions to the NCVHS charter and solicitation for new members announced in this Notice are designed to refocus the NCVHS to reflect these changes. Of particular concern is the lack of shared standards for health data. Consensus on such standards could dramatically reduce paperwork burdens and increase the analytic potential of health data. Today, there is little ability to share, make multiple uses of, or link data. Many electronic data systems cannot communicate with one another, either within the private sector or between public and private data holders. There is a developing consensus that everyone—consumers, industry, policy makers—would be better served by more uniform, voluntary shared standards for collection and transmission of health information.

The NCVHS is in a unique position to serve as a national forum for the collaboration of interested parties, with the long-term goal of improving the compatibility of private sector, state, and federal health information systems. In particular, the new charter will enable the NCVHS to foster collaboration on voluntary means to facilitate and accelerate the development of consensus across the public and private sectors around key data standards and privacy issues.

The Committee will inform HHS data policy decision-making as well as private sector and State data policy decision-making. Participants will bring their expertise, perspectives, and concerns to the Committee, and will bring back to their respective industries and organizations the collective recommendations and rationale of the Committee.

New Charter

Charter National Committee on Vital and Health Statistics

Purpose

Collection, analysis and dissemination of health and health-related information is a crucial aspect of the responsibilities of the Department of Health and Human Services. The Department is charged with monitoring and improving the state of the nation's health and with epidemiological tracking and intervention, and must collect, analyze, and disseminate information on vital events, determinants of health, the extent and nature of illness and disability of the population, and the population's well-being. The Department funds and/or operates health care delivery programs, and must collect and analyze information for billing and payment, quality assessment, utilization tracking, and program evaluation. The Department is one of the most important sources of information about the health resources and the supply of health services in the United States (in underserved areas and more generally) and about health care costs and financing nation-wide. The Department is responsible for biomedical and behavioral research, and is also responsible for turning the results of that research into a public resource, by making the information available to clinicians, consumers, industry, and the research community. The Department also engages in cooperative efforts with other countries and the international community to foster health data standards and comparability and cross-national research.

Pursuant to these and other activities, the Department collects data from and disseminates data to our private sector and state partners, the research community, health care providers and insurers, and consumers. The ability to share, make multiple uses of, or link data is limited and must be continuously improved. The lack of shared standards for health data increases paperwork burdens and reduces the analytic potential of health data.

This Committee shall serve as a national forum on health data and information systems. It is intended to be a forum for collaboration of interested parties to accelerate the evolution of public and private health information systems toward more uniform, shared data standards, operating within a framework protecting privacy and security. A long-term purpose of the Committee is to promote increased interoperability of diverse health information systems. The Committee shall encourage the evolution of a shared, public/private national health information infrastructure that will promote the availability of valid, credible, timely and comparable health data. With sensitivity to policy considerations and priorities, the Committee will provide scientific-technical advice and guidance regarding the design and operation of health statistics and information systems and services and on coordination of health data requirements.

The Committee will inform decision making about data policy by HHS, states, local governments and the private sector. Committee members are expected to bring their expertise, perspectives and concerns to the forum, and to bring back to their respective fields the collective concerns, recommendations, and rationale of the Committee.

Authority

Section 306(k) of the Public Health Service Act, as amended, 42 U.S.C. 242k(k). The Committee is governed by provisions of Public Law 92-463, as amended, (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees.

Function

It shall be the function of the Committee to assist and advise the Secretary through the Department of Health and Human Services Data Council, the Department's internal advisory body for data policy, in the following matters:

(A) Monitor the nation's health data needs and current approaches to meeting those needs; identify emerging health data issues, including methodologies and technologies of information systems, databases, and networking that could improve the ability to meet those needs.

(B) Identify strategies and opportunities to achieve long-term consensus on common health data standards that will promote (i) the availability of valid, credible, and timely health information, and (ii) multiple uses of data collected once;

recommend actions the federal government can take to promote such a consensus.

(C) Make recommendations regarding health terminology, definitions, classifications, and guidelines.

(D) Study and identify privacy, security, and access measures to protect individually identifiable health information in an environment of electronic networking and multiple uses of data.

(E) Identify strategies and opportunities for evolution from single-purpose, narrowly focussed, categorical health data collection strategies to more multi-purpose, integrated, shared data collection strategies.

(F) Identify statistical, information system and network design issues bearing on health and health services data which are of national or international interest; identify strategies and opportunities to facilitate interoperability and networking.

(G) Advise the Department on health data collection needs and strategies; review and monitor the Department's data and information systems to identify needs, opportunities, and problems; consider the likely effects of emerging health information technologies on the Department's data and systems, and impact of the Department's information policies and systems on the development of emerging technologies.

(H) Stimulate the study of health data and information systems issues by other organizations and agencies, whenever possible.

(I) Review and comment on findings and proposals developed by other organizations and agencies with respect to health data and information systems and make recommendations for their adoption or implementation.

(J) Assist and advise the Secretary in the development of such reports as the Secretary or Congress may require.

In these matters, the Committee shall consult with all components of the Department, other federal entities, and non-federal organizations, as appropriate.

Structure

The Committee shall consist of 16 members, including the Chair. The members of the Committee shall be appointed by the Secretary from among persons who have distinguished themselves in the fields of health statistics, electronic interchange of health care information, privacy and security of electronic information, population-based public health, purchasing or financing health care services, integrated computerized health information systems, health services

research, consumer interests in health information, health data standards, epidemiology, and the provision of health services. The Secretary shall appoint one of the members to serve a two year, renewable term as the Chair.

Members shall be invited to serve for overlapping four-year terms. Terms of more than two years are contingent upon the renewal of the Committee by appropriate action prior to its termination. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his or her predecessor was appointed shall be appointed only for the remainder of such term. Members may serve after the expiration of their terms until successors have been appointed.

Standing and ad hoc subcommittees, composed solely of members of the parent Committee, may be established to address specific issues and to provide the Committee with background study and proposals for consideration and action. The Chair shall appoint members from the parent Committee to the subcommittees and designate a Chair for each subcommittee. The subcommittees shall make their recommendations to the parent Committee. Timely notification of the subcommittees, including charges and membership, shall be made in writing to the Department Committee Management Officer by the Executive Secretary of the Committee. Logistical management and support services shall be provided by the Program Support Center, Department of Health and Human Services.

Professional, scientific, and technical staff support shall be provided by all agencies of the Department. The Data Council may establish inter-agency and inter-Departmental, issue-specific working groups to provide staff support to the Committee.

Meetings

Meetings shall be held not less than annually at the call of the Chair, with the advance approval of a Government official, who shall also approve the agenda. A Government official shall be present at all meetings.

Meetings of the subcommittees shall be held at the call of the Chair, with the advance approval of a Government official, who shall also approve the agenda. A Government official shall be present at all subcommittee meetings. All subcommittees shall report their findings to the Committee.

Meetings shall be open to the public except as determined otherwise by the Secretary; notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by the applicable laws and departmental regulations.

Compensation

Members who are not full-time Federal employees shall be paid at a rate not to exceed the daily equivalent of the rate in effect for an Executive Level IV of the General Schedule for each day they are engaged in the performance of their duties as members of the Committee. All members, while so serving away from their homes of regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by Section 5703, Title 5, U.S. Code, for employees serving intermittently.

Annual Cost Estimate

Estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is \$350,732. Estimated annual person-years of staff support required is 3.1, at an estimated annual cost of \$199,600.

Reports

In the event a portion of a meeting is closed to the public, a report shall be prepared which shall contain, as a minimum, a list of members and their business addresses, the Committee's functions, dates and places of meetings, and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

The duration of the National Committee on Vital and Health Statistics is continuing, and a new charter shall be filed two years from the date this charter is approved.

Dated: January 31, 1996.

Jack Ebeler,

Dated: January 31, 1996.

Bruce Vladeck,

Cochairpersons, HHS Data Council.

[FR Doc. 96-2374 Filed 2-5-96; 8:45 am]

BILLING CODE 4151-04-M

Public Health Service

Indian Health Service

Tribal Management Grant Program for American Indians/Alaska Natives: Announcement of Data and Address Changes for Fiscal Year 1996

AGENCY: Indian Health Service, HHS.

ACTION: Notice of Date and Address Changes from the Program Announcement—Application Kit for the Tribal Management Grant Program, dated November 30, 1995.

SUMMARY: The Indian Health Service (IHS) announces changes in dates and the application receipt address for the Tribal Management (TM) grant program for fiscal year (FY) 1996 due to the Federal furlough, weather related shutdowns and pending office moves.

On December 8, 1995, the Grants Management Branch, Division of Acquisition and Grants Operations, IHS, mailed the November 30, 1995, Fiscal Year 1996 Application Kit for Tribal Management Grants for American Indians and Alaska Natives to all federally recognized Indian tribes and Indian tribal organizations. If you do not have the November 30, 1995, application kit, which these changes affects, and are interested in obtaining a copy, please contact Mrs. M. Kay Carpentier, Grants Management Officer, on telephone (301) 443-5204.

DATES ADDRESSES:

a. Pre-applications, although not required, may be received on or before February 16, 1996. The correct address for pre-applications is: Grants Management Branch, IHS, 12300 Twinbrook Parkway, Suite 100, Rockville, Maryland 20852.

b. The IHS will facsimile comments regarding pre-applications on or before February 23, 1996.

c. An original and two copies of the completed grant application, including all required documentation is due March 15, 1996. The correct address for completed applications is: Grants Management Branch, Division of Acquisition and Grants Operations, IHS. Note Address Change: Room 6-25, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

Applications shall be considered as meeting the deadline if they are either: (1) Received on or before the deadline with hand carried applications received by close of business 5 P.M., or (2) postmarked on or before the deadline and received in time to be reviewed along with other timely applications. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted in lieu of a postmark. Late applications not accepted for processing will be returned to the applicant and will not be considered for funding.

ADDITIONAL DATES: Application Review: April 29, 1996. Applicants notified or results: on or about July 1, 1996 (approved, recommended for approval