

the agreement and proposed order or to modify in any way their terms.

Benjamin I. Berman,

Acting Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Public Health and Science; Federal Policies Affecting the Future of Academic Health Centers

AGENCY: Office of Public Health and Science.

ACTION: Notice of two public hearings, and comment.

SUMMARY: This notice announces that the Secretary of Health and Human Services is formally inviting public comment on issues relevant to the Department's Initiative on the Future of Academic Health Centers. The Secretary has established an interagency policy development group to review Department policies affecting academic health centers and other health professions work force issues. The policy development group will make recommendations to the Secretary for revising or implementing Federal policies that ensure that the essential public goods produced by academic health centers are maintained in the evolving health care system. These essential public goods (health professions education, biomedical and other health research, and services to vulnerable or disadvantaged individuals, as well as special services, i.e., trauma care, burn units, and transplantation units), are critical to the nation's health care system.

The policy development group of the Department's initiative is interested in gaining local and regional perspectives from across the country on the issues that surround the future of academic health centers. To gain this input, two national public hearings will be held. These hearings will focus on issues related to the future of education and research missions of academic health centers, the provision of services through academic health centers, and academic health centers' need for access to capital to achieve these missions. Individuals may provide oral comments regarding the future of academic health centers, and Federal policies affecting them. The testimony provided by key stakeholders/constituents will be considered in the development of recommendations to the Secretary. Written comments will also be accepted.

DATES: Two public hearings will be held: August 25, 1997 in Houston, TX and August 27, 1997 in Chicago, IL. Requests to give oral testimony at the hearings must be received in writing by August 7, 1997. Written comments accompanying oral testimony are due August 11, 1997 for the August 25, 1997 hearing and on August 13, 1997 for the August 27, 1997 hearing. Submission deadline for written comments, without oral testimony, is August 23, 1997.

ADDRESSES: Written requests to testify and written comments on Federal policies that impact the future of academic health centers should be submitted to: **Ciro V. Sumaya, M.D., M.P.H.T.M.,** Deputy Assistant Secretary for Health, Department of Health and Human Services, Hubert H. Humphrey Building, Room 716-G, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: The office of Dr. Sumaya at the address listed above. Telephone: (202) 690-7694. Facsimile: (202) 260-4405. Electronic mail: AHCIinitiative@osophs.dhhs.gov

SUPPLEMENTARY INFORMATION:

Location Information

Sammons Auditorium, Texas Medical Center Library, 1133 M.D. Anderson Boulevard, Houston, Texas, 77030 on August 25, 1997, 8:30 AM. Dirksen Building, 219 S. Dearborne Street, Courtroom #2541, Chicago, Illinois, 60604, on August 27, 1997, 8:30 AM.

Guidelines for Submitted Testimony

Those wishing to present written testimony only should accompany their testimony with an abstract that summarizes their testimony in 200 words or less.

Those wishing to present oral testimony should indicate the following in their requests: (1) which of the two public forums (Houston, Texas, August 25, 1997, or Chicago, Illinois, August 27, 1997) they would like to attend depending upon availability; (2) the type of institution or organization they represent (academic health center or school, professional association, community organization, state/local government, foundation, health plan, insurer, other provider, or other), and their mailing address, telephone number, facsimile number, and electronic mail address (if available). Written comments may be longer than the oral testimony presented. An abstract that summarizes the testimony, in 200 words or less, must accompany the written testimony.

Both of these hearings will be limited one day; therefore, it is possible that all those who wish to present oral testimony may not be accommodated. Requests for oral presentations will be honored on a first come, first serve basis. Opportunity will be provided for representation by a variety of stakeholders/constituencies, as identified above, as well as to ensure geographic distribution. Oral comments must be limited to no more than five minutes. Presenters will be notified by telephone if they will have the opportunity to provide oral testimony, with a follow-up confirmation in writing.

Testimony Content Guidelines

Both public hearings will address issues related to academic health centers' education and research missions and the provision of health care services (to underserved populations, and specialized services), and related needs for access to capital to support these public missions.

Written and oral testimony prepared for these public hearings should address one or more of these questions:

Education/Work Force

What role should academic health centers play in developing the nation's health professions work force? What are the current threats and barriers to achieving those educational roles and accompanying goals?

What Federal policies are needed to improve academic health centers' capacity to produce an appropriate health professions work force at the regional, state, and national level?

Is the use of consortia (e.g., hospital networks, health professions schools) an effective means to improve health professions training and education? Are there other models? Are specific demonstrations and projects useful?

Research

What is the current status of the nation's health research enterprise (i.e., biomedical, clinical, behavioral, health services, prevention/population based research)?

What are some strategies for maintaining a strong and productive research infrastructure, including training programs, support services, and physical plants and operations?

What policies are needed to maintain and improve the nation's health research capacity and productivity?

Services

Are services to vulnerable and underserved populations traditionally provided by academic health centers at

risk due to recent changes in health care delivery and financing? If so, how are academic health centers addressing these?

What Federal policy changes, if any, are needed to assist academic health centers in providing quality health services to vulnerable and under served populations?

How are the special services (e.g., burn units, trauma Centers, organ transplantation programs, etc.) that are frequently, if not primarily, performed at academic health centers being affected by the changing health care environment? If these special services are being adversely affected, how are academic health centers addressing this? Can/should Federal policy assist these institutions?

Access to Capital

What are the capital needs of academic health centers? Do academic health centers have access to adequate capital resources to support the education, research and service mission of academic health centers?

Are the Federal policies that influence access to capital resources appropriate? If not, what Federal policy changes are needed to facilitate academic health centers' access to capital?

DHHS Initiative on Academic Health Centers

Description of Academic Health Centers

Academic health centers are major complexes comprised of a school of medicine, at least one other health professions school (nursing, dentistry, allied health, public health, pharmacy, etc.) and one or more teaching hospitals. There are over 100 academic health centers in the United States, more than 75 percent having three or more health professions schools. These centers may be components of private or public universities or State university systems, or they can be freestanding institutions.

Mission of Academic Health Centers

Academic health centers are an integral part of the American health care system. These centers produce valuable public goods for the country, including 40 percent of the health research and development and thirty three percent of the highly specialized, complex care for patients with major trauma as injuries or burns, AIDS, and other intensive care. They are a principal resource for the training and education of the future health care professional workforce. Academic health centers—especially publicly owned ones—provide over one third of the nation's uncompensated (charity and bad debt) health care.

Challenges Facing Academic Health Centers

Many changes in the evolving health care environment, including the rapid expansion of managed care, are posing a number of serious challenges for these centers and the health professions workforce. These challenges include fiscal survival and stability in a competitive health care marketplace, diminished subsidies for the academic mission in research and education, urgent demand to develop a strong capacity in primary (general) care and training of future health professionals in ambulatory (non-hospital) settings, information technology needs that are quite expensive, and external pressures for increased accountability as a public goods resource.

Stakeholder of Academic Health Centers

Academic health centers are linked to a variety of entities such as universities, local-State-Federal government agencies, managed care organizations, health insurance industry, pharmaceutical companies, telecommunications companies and the general business community, among many others. Moreover, these centers are closely tied to the health and economy of the communities they serve.

Federal Government Partnership

DHHS oversees numerous programs that directly or indirectly provide financial, physical, human, and technical resources to the academic health center enterprise. These resources support graduate medical education and other health professions training and education, biomedical and other health research, institutional and student loan programs, and services to Medicare and Medicaid participants. The Veteran's Administration and the Department of Defense are additional components of the Federal government than help support academic health centers.

DHHS Initiative

This initiative was established to update and develop relevant policy at the Federal level that can ensure the academic health centers' capacity to achieve their public good mission in a new, evolving health care system. DHHS Secretary Shalala has appointed Dr. Ciro Sumaya, Deputy Assistant Secretary for Health, to lead an interagency policy development task force focusing on the future of the centers. The task force will also work with the Departments of Veterans Affairs and Defense, State governments, the academic community, and other public and private sectors

partners in this process.

Recommendations on policy options and actions are to be submitted to the Secretary by the end of September 1997. The recommendations will address the current development of the health professions work force as well as financial, research, and service infrastructure issues facing academic health centers.

Dated: July 23, 1997.

John M. Eisenberg,

Acting Assistant Secretary for Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Meeting

AGENCY: Office of Disease Prevention and Health Promotion, HHS.

ACTION: Commission of dietary supplement labels: notice of meeting #9.

SUMMARY: The Department of Health and Human Services (HHS) is providing notice of the ninth meeting of the Commission on dietary supplement labels.

DATES: The Commission intends to hold its meeting on August 14, 1997, from 8:30 a.m. to 4:30 p.m. and on August 15, 1997, from 8:30 a.m. to approximately 3:00 p.m., E.S.T., at the Hyatt Regency Reston, Reston Town Center, 1800 Presidents Street, Reston, Virginia 20190. The meeting is open to the public; seating is limited.

FOR FURTHER INFORMATION CONTACT: Kenneth D. Fisher, Ph. D., Executive Director, Commission on Dietary Supplement Labels, Office of Disease Prevention and Health Promotion, Room 738G, Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C. 20201, (202) 690-7102.

SUPPLEMENTARY INFORMATION: Pub. L. 103-417, Section 12, authorized the establishment of a Commission on Dietary Supplement Labels whose seven members have been appointed by the President. The appointments to the Commission by the President and the establishment of the Commission by the Secretary of Health and Human Services reflect the commitment of the President and the Secretary to the development of a sound and consistent regulatory policy on labeling of dietary supplements.

The Commission is charged with conducting a study and providing recommendations for regulation of label claims and statements for dietary supplements, including the use of