

SUPPLEMENTARY INFORMATION: The Advisory Board on Welfare Indicators was established by Subtitle D, section 232 of the Social Security Act Amendments of 1994 (Pub. L. 103-432). The duties of the Advisory Board include (A) providing advice and recommendations to the Secretary of Health and Human Services on the development of indicators of the rate at which and, to the extent feasible, the degree to which, families depend on income from welfare programs and the duration of welfare receipt and (B) providing advice on the development and presentation of annual welfare indicators reports to the Congress required by the Social Security Act Amendments of 1994.

The meeting of the Advisory Board is open to the public. The agenda for the September 25 meeting includes discussion of the first annual welfare indicators report to Congress. The report will include analysis of families and individuals receiving assistance under means-tested benefit programs under part A of title IV of the Social Security Act, the Food Stamp Act of 1977, and title XVI of the Social Security Act, or as general assistance under programs administered by state and local governments. At a minimum, the report is required to set forth indicators of the rate at which and, to the extent feasible, the degree to which, families depend on income from welfare programs and the duration of receipt; trends in indicators; predictors of welfare receipt; the causes of welfare receipt; and patterns of multiple program receipt. A final agenda will be available from the office of the Assistant Secretary for Planning and Evaluation—Human Services Policy on September 19, 1997.

Records will be kept of the Advisory Board proceedings, and will be available for public inspection at offices of the Assistant Secretary for Planning and Evaluation—Human Services Policy, 200 Independence Avenue, S.W., room 404-E, Washington, D.C. 20201 between the hours of 9:00 a.m.–5:00 p.m.

Dated: September 8, 1997.

Patricia Ruggles,

Deputy Assistant Secretary for Human Services Policy, ASPE.

[FR Doc. 97-24205 Filed 9-11-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committee Meeting; Cancellation

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is cancelling the joint meeting of the Nonprescription Drugs Advisory Committee and the Pulmonary-Allergy Drugs Advisory Committee scheduled for September 19, 1997. The meeting was announced in the **Federal Register** of August 14, 1997 (62 FR 43539).

FOR FURTHER INFORMATION CONTACT:

Andera G. Neal or Leander B. Madoo, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration 5600 Fishers Lane, Rockville, MD 20857, 301-443-5455, or call the FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), codes 12541 and 12545.

Dated: September 9, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97-24275 Filed 9-9-97; 3:19 pm]

BILLING CODE 4160-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[MB-115-N]

RIN 0938-AI23

State Children's Health Insurance Program; Reserved Allotments to States for Fiscal Year 1998; Enhanced Federal Medical Assistance Percentages

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

ACTION: Notice.

SUMMARY: This notice provides advance notification of the reserved fiscal year (FY) 1998 State allotments available to provide Federal funding to individual States, Commonwealths, and Territories for expenditures in the new State Children's Health Insurance Program established under title XXI of the Social Security Act. The notice also describes the methodology and process that HCFA used to determine these reserved allotments in accordance with section 2104 of the Act. These reserved State

allotments are estimates of States' FY 1998 title XXI allotments, assuming that each State were to submit, and receive approval for, a State child health plan. Under title XXI the amount of a State's allotment for a fiscal year is available for 3 years for States with approved child health plans.

This notice also specifies the enhanced Federal medical assistance percentages (FMAP) for child health assistance provided under Title XXI for fiscal year 1998.

Established by section 4901 of the Balanced Budget Act of 1997 (Pub. L. 105-33), the State Children's Health Insurance Program will provide Federal matching funds to States to initiate and expand health insurance coverage to uninsured, low-income children.

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FOR FURTHER INFORMATION CONTACT: Richard Strauss, (410) 786-2019.

SUPPLEMENTARY INFORMATION:

I. General Background on New Legislation

Section 4901 of the Balanced Budget Act of 1997 (BBA, Pub. L. 105-33,

signed into law on August 5, 1997), amended the Social Security Act (the Act) to add a new title XXI. Under title XXI, a new State Children's Health Insurance Program is established to assist State efforts to initiate and expand child health assistance to uninsured, low-income children. Under the program, child health assistance is to be provided primarily for obtaining health benefits coverage through (1) Providing coverage that meets requirements specified in the law under section 2103 of the Act; or (2) expanding coverage under the State's Medicaid plan under title XIX of the Act; or (3) a combination of both.

In order to be eligible for Federal matching funds under the State Children's Health Insurance Program, States must submit to the Secretary, and receive approval for, a State child health plan that describes how the State intends to use the funds provided under title XXI. The plan must meet certain criteria specified in the statute, which include benefit packages, eligibility standards and methodologies, coverage requirements, basic and additional services offered, strategic objectives and performance goals, plan administration, and evaluations.

The law limits the total amount of Federal funds for the State Children's Health Insurance Program and specifies the formula that is to be used to determine an allotment for each State from this total amount, as described under section III of this notice.

II. Purpose of This Notice

We are issuing this notice to provide advance notification to States, Commonwealths, and Territories of the reserved allotments that will be available to them for FY 1998 for child health insurance expenditures if they choose to establish a State Children's Health Insurance Program under an approved State child health plan under title XXI of the Act, or to claim an enhanced FMAP rate for certain Medicaid expenditures under title XIX of the Act as specified in title XXI. States, Commonwealths, and Territories may submit State child health plans to HCFA for approval, to be effective as early as October 1, 1997. We believe that this notification is necessary to enable States, Commonwealths, and Territories to conduct advance planning and budgeting.

Section 2104(b) of the Act indicates that "the Secretary shall allot to each State * * * with a State child health plan approved under this title." We believe that this language requires States to have an approved State child health plan for the fiscal year in order for the

Secretary to provide a final allotment to that State for that fiscal year. We believe that if a State does not have an approved State child health plan for that fiscal year, the amount of that State's reserved allotment would be unavailable to that State and would be included in the final allotments for States with approved child health plans.

The reserved allotment amounts in this notice were determined by application of the formula specified in title XXI of the Act and described in detail in section III of this notice. Final allotments for each State will be determined in accordance with statutory requirements; we plan to issue a notice of proposed rulemaking as soon as possible on the requirements for the allotment and payment process under title XXI. Although final allotments have not been determined, under section 2105(e), we have authority to make ongoing payments based on advance estimates of allowable expenditures. At this time, we intend to make advance payments to States with approved health plans based on these reserved allotments. All issues related to the allotment and payment process, however, will be open for public comment as part of the rulemaking process.

III. Methodology for Determining Reserved Allotments for States, Commonwealths, and Territories

This notice specifies in Table I under section IV the reserved FY 1998 allotments that would be available to individual States, Commonwealths, and Territories for child health assistance expenditures under approved State child health plans, assuming that each State, Commonwealth, or Territory qualifies for such an allotment. We have applied the applicable statutory formula specified in section 2104 of the Act in determining the reserved allotments for FY 1998, as discussed below.

Section 2104(a) of title XXI provides that, for purposes of providing allotments to the 50 States and the District of Columbia, the following amounts are appropriated: \$4.275 billion for each FY 1998 through 2001; \$3.15 billion for each FY 2002 through 2004; \$4.05 billion for each FY 2005 through 2006 and \$5 billion for FY 2007. However, under section 2104(c) of the Act, 0.25 percent of the total amount appropriated each year is available for allotment to the Territories and Commonwealths of Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Mariana Islands. This total amount is allotted among the Commonwealths and the Territories according to the following percentages:

Puerto Rico, 91.6 percent; Guam, 3.5 percent; the Virgin Islands, 2.6 percent; American Samoa, 1.2 percent; and the Northern Mariana Islands, 1.1 percent.

Further, under sections 4921 and 4922 of the BBA, the total allotment available to the 50 States and the District of Columbia is reduced by an additional total of \$60,000,000; \$30,000,000 each for a special diabetes research program for Type I diabetes and special diabetes programs for Indians. The diabetes programs are funded from FY 1998 through FY 2002 only.

The total amount of the allotment available for the 50 States and the District of Columbia for FY 1998 was determined in accordance with the following formula:

$$A_{TA} = S_{2104(a)} - T_{2104(c)} - D_{4921} - D_{4922}$$

A_{TA} = Total amount available for allotment to the 50 States and the District of Columbia for the fiscal year.

$S_{2104(a)}$ = Total appropriation for the fiscal year indicated in section 2104(a) of the Act. For FY 1998, this is \$4,275,000,000.

$T_{2104(c)}$ = Total amount available for allotment for the Commonwealths and Territories; determined under section 2104(c) of the Act as 0.25 percent of the total appropriation for the 50 States and the District of Columbia. For FY 1998, this is:

$$.0025 \times \$4,275,000,000 = \$10,687,500$$

D_{4921} = Amount of grant for research regarding Type I Diabetes under section 4921 of the BBA. This is \$30,000,000 for FYs 1998 through 2002.

D_{4922} = Amount of grant for diabetes programs for Indians under section 4922 of the BBA. This is \$30,000,000 for FYs 1998 through 2002.

Therefore, for FY 1998 the total amount available for allotment to the 50 States and the District of Columbia is \$4,204,312,500. This was determined as follows:

$$A_{TA}(\$4,204,312,500) = S_{2104(a)}(\$4,275,000,000) - T_{2104(c)}(\$10,687,500) - D_{4921}(\$30,000,000) - D_{4922}(\$30,000,000)$$

The total amount available for allotment to the 50 States and the District of Columbia is allotted to each State with a child health plan approved under title XXI based on the formula indicated at section 2104(b)(1) of the Act. The fiscal year allotment for each State with an approved child health plan is determined on the basis of the product of two factors, the Number of Children and the State Cost Factor, for

each State divided by the sum of these products over all States.

For FYs 1998 through 2000, the first factor, the Number of Children, is based only on the total number of low-income, uninsured children in the State. For FY 2001 only, the Number of Children is calculated as the sum of 75 percent of the low-income, uninsured children in the State, and 25 percent of the number of low-income children in the State. For FY 2002 and succeeding years through FY 2007, the Number of Children is calculated as the sum of 50 percent of the low-income, uninsured children in the State, and 50 percent of the number of low-income in the State.

For FY 1998 the Number of Children for each State (provided in thousands) was determined and provided by the Bureau of the Census based on the arithmetic average of the number of low-income children and low-income children with no health insurance as calculated from the three most recent March supplements to the Current Population Survey (1994, 1995, and 1996) prior to FY 1998. Because of time constraints we are using Bureau of Census data obtained prior to September 1, 1997. These data refer to information for calendar years 1993, 1994, and 1995, respectively, and represent the number of people in each State under 19 years of age whose family income is at or below 200 percent of the poverty threshold appropriate for that family, and who are not reported to be covered by health insurance. The Number of Children for each State was developed by the Bureau of the Census based on the standard methodology used to determine official poverty status and uninsured status in their annual Current Population Reports on these topics. As part of a continuing formal process between HCFA and the Bureau of the Census, each fiscal year HCFA will obtain such Number of Children data officially from the Bureau of the Census.

The second factor, the State Cost Factor, is based on annual average wages in the health services industry in the State. The State Cost Factor for a State is equal to the sum of: .15 and .85 multiplied by the ratio of the annual average wages in the health industry per employee for the State to the annual wages per employee in the health industry for the 50 States and the District of Columbia. The State Cost Factor for each State was calculated based on such wage data for each State as reported, determined, and provided to HCFA by the Bureau of Labor Statistics (BLS) in the Department of Labor for each of the most recent 3 years before the beginning of the fiscal year. Because of time constraints we are using

BLS data obtained prior to September 1, 1997.

The average of wages per employee for the 50 States and the District of Columbia was calculated by HCFA directly from the State specific data for each State provided by the BLS. This was necessary because BLS suppressed certain State specific data in providing HCFA with the State specific average wages per health services industry employee. BLS is required to suppress such data under the Privacy Act. The State Cost Factor is determined based on the calculation of the ratio of each State's average annual wages in the health industry to the National average annual wages in the health care industry. In order for such National average to appropriately reflect the State specific suppressed data, HCFA calculated the National average wages directly from the State specific data provided by BLS. As part of a continuing formal process between HCFA and the BLS, each fiscal year HCFA will obtain these wage data officially from the BLS.

Under section 2104(b)(4) of the Act each of the 50 States and the District of Columbia will receive a minimum allotment of \$2 million. Under this provision, to the extent any State's allotment is increased to \$2,000,000 from a lower amount that would otherwise have been allotted to the State, the allotments to other States and the District and Columbia must be reduced in a "pro rata manner" (but not below \$2,000,000) so that the total amount available for allotment to all States does not exceed the amount previously available. For FY 1998, no State's reserved allotment is below \$2,000,000; therefore, no pro rata adjustment was necessary.

Following is an explanation of how HCFA applied the two State-related factors specified in the statute to determine the States' child health plan reserved allotments for FY 1998. The formula for determining each State's reserved allotment for FY 1998 of the total available allotment is:

$$SA_i = \frac{(C_i \times SCF_i)}{\sum (C_i \times SCF_i)} \times A_{TA}$$

SA_i =Allotment for State i.

C_i =Number of Children. This is the number of certain low-income children in State i as officially reported, defined, and provided to HCFA by the Bureau of the Census. For FY 1998, this is the number of children under age 19 with no health insurance whose family income is at or below 200 percent of the poverty line for a family of

the same size. (section 2104(b)(2)(B))

SCF_i = The State cost factor for State i (section 2104(b)(1)(A)(ii)). This is equal to: $.15 + .85 \times (W_i/W_N)$ (section 2104(b)(3)(A)).

W_i =Certain annual average wages per health industry employee for State i.

W_N =Certain annual wages per health industry employee for the 50 States and the District of Columbia.

The annual wages per employee for a State or for all States for a fiscal year is equal to the average of such wages for employees in the health industry, as reported by the Bureau of Labor Statistics of the Department of Labor.

$\sum (C_i \times SCF_i)$ =The sum of the products of $C_i \times SCF_i$ for each State (section 2104(b)(1)(B)).

A_{TA} =Total amount available for allotment to all States for the fiscal year. For FY 1998, this is \$4,204,312,500.

Section 2104(e) of the Act requires that the amount of a State's allotment for a fiscal year be available to the State for a total of 3 years, the fiscal year in which the State child health plan is approved and 2 years following. Section 2104(f) of the Act requires the Secretary to establish a process for redistribution of the amounts of States' allotments that are not expended during the 3-year period to States that have fully expended their allotments.

HCFA will soon issue a notice of proposed rulemaking that will address the redistribution process and propose to incorporate the process in Federal regulations.

In accordance with section 2104 (b) and (c) of the Act, the total allotment for all States for each fiscal year is available to the 50 States and District of Columbia, the Commonwealths and the Territories. Although the statute precludes the Secretary from making an allotment to a specific State until it has an approved State child health plan, because of the statutory provisions for redistribution of unused amounts of allotments, the availability of allotments for 3 years, and the potential for retroactive effective dates of State child health plans back to October 1, 1997, we believe it is necessary to establish and publish these reserved allotment amounts for FY 1998 so that States can begin to plan operation, if they chose to establish a State children's health insurance program under title XXI, effective October 1, 1997. No payments may be made from these allotments until a State has an approved State child health plan under title XXI.

In developing the reserved allotment amounts for FY 1998, we applied the following principles, upon which we will be inviting public comment during the rulemaking process.

- For each fiscal year for FY 1998 through FY 2007, an allotment amount will be reserved for all 50 States and the District of Columbia and for the Commonwealths and Territories, regardless of whether every State, Commonwealth, or Territory has submitted and the Secretary has approved a State child health plan. This will provide States with the flexibility and time to develop their programs and submit their State child health plans.

- The formula for "reserving" an allotment amount for each State will be the same as the formula contained at section 2104(b) of the Act. The reserved amount is an estimate of the State's title XXI allotment upon submission and approval of the State's child health plan.

- Under sections 2101(b)(2) and 2105(a) of the Act, no payment of Federal funds from a State's allotment is available for expenditures under a State's title XXI program unless the State has an approved State child health plan. Therefore, States may be at risk for expenditures made under a title XXI child health plan that is submitted, but not yet approved.

IV. Table of Reserved State Children's Health Insurance Program Allotments for FY 1998

Key to Table II

Column/Description

Column A = Name of State, Commonwealth, or Territory.

Column B = Number of Children. The Number of Children for each State (provided in thousands) was determined and provided by the Bureau of the

Census based on the arithmetic average of the number of low-income children and low-income children with no health insurance as calculated from the three most recent March supplements to the Current Population Survey. These data represent the number of people in each State under 19 years of age whose family income is at or below 200 percent of the poverty threshold appropriate for that family, and who are reported to be not covered by health insurance. The Number of Children for each State was developed by the Bureau of the Census based on the standard methodology used to determine official poverty status and uninsured status in their annual Current Population Reports on these topics.

For FYS 1998–2000, the Number of Children is equal to the number of low-income children in each State with no health insurance for the fiscal year. For FY 2001, the Number of Children is equal to the sum of 75 percent of the number of low-income children in the State with no health insurance and 25 percent of the number of low-income children in the State. This is also based on a 3-year average of Census data. For FY 2002 and succeeding years, the Number of Children is equal to the sum of 50 percent of the number of low-income children in the State with no health insurance and 50 percent of the number of low-income children in the State. This is also based on a 3-year average of Census data.

Column C = State Cost Factor. The State Cost Factor for a State is equal to the sum of: .15, and .85 multiplied by the ratio of the annual average wages in the health industry per employee for the State to the annual wages per employee in the health industry for the 50 States and the District of Columbia. The State Cost Factor for each State was

calculated based on such wage data for each State as reported, determined, and provided to HCFA by the BLS in the Department of Labor for each of the most recent 3 years before the beginning of the fiscal year.

Column D = Product. The Product for each State was calculated by multiplying the Number of Children in Column B by the State Cost Factor in Column C. The sum of the Products for all 50 States and the District of Columbia is below the Products for each State in Column D. The Product for each State and the sum of the Products for all States provides the basis for allotment to States.

Column E = Percent Share of Total. This is the calculated percentage share for each State of the total allotment available to the 50 States and the District of Columbia. The Percent Share of Total is calculated as the ratio of the Product for each State in Column D to the sum of the products for all 50 States and the District of Columbia below the Products for each State in Column D.

Column F = Allotment. This is the State Child Health Program allotment for each State, Commonwealth, or Territory. For each of the 50 States and the District of Columbia, this is determined as the Percent Share of Total in Column E for the State multiplied by the total amount available for allotment for the 50 States and the District of Columbia for the fiscal year.

For each of the Commonwealths and Territories, the allotment is determined as the Percent Share of Total in Column E multiplied by the total amount available for allotment to the Commonwealths and Territories. For the Commonwealths and Territories, the Percent Share of Total in Column E is specified in section 2104(c) of the Act.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM ALLOTMENTS FOR FISCAL YEAR: 1998

A State	B Number of low-income children (000)	C State cost factor	D Product	E Percent share of total ⁽¹⁾	F Allotment ⁽³⁾
Alabama	154	0.9510	146.46	2.05	\$85,997,312
Alaska	9	1.0669	9.60	0.13	5,638,146
Arizona	184	1.0472	192.69	2.69	113,138,521
Arkansas	90	0.8871	79.84	1.12	46,878,527
California	1,281	1.1365	1,455.92	20.33	854,864,484
Colorado	72	0.9888	71.19	0.99	41,801,288
Connecticut	53	1.1237	59.55	0.83	34,968,061
Delaware	13	1.0553	13.72	0.19	8,055,533
District of Columbia	16	1.2857	20.57	0.29	12,079,106
Florida	444	1.0368	460.32	6.43	270,284,180
Georgia	214	0.9923	212.36	2.97	124,692,179
Hawaii	13	1.1722	15.24	0.21	8,947,603
Idaho	31	0.8726	27.05	0.38	15,883,789
Illinois	211	0.9892	208.73	2.92	122,560,067

STATE CHILDREN'S HEALTH INSURANCE PROGRAM ALLOTMENTS FOR FISCAL YEAR: 1998—Continued

A State	B Number of low-income children (000)	C State cost factor	D Product	E Percent share of total ⁽¹⁾	F Allotment ⁽³⁾
Indiana	131	0.9169	120.12	1.68	70,530,557
Iowa	67	0.8253	55.30	0.77	32,468,807
Kansas	60	0.8704	52.22	0.73	30,664,400
Kentucky	93	0.9146	85.06	1.19	49,945,361
Louisiana	194	0.8934	173.31	2.42	101,762,991
Maine	24	0.8863	21.27	0.30	12,490,186
Maryland	100	1.0498	104.98	1.47	61,643,199
Massachusetts	69	1.0576	72.97	1.02	42,847,242
Michigan	156	1.0001	156.02	2.18	91,609,050
Minnesota	50	0.9675	48.37	0.68	28,403,279
Mississippi	110	0.8675	95.43	1.33	56,031,502
Missouri	97	0.9075	88.03	1.23	51,686,405
Montana	20	0.8333	16.67	0.23	9,786,177
Nebraska	30	0.8440	25.32	0.35	14,866,746
Nevada	43	1.2046	51.80	0.72	30,414,882
New Hampshire	20	0.9760	19.52	0.27	11,461,349
New Jersey	134	1.1241	150.62	2.10	88,440,626
New Mexico	107	0.9169	98.11	1.37	57,605,226
New York	399	1.0914	435.47	6.08	255,692,115
North Carolina	138	0.9815	135.45	1.89	79,528,899
North Dakota	10	0.8587	8.59	0.12	5,042,037
Ohio	205	0.9617	197.16	2.75	115,764,112
Oklahoma	161	0.8588	138.26	1.93	81,182,913
Oregon	67	0.9947	66.65	0.93	39,131,718
Pennsylvania	200	1.0005	200.09	2.79	117,486,712
Rhode Island	19	0.9580	18.20	0.25	10,687,168
South Carolina	110	0.9843	108.27	1.51	63,574,155
South Dakota	15	0.8559	12.84	0.18	7,538,311
Tennessee	115	0.9799	112.69	1.57	66,170,086
Texas	1,031	0.9275	956.25	13.35	561,475,805
Utah	46	0.8977	41.30	0.58	24,247,390
Vermont	7	0.8604	6.02	0.08	3,536,354
Virginia	118	0.9862	116.38	1.63	68,332,474
Washington	85	0.9352	79.49	1.11	46,673,207
West Virginia	45	0.8937	40.21	0.56	23,612,812
Wisconsin	71	0.9229	65.53	0.92	38,475,831
Wyoming	15	0.8758	13.14	0.18	7,713,620
Total States Only			7,160.35	100.00	4,204,312,500
Allotments for Commonwealths and Territories ⁽²⁾ :					
Puerto Rico				91.60	9,789,750
Guam				3.50	374,063
Virgin Islands				2.60	277,875
American Samoa				1.20	128,250
N. Mariana Islands				1.10	117,563
Total Commonwealths and Territories Only				100.00	10,687,500
Total States and Commonwealths and Territories					4,215,000,000

Footnotes:

¹ Total amount available for allotment to the 50 States and the District of Columbia is \$4,204,312,500; determined as the FY 1998 appropriation (\$4,275,000,000) reduced by the total amount available for allotment to the Commonwealths and Territories (\$10,687,500) and amounts for Special Diabetes Grants (\$60,000,000) under sections 4921 and 4922 of BBA.

² Total amount available for allotment to the Commonwealths and Territories is \$10,687,500; determined as .25 percent of the FY 1998 appropriation (\$4,275,000,000).

³ Percent share of total amount available for allotment to the Commonwealths and Territories is as specified in section 2104(c) of the Social Security Act.

V. Calculation of Enhanced Federal Medical Assistance Percentage

In accordance with formulas in sections 1101(a)(8) and 1905(b) of the Act, the Secretary each year calculates and publishes the "Federal percentages" and "Federal medical assistance

percentages" (FMAP) that are used in determining the amount of Federal matching in State welfare and medical assistance expenditures. Section 2105(b) of title XXI provides for an "enhanced FMAP" for child health assistance provided under title XXI that is equal to

the current FMAP for fiscal year in the Medicaid Title XIX program, increased by 30 percent of the difference between 100 and the current FMAP for that fiscal year. The enhanced FMAP may not exceed 85 percent.

The FMAPs for each State and Commonwealth and Territory for the title XIX Medicaid program that are applicable for FY 1998 have already been published in the **Federal Register** (on January 29, 1997, 62 FR 4293). We are republishing the FY 1998 FMAPs in Table II, along with the enhanced FMAP for the State Children's Health Insurance Program, computed in accordance with the formula specified in section 2105(b) of the Act.

Key to Table I

Column/Description

Column A = State. This contains the name of the State, Commonwealth, or Territory.

Column B = Federal Medical Assistance Percentages FY 1998. This contains the title XIX FMAPs, previously published in the **Federal Register** (January 29, 1997, 62 FR 4293).

Column C = Amount of FMAP Increase. This contains the amount of the FMAP increase calculated as 30 percent of the difference between 100 percent and the title XIX FMAP rate in Column B.

Column D = Enhanced FMAP FY 1998. This is the title XXI enhanced FMAP rate specified at section 2105(b) of the Act. The enhanced FMAP is limited to no more than 85 percent.

BILLING CODE 4120-01-P

MB-115-N

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ENHANCED FMAPS UNDER SECTION 2105(b) OF THE SOCIAL SECURITY ACT			
A	B	C	D
STATE	FEDERAL MEDICAL ASSISTANCE PERCENTAGES FY 1998	AMOUNT OF FMAP INCREASE	ENHANCED FMAP FY 1998
ALABAMA	69.32%	9.20%	78.52%
ALASKA(1)	59.80%	12.06%	71.86%
AMERICAN SAMOA	50.00%	15.00%	65.00%
ARIZONA	65.33%	10.40%	75.73%
ARKANSAS	72.84%	8.15%	80.99%
CALIFORNIA	51.23%	14.63%	65.86%
COLORADO	51.97%	14.41%	66.38%
CONNECTICUT	50.00%	15.00%	65.00%
DELAWARE	50.00%	15.00%	65.00%
DISTRICT OF COLUMBIA(1)	70.00%	9.00%	79.00%
FLORIDA	55.65%	13.31%	68.96%
GEORGIA	60.84%	11.75%	72.59%
GUAM	50.00%	15.00%	65.00%
HAWAII	50.00%	15.00%	65.00%
IDAHO	69.59%	9.12%	78.71%
ILLINOIS	50.00%	15.00%	65.00%
INDIANA	61.41%	11.58%	72.99%
IOWA	63.75%	10.88%	74.63%
KANSAS	59.71%	12.09%	71.80%
KENTUCKY	70.37%	8.89%	79.26%
LOUISIANA	70.03%	8.99%	79.02%
MAINE	66.04%	10.19%	76.23%
MARYLAND	50.00%	15.00%	65.00%
MASSACHUSETTS	50.00%	15.00%	65.00%
MICHIGAN	53.58%	13.93%	67.51%
MINNESOTA	52.14%	14.36%	66.50%
MISSISSIPPI	77.09%	6.87%	83.96%
MISSOURI	60.88%	11.80%	72.68%
MONTANA	70.56%	8.83%	79.39%
NEBRASKA	61.17%	11.65%	72.82%
NEVADA	50.00%	15.00%	65.00%
NEW HAMPSHIRE	50.00%	15.00%	65.00%
NEW JERSEY	50.00%	15.00%	65.00%
NEW MEXICO	72.61%	8.22%	80.83%
NEW YORK	50.00%	15.00%	65.00%
NORTH CAROLINA	63.09%	11.07%	74.16%
NORTH DAKOTA	70.43%	8.87%	79.30%
NORTHERN MARIANA IS.	50.00%	15.00%	65.00%
OHIO	58.14%	12.56%	70.70%
OKLAHOMA	70.51%	8.85%	79.36%
OREGON	61.46%	11.56%	73.02%
PENNSYLVANIA	53.39%	13.98%	67.37%
PUERTO RICO	50.00%	15.00%	65.00%
RHODE ISLAND	53.17%	14.05%	67.22%
SOUTH CAROLINA	70.23%	8.93%	79.16%
SOUTH DAKOTA	67.75%	9.68%	77.43%
TENNESSEE	63.36%	10.99%	74.35%
TEXAS	62.28%	11.32%	73.60%
UTAH	72.56%	8.23%	80.81%
VERMONT	62.18%	11.35%	73.53%
VIRGIN ISLANDS	50.00%	15.00%	65.00%
VIRGINIA	51.49%	14.55%	66.04%
WASHINGTON	52.15%	14.36%	66.51%
WEST VIRGINIA	73.67%	7.90%	81.57%
WISCONSIN	58.84%	12.35%	71.19%
WYOMING	63.02%	11.09%	74.11%
Footnote:			
(1) FMAP as specified in Section 4725 of the Balanced Budget Act of 1997			

VI. Impact Statement

HCFA has examined the impact of this notice as required by Executive Order 12866. Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when rules are necessary, to select regulatory approaches that maximize net benefits (including potential economic environments, public health and safety, other advantages, distributive impacts, and equity). We believe that this notice is consistent with the regulatory philosophy and principles identified in the Executive Order.

This notice merely provides advance notification of the reserved FY 1998 State allotments available to provide Federal funding to individual States, Commonwealths, and Territories for expenditures in the new Children's Health Insurance Program and the assumption and methodology that HCFA used to determine these reserved allotments. The formula for State allotments is specified in the statute. This notice by itself has no economic impact. Final allotments will be calculated using the statutory formula and may vary from these reserved amounts depending upon the number of States that submit approved State plans under title XXI. (As noted above, the allotment process will be set forth in more detail in future rule making.)

We believe this notice will have an overall positive impact by informing States of the extent to which they will be permitted to expend funds under approved State child health plans in FY 1998. States will be able to conduct advance planning necessary for implementation of the State Child Health Insurance Program if they choose, beginning October 1, 1997.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

(Section 1102 of the Social Security Act (42 U.S.C. 1302))

Dated: September 8, 1997.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: September 9, 1997.

Donna E. Shalala,

Secretary.

[FR Doc. 97-24324 Filed 9-10-97; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve on the National Vaccine Advisory Committee, Department of Health and Human Services

The Public Health Service (PHS) is soliciting nominations for possible membership on the National Vaccine Advisory Committee (NVAC). This committee studies and recommends ways to encourage the availability of an adequate supply of safe and effective vaccination products in the States; recommends research priorities and other measures the Director of the National Vaccine Program should take to enhance the safety and efficacy of vaccines; advises the Director of the Program in the implementation of sections 2102, 2103, and 2104, of the PHS Act; and identifies annually, for the Director of the Program, the most important areas of government and non-government cooperation that should be considered in implementing sections 2102, 2103, and 2104, of the PHS Act.

Nominations are being sought for individuals engaged in vaccine research or the manufacture of vaccines or who are physicians, members of parent organizations concerned with immunizations, or representatives of State or local health agencies or public health organizations. Federal employees will not be considered for membership. Members may be invited to serve a four-year term.

Close attention will be given to minority and female representation; therefore nominations from these groups are encouraged.

The following information is requested: name, affiliation, address, telephone number, and a current curriculum vitae. Nominations should be sent, in writing, and postmarked by September 26, 1997, to: Felecia D. Pearson, Committee Management Specialist, NVAC, National Vaccine Program Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, M/S D50, Atlanta, Georgia 30333. Telephone and facsimile submissions cannot be accepted.

Dated: September 4, 1997.

Carolyn J. Russell,

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

[FR Doc. 97-24192 Filed 9-11-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Supplement to the Cooperative Agreement With the National Association of State Alcohol and Drug Abuse Directors, Inc.

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Notice of a revision to a previous **Federal Register** Notice regarding a planned single source supplemental award.

SUMMARY: SAMHSA's **Federal Register** notice (Vol. 62, No. 133), dated July 11, 1997, regarding a planned single source supplemental award is revised as follows:

In the third paragraph, revise the first sentence to read:

In view of the above considerations, SAMHSA has determined that a supplement to the existing cooperative agreement is the most effective way to assist the States by developing a detailed inventory of prevention activities, an inventory and analysis of each State's data capability, and a project to further the development of existing mentoring programs for youth and build on the existing infrastructure of mentoring programs throughout the country.

Following the fifth paragraph add the following:

The supplement related to mentoring is intended to assist the States in strengthening existing mentoring programs for youth and building on the existing infrastructure of mentoring programs throughout the development of Statewide mentoring initiatives. This project is not intended to recreate or compete with the mentoring network, but rather to focus existing resources to support, strengthen, promote and enhance the ability of the current mentoring network to accomplish its goals. Experience has shown the strength of mentoring in reducing alcohol and drug use, teen pregnancy, academic failure and gang participation and its associated violent behavior. Further, mentoring is a key prevention strategy that can be implemented across multiple service systems to target specific problems that affect society. This mentoring project is intended to provide certain State alcohol and drug agencies with the support and guidance through training and technical assistance to initiate and/or grow their own Statewide mentoring initiatives,