

device to detect immunoglobulin G (IgG) antibodies to parvovirus B19 as a marker of previous infection in human serum and plasma. The IgG test is indicated for use in all women where there is a suspicion of exposure to parvovirus B19. The committee will also discuss, make recommendations, and vote on a PMA for an in vitro diagnostic qualitative device to detect IgM antibodies to parvovirus B19 in human serum and plasma. The IgM test is indicated for use in conjunction with the parvovirus B19 IgG enzyme immunoassay to determine immunological status during the first trimester of pregnancy and for the testing of pregnant women who have sonographic evidence of abnormal fetal development, such as hydrops fetalis, or who had an adverse outcome, such as fetal death or premature delivery with fetal abnormalities.

Procedure: On May 20, 1999, from 9:45 a.m. to 6:30 p.m., and on May 21, 1999, from 9:30 a.m. to 4:30 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by May 10, 1999. On May 20, 1999, oral presentations from the public will be scheduled between approximately 11:15 a.m. and 11:45 a.m. and between approximately 3:30 p.m. and 4 p.m. On May 21, 1999, oral presentations from the public will be scheduled between approximately 10:15 a.m. and 10:45 a.m. and between approximately 2 p.m. and 2:30 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before May 10, 1999, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed Committee Deliberation: On May 21, 1999, from 8:30 a.m. to 9:30 a.m., the meeting will be closed to the public to permit discussion and review of trade secret and/or confidential commercial information (5 U.S.C. 552b(c)(4)) relating to present and future agency issues.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: April 26, 1999.

Michael A. Friedman,

Deputy Commissioner for Operations.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-1101-N2]

Medicare Program; Meetings of the Competitive Pricing Demonstration Area Advisory Committee, Maricopa County, AZ

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

ACTION: Revised notice of meetings.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces meetings of the Area Advisory Committee for the Maricopa County Competitive Pricing Demonstration.

The Balanced Budget Act of 1997 (BBA) requires the Secretary of the Department of Health and Human Services (the Secretary) to establish a demonstration project under which payments to Medicare+Choice organizations in designated areas are determined in accordance with a competitive pricing methodology. The BBA requires the Secretary to appoint an Area Advisory Committee (AAC) in the designated area to advise on implementation of the project, including the marketing and pricing of the plan and other factors. AAC meetings are open to the public.

DATES: The revised schedule for meetings is May 18 and 19, 1999, from 8:30 a.m. until 5 p.m., m.s.t., and June 7 and 8, 1999, from 8:30 a.m. until 5 p.m., m.s.t.

ADDRESSES: The meetings on May 18 and 19, 1999, and June 7 and 8, 1999, will be held at the YWCA of the USA, Leadership Development Conference Center, 9440 North 25th Avenue, Phoenix, AZ 85021, (602) 944-0569.

FOR FURTHER INFORMATION CONTACT: Elizabeth C. Abbott, Regional Administrator, Health Care Financing Administration, 75 Hawthorne Street, 4th Floor, San Francisco, CA 94105, (415) 744-3501.

SUPPLEMENTARY INFORMATION: Section 4011 of the Balanced Budget Act of 1997 (BBA) requires the Secretary of the Department of Health and Human Services (the Secretary) to establish a demonstration project under which payments to Medicare+Choice organizations in designated areas are determined in accordance with a competitive pricing methodology.

Section 4012(a) of the BBA requires the Secretary to appoint a Competitive Pricing Advisory Committee to make recommendations concerning the

designation of areas for the project and appropriate research designs for implementation. Once an area is designated as a demonstration site, section 4012(b) of the BBA requires the Secretary to appoint an Area Advisory Committee (AAC) to advise on the marketing and pricing of the plan in the area and other factors.

This notice announces the revised schedule of meetings of the Maricopa County AAC. We originally published a schedule of the Maricopa County AAC meetings in the March 11, 1999, issue of the **Federal Register**, at 64 FR 12173. This notice adds one day to the third AAC meeting and adds a fourth meeting. The second day of both meetings (May 19 and June 8) may be subject to cancellation.

The Maricopa County AAC will meet for the purpose of advising the Secretary on how the project will be implemented. The AAC is composed of representatives of health plans, providers, employers, and Medicare beneficiaries in the area. The AAC is composed of representatives of health plans, providers, employers, and Medicare beneficiaries in the area. The Maricopa County AAC members are: Joseph Anderson, Schaller Anderson Inc.; Rick Badger, Pacificare of Arizona; Reginald Ballantyne III, PMH Health Resources, Inc.; Donna Buelow, Arizona State Retirement System; Charles Cohen, Arizona Department of Insurance; John Hensing, M.D., Samaritan Health Systems; Mary Lynn Kasunic, Area Agency on Aging; Anne Lindeman, Governor's Advisory Council on Aging; Ben Lopez, Honeywell Corp.; Thomas Marreel, William M. Mercer Associates; Anthony Mitten, Maricopa County Medical Society; Edward Munno, Jr., Intergroup of Arizona; Susan Navran, Blue Cross Blue Shield of Arizona; Erik Olsen, D.D.S., American Association of Retired Persons; Leland Peterson, Sun Health Corp.; Donna Redford, Arizona Bridge to Independent Living; Herb Rigberg, M.D., Health Services Advisory Group; Martha Taylor, Arizona SHIP; Clyde Wright, M.D., Cigna of Arizona; Arthur Pelberg, M.D., Schaller Anderson Inc.; Joseph Hanss, M.D., physician; and Phyllis Biedess, Director, AHCCCS. In accordance with section 4012(b) of the BBA, the AAC will exist for the duration of the project in the area, expected to be 5 years from the January 1, 2000, start date.

The Maricopa County AAC held its first two meetings on March 31, 1999, and April 20, 1999.

The third meeting will be extended for a second day. The third meeting will now take place on May 18 and 19, 1999.

However, the second day of the meeting (May 19) is subject to cancellation. The agenda will include a detailed discussion of a standard benefit package, a detailed discussion and possible decision on the government contribution, and any other issues outstanding.

A fourth meeting of the Maricopa County AAC will take place on June 7 and 8, 1999. However, the second day of the meeting (June 8) is subject to cancellation. This meeting will summarize the decisions made in earlier meetings, decide on the standard benefit package, and continue the discussions and make final decisions on any outstanding issues from the previous meetings.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues mentioned in the three preceding paragraphs should contact the San Francisco Regional Administrator by 12 noon for each of the following days:

May 7, 1999, for the third meeting.
May 27, 1999, for the fourth meeting.

Anyone who is not scheduled to speak may submit written comments to the San Francisco Regional Administrator by:

May 11, 1999, for the third meeting.
May 28, 1999, for the fourth meeting.
These meetings are open to the public, but attendance is limited to space available.

Authority: Section 4012 of the Balanced Budget Act of 1997, Pub. L. 105-33 (42 U.S.C. 1395w-23 note) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App.2, Section 10(a)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 28, 1999.

Nancy-Ann Min DeParle,
Administrator, Health Care Financing Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources And Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1891.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the

use of automated collection techniques or other forms of information technology.

Proposed Project: Uncompensated Services Reporting and Recordkeeping—42 CFR 124, Subpart F (OMB No. 0915-0077): Revision

Titles VI and XVI of the Public Health Service Act, commonly known as the Hill-Burton Act, provide for government grants and loans for construction or renovation of health care facilities. As a condition of receiving this construction assistance, facilities are required to provide a "reasonable volume" of services to persons unable to pay. Facilities are also required to provide assurances periodically that the required level of uncompensated care is being provided, and to follow certain notification and recordkeeping procedures. These requirements are referred to as the uncompensated services assurance.

The regulations contain provisions for reporting to the government the amount of free care provided, as well as provisions for following certain notification and recordkeeping procedures. All of these regulations are included in this clearance request. The Uncompensated Services Assurance Report (USAR) (HRSA form 710) is one of the methods of reporting the amount of free care provided. There are no changes to the USAR form. There will be a significant reduction in the burden from the previous request for OMB approval since many facilities have met their obligations over the last 3 years. In addition, now that most now facilities are having a substantial compliance review done annually, very few facilities need to submit the USAR form. Burden estimates are as follows:

Requirement	Number of respondents	Responses per respondent	Total responses	Burden per response	Total burden hours
Disclosure requirements (42 CFR):					
Published Notices (124.504 (a))	389	1	389	.75	292
Individual Notices (124.504 (c))	389	1	389	43.6	16,960
Determinations of Eligibility (124.507)	389	396	154,044	.75	115,533
Reporting Requirements Form 710:					
USAR (124.509 (a))	10	1	10	11	110
Complaint Information 124.511 (a):					
Individuals	10	1	10	.25	3
Facilities	10	1	10	.5	5
Application for Compliance Alternative for Public Facilities (124.513 (c))	4	1	4	6	24
Annual Certification for Public Facilities (124.509 (b))	195	1	195	.5	98
Application for Compliance Alternative for Small Obligation Facilities (124.514(c))	0	0	0	0	0
Annual Certification for Small Obligation Facilities (124.509(c))	1	1	1	.5	1
Application for Compliance Alternative for Charitable Facilities (124.516(c))	2	1	2	6	12