DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research; Contract Review Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), announcement is made of an Agency for Health Care Policy and Research (AHCPR) Technical Review Committee (TRC) meeting. This TRC's charge is to provide review of contract proposals and recommendations to the Administrator, AHCPR, on the technical merit of proposals submitted in response to a Request for Proposals (RFPs) on ''Technical, Analytical and Logistical Support Services for the Office of Research Review, Education and Policy''. The RFP was published in the Commerce Business Daily on May 11, 1999.

The upcoming TRC meeting will be closed to the public in accordance with the Federal Advisory Committee Act (FACA), section 10(d) of 5 U.S.C., Appendix 2, implementing regulations, 41 CFR 101–6.1023, and procurement regulations, 48 CFR section 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free exchange of candid views, and under the procurement rules that protects the contract proposal evaluation process.

Name of TRC: The Agency for Health Care Policy and Research—''Technical, Analytical and Logistical Support Services for the Office of Research Review, Education and Policy.''

Date: August 19–20, 1999 (Closed to the public).

Place: Agency for Health Care Policy and Research, Conference Center, Conference Room B, 6010 Executive Boulevard, 4th Floor, Rockville, Maryland 20852.

Contact Person: Anyone wishing to obtain information regarding this meeting should contact Bonnie Campbell, Office of Research Review, Education and Policy, Agency for Health Care Policy and Research, 2101 Executive Boulevard, Suite 400, Rockville, Maryland, 20852, 301–594–1846.

This notice is being published less than 15 days prior to the August 19–20 meeting due to the timing limitations imposed by the review and funding cycle.

Dated: August 3, 1999.

John M. Eisenberg,

Administrator.

[FR Doc. 99–20428 Filed 8–6–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–25]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Antimalarial Drugs—New—The Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), is proposing a survey of pharmacy directors of inpatient health facilities to gain information about the availability of antimalarial medications in their pharmacies. In recent years, CDC has received increasing numbers of reports from health care providers and patients who have been unable to obtain, or experienced delays in obtaining, antimalarial drugs which were needed for patients in the United States who have been diagnosed with malaria. In the case of injectable quinidine gluconate, which is the treatment of choice for severe malaria, these delays in initiating appropriate therapy have been life threatening. The reasons for these shortages have varied from problems in drug supply and distribution from the manufacturer to decisions made by pharmacies to no longer stock the drugs. The American Society of Health System Pharmacists (ASHP) will provide CDC with a list of approximately 7,400 pharmacy directors of inpatient institutions in the U.S. Those listed will be surveyed through a mailed questionnaire. Participation in completing the proposed questionnaire will be voluntary. Information collected will include the pharmacy name and location, name of the pharmacy director, number of inpatient beds in the health facility, a list of antimalarial medications currently on formulary and in stock, the procedure and anticipated delay in obtaining injectable quinidine if needed and not currently in stock, and, if quinidine is no longer on formulary, the date it was taken off. Such information is essential for CDC to determine the potential need for and various options to improve the availability of critical antimalarial drugs in the United States. The total estimated cost to respondents is 0.

Form	Number of respondents	Number of responses per respondent	Average burden per respondent (in hrs.)	Response burden (total hrs. in study)
Questionnaire	7,400	1	0.16	1184

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–20381 Filed 8–6–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–16–99]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. National Surveillance of Dialysis-Associated Diseases (0920–0009)—Reinstatement—National Center for Infectious Diseases (NCID). The Hospital Infectious Program, NCID is proposing renewal of a yearly mail survey of dialysis practices and dialysis-associated diseases at U.S. outpatient hemodialysis centers. The rehabilitation of individuals in the United States who suffer from chronic renal failure has been identified as an important national priority; and since 1973, chronic hemodialysis patients have been provided financial support by the Federal Government. The Hospital Infections Program and the Hepatitis Branch, Division of Viral and Rickettsial Diseases, Centers for Disease Control and Prevention, have responsibility for formulating strategies for the control of hepatitis, bacteremia, pyrogenic reactions, and other hemodialysis-associated disease.

In order to devise such control measures, it is necessary to determine the extent to which the incidence of these dialysis-associated diseases changes over time. This request is to continue surveillance activities among chronic hemodialysis centers nationwide. In addition, once control measures are recommended it is essential that such measures be monitored to determine their effectiveness. The survey is conducted once a year by mailing it to all chronic hemodialysis centers licensed by the Health Care Financing Administration (HCFA). Dialysis practices surveyed include the use of hepatitis B vaccine in patients and staff members, whether isolation rooms are used to treat hepatitis B surface antigen-positive patients, the types of vascular access and dialyzers used, whether certain dialysis items are disinfected for reuse, and whether the dialysis center has any policy for insuring judicious use of antimicrobial agents. Among dialysis-associated diseases, the survey includes hepatitis B virus infection, antibody to hepatitis C virus, antibody to human immunodeficiency virus, pyrogenic reactions, and vancomycin-resistant enterococci. The total annual burden hours are 3200.

Respondents	Number of respondents	Number of responses/respondent	Avg. Burden/response (in hrs.)
Chronic Hemodialysis Centers	3,200	1	1

Dated: August 3, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–20380 Filed 8–6–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99N–0185]

Agency Information Collection Activities: Proposed Collection; Comment Request; Cosmetic Product Voluntary Reporting Program

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the Cosmetic Product Voluntary Reporting Program.

DATES: Submit written comments on the collection of information by October 8, 1999.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of a collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of