

extended through the year 2002 by the Food and Drug Administration Modernization Act of 1997. The amended and extended PDUFA is referred to as PDUFA II. PDUFA II authorizes appropriations and fees that will provide FDA with resources to sustain the drug review staff developed through FY 1997 and to achieve the even more stringent new goals.

The revised plan begins with a statement of purpose, provides background information on PDUFA and a summary of the new goals, and discusses the 10 major assumptions on which the revised plan is based and how those assumptions have changed since the original plan was issued last year. Included is the assumption that this revised plan is dynamic, and it will be reassessed each FY through 2002. This is the first revision of the plan since it was initially published last year. The individual plans of agency components with major PDUFA responsibilities are summarized, followed by a summary of associated expenditures and an agency summary. Attachments include: Estimates of PDUFA fees and revenues, the **Federal Register** notice of December 22, 1998, establishing prescription drug user fee rates for FY 1999, and the revised "PDUFA II Information Management Five-Year Plan."

In FDA's continuing efforts to maximize the availability and clarity of information about the agency's review processes and plans, FDA is sharing this revised plan with all who have an interest, and the agency is making it available on the Internet. The agency welcomes comments, and it will consider them in the future as annual adjustments are made to the plan.

Interested persons may submit written comments on the revised plan to the Dockets Management Branch (address above). Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The revised plan and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

Dated: August 20, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.
[FR Doc. 99-22311 Filed 8-26-99; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-295]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

We are, however, requesting an emergency review of the Information collections referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed prior to the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. The Agency cannot reasonably comply with the normal clearance procedures because public harm is likely to result due to the possibility of Medicare beneficiaries receiving incomplete information. This information is needed to help beneficiaries have and make informed choices about health plans. Research conducted with Medicare beneficiaries in the course of this disenrollment survey development, confirms that beneficiaries want to know the reasons behind the disenrollment rates when selecting a plan and could not make much sense of the rates alone. The reasons for the disenrollments can only be supplied by this survey. In addition,

the Balanced Budget Act (BBA) of 1997, requires the calculation and presentation of "(I) disenrollment rates for Medicare enrollees electing to receive benefits through the plan for the previous 2 years (excluding disenrollment due to death or moving outside the plan's service area)"; and "(ii) information on Medicare enrollee satisfaction." Under the BBA, HCFA is required to provide a wealth of general and plan comparative information to beneficiaries that will help them make more informed health plan choices. This survey will do that.

HCFA is requesting OMB review and approval of this collection by September 27, 1999, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by September 23, 1999. During this 180-day period, we will publish a separate Federal Register notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

Type of Information Collection

Request: New Collection;

Title of Information Collection:

Medicare CAHPS Disenrollment Survey;
Form No.: HCFA-R-295 (OMB# 0938-NEW);

Use: This survey will be used to collect information from Medicare beneficiaries who have disenrolled from their health plans during the past year. The purpose of this information is to obtain their ratings of their former plans and the reasons why they left. The survey results will be reported to all beneficiaries in print and on the Internet for the purpose of informed choices.;

Frequency: Annually;

Affected Public: Individuals or Households;

Number of Respondents: 90,000;

Total Annual Responses: 72,000;

Total Annual Hours: 23,760.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of Information requirements. However, as noted above, comments on these Information collection and recordkeeping requirements must be

mailed and/or faxed to the designees referenced below, by September 23, 1999:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,
Division of HCFA Enterprise
Standards Attention: Dawn
Willinghan, Room N2-14-26, 7500
Security Boulevard, Baltimore,
Maryland 21244-1850

And

Office of Information and Regulatory
Affairs, Office of Management and
Budget, Room 10235, New Executive
Office Building, Washington, DC
20503, Fax Number: (202) 395-6974
or (202) 395-5167, Attn: Allison
Herron Eydt, HCFA Desk Officer.

Dated: August 19, 1999.

John P. Burke III,

*HCFA Reports Clearance Officer, HCFA Office
of Information Services, Security and
Standards Group, Division of HCFA
Enterprise Standards.*

[FR Doc. 99-22266 Filed 8-26-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-1077-N]

Medicare Program; September 23, 1999, Meeting of the Competitive Pricing Demonstration Area Advisory Committee, Maricopa County

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

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Competitive Pricing Demonstration Area Advisory Committee (AAC), Maricopa County, Arizona on September 23, 1999.

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 AAC in each designated demonstration area to advise on implementation of the project, including the marketing and pricing of the plan and other factors. The AAC meetings are open to the public.

DATES: The meeting is scheduled for September 23, 1999, from 9:00 a.m. until 5:30 p.m., m.s.t.

ADDRESSES: The meeting 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:

Joseph Tilghman, Acting 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 (the CPAC) to make recommendations to the Secretary concerning the designation of areas for inclusion in the project and appropriate research designs for implementing the project. 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. Thus far, the Kansas City, MO Metropolitan Area and Maricopa County, AZ have been designated as demonstration sites.

The Maricopa County AAC has previously met on March 31, 1999, April 20, 1999, May 18 and 19, 1999, June 7 and 8, 1999, June 30, 1999, and July 1, 1999. The Maricopa County AAC is composed of representatives of health plans, providers, employers, and Medicare beneficiaries in the area. The 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; 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.

This notice announces the September 23, 1999, meeting of the Maricopa County AAC. This meeting will be held from 9:00 a.m. until 5:30 p.m., m.s.t. at the YWCA of the USA, Leadership Development Conference Center in Phoenix, AZ.

The agenda for the September 23, 1999, meeting will include the following:

- A discussion of the timeline for implementation of the competitive pricing demonstration.
- A finalization of the benefit package for plan bidding, which will include a report on the results of the local public testing of the proposed basic benefit package.
- Reports from the AAC subcommittees.
- Results of the town hall meeting.
- Any outstanding issues.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact the San Francisco Acting Regional Administrator, by 12 noon, September 16, 1999. Anyone who is not scheduled to speak may submit written comments to the San Francisco Acting Regional Administrator, by COB, September 20, 1999.

These meetings are open to the public, but attendance is limited to space available.

Authority: Section 4012 of the Balanced Budget Act of 1997, Public Law 105-33 (42 U.S.C. 1395w-23 note) and section 10(a) of Public Law 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: August 20, 1999.

Michael M. Hash,

Deputy Administrator, Health Care Financing Administration.

[FR Doc. 99-22302 Filed 8-26-99; 8:45 am]

BILLING CODE 4120-01-P