before the committee. Written submissions may be made to the contact person by September 5, 1997. Oral presentations from the public will be scheduled between approximately 12:30 p.m. and 1:30 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before September 5, 1997, 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 deliberations: On September 19, 1997, from 9:30 a.m. to 10 a.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information (5 U.S.C. 552b(c)(4)). FDA staff will present to the committee confidential information regarding pending or future submissions.

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

Dated: August 22, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97–23020 Filed 8–28–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[OPL–016–N]

Medicare Program; September 22, 1997, Meeting of the Practicing Physicians Advisory Council

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 Practicing Physicians Advisory Council. This meeting is open to the public.

DATES: The meeting is scheduled for September 22, 1997, from 9:00 a.m. until 5:00 p.m. e.d.t.

ADDRESSES: The meeting will be held in Room 800, 8th Floor, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Jeffrey Kang, M.D., Executive Director, Practicing Physicians Advisory Council, Room 435–H, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, DC 20201, (202) 690–7874.

SUPPLEMENTARY INFORMATION: The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians.

The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Health Care Financing Administration not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare or Medicaid in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members must be doctors of medicine or osteopathy authorized to practice medicine and surgery by the States in which they practice. Members have been invited to serve for overlapping 4-year terms. In accordance with section 14 of the Federal Advisory Committee Act, terms of more than 2 years are contingent upon the renewal of the Council by appropriate action before the end of the 2-year term.

The Council held its first meeting on May 11, 1992.

The current members are: Richard Bronfman, D.P.M.; Wayne R. Carlsen, D.O.; Gary C. Dennis, M.D.; Catalina E. Garcia, M.D.; Mary T. Herald, M.D.; Ardis Hoven, M.D.; Sandral Hullett, M.D.; Jerilynn S. Kaibel, D.C.; Marie G. Kuffner, M.D.; Marc Lowe, M.D.; Katherine L. Markette, M.D.; Derrick L. Latos, M.D.; Susan Schooley, M.D.; Maisie Tam, M.D.; and Kenneth M. Viste, Jr., M.D. The chairperson is Kenneth M. Viste, Jr., M.D.

Council members will receive an update on the Balanced Budget Act of 1997 as it relates to Medicare and Medicaid. The agenda will provide for discussion and comment on the following topic: the Office of the Inspector General's Chief Financial Officer's Audit of the Health Care Financing Administration for Fiscal Year 1996.

Individuals or organizations who wish to make 5-minute oral presentations on the agenda issue should contact the Executive Director by 12:00 noon, September 11, 1997, to be scheduled. The number of oral presentations may be limited by the time available. A written copy of the oral remarks should be submitted to the Executive Director no later than 12:00 noon, September 15, 1997. Anyone who is not scheduled to speak may submit written comments to the Executive Director by 12:00 noon, September 17, 1997. The meeting is open to the public, but attendance is limited to the space available.

(Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92–463 (5 U.S.C. App. 2, section 10(a)); 45 CFR Part 11)

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

Dated: August 22, 1997.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 97–23090 Filed 8–28–97; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Rebate Option

AGENCY: Health Resources and Services Administration.

ACTION: Notice.

SUMMARY: Section 602 of Pub. L. 102–585, the ''Veterans Health Care Act of 1992,'' enacted section 340B of the Public Health Service (PHS) Act, ''Limitation on Prices of Drugs Purchased by Covered Entities.'' Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible entities must sign a pharmaceutical pricing agreement with the Secretary of HHS in which the manufacturer agrees to charge a price for covered outpatient drugs that will not exceed that amount determined under a statutory formula.

The purpose of this notice is to request comments on the proposal of a rebate option for State AIDS Drug Assistance Programs (ADAPs) receiving funds under Title XXVI of the PHS Act.

DATES: The public is invited to submit comments on the proposed rebate

process by September 29, 1997. After consideration of comments submitted, the Secretary will issue the final guideline.

ADDRESSES: Comments should be submitted to: Annette Byrne, R. Ph., M.S., Director, Office of Drug Pricing, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Bethesda, MD 20814, Phone (301) 594–4353; FAX (301) 594–4982.

FOR FURTHER INFORMATION CONTACT: Robert Staley, R. Ph., Senior Program Manager, Office of Drug Pricing, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Bethesda, MD 20814, Phone (301) 594–4353; Fax (301) 594–4982.

SUPPLEMENTARY INFORMATION: Section 340B requires manufacturers, as a condition for the receipt of Medicaid matching funds with respect to their covered outpatient drugs, to charge participating entities no more than a ceiling price for such drugs. This price is determined by reducing the average manufacturer price of the drug by a rebate percentage. Entities eligible to access section 340B pricing (covered entities) include certain PHS grantees (e.g., federally-qualified health centers, certain family planning projects, AIDS assistance programs, black lung clinics, hemophilia treatment centers, Native Hawaiian health centers, and centers that treat sexually-transmitted disease and/or tuberculosis) and certain disproportionate share hospitals.

Section 340B has no explicit language as to whether the required reduction in price should be obtained by an initial reduction in the purchase price (i.e., a discount mechanism) or received as a required reduction in cost rebated after purchase, dispensing, and payment are completed (i.e., a rebate option). Section 340B(a)(1) of the PHS Act provides that the amount to be paid to the manufacturers for covered drugs takes ''into account any rebate or discount, as provided by the Secretary. * * *'' Further, section 340B does not specify whether entities should receive the section 340B pricing ''through a point of purchase discount, through a manufacturer rebate, or through some other mechanism. A mechanism that is appropriate to one type of ''covered entity,'' such as community health centers, may not be appropriate to another type, such as State AIDS drug assistance programs * * * [T]he Secretary of HHS * * * will use the mechanism that is the most effective and most efficient. * * *'' H.R. Rep. No 102–384, 102d Cong., 2d Sess., pt. 2, at 16 (1992).

Initially, HRSA guidance for the section 340B program described only a discount process. Covered entities generally preferred a discount system, because they could negotiate lower prices and needed less initial outlay of drug purchasing money.

Although the discount system is functioning successfully for most covered entities, most ADAPs have drug purchasing systems that have prevented their participation in the section 340B discount program. The use of a rebate option (in addition to the discount mechanism) should allow these groups to access section 340B pricing.

The HRSA recognizes rebates obtained by the State ADAPs that equal or exceed the discount provided by the statutory ceiling price as a method of accessing the 340B program. State ADAPs wishing technical assistance in developing a rebate program should contact HRSA's Office of Drug Pricing at (301) 594–4353 or (800) 628–6297.

Section 340B(a)(5)(A) of the PHS Act reflects Congressional recognition that there is a potential for drugs purchased by a covered entity at the 340B discount price to be subject to a Medicaid rebate, if the drug is reimbursed by the Medicaid program. State ADAPs need to be aware that regardless of whether a discount mechanism or a rebate option is chosen to access 340B pricing, the standards preventing duplicate discounts on drugs still apply. Guidance regarding billing State Medicaid Agencies at actual acquisition cost plus a dispensing fee established by the State Medicaid agency, and the prevention of duplicate discounts, was first published in the **Federal Register** on May 7, 1993 (58 FR 27293) entitled ''Duplicate Discounts and Rebates on Drug Purchases.'' Further guidance was published in the **Federal Register** on December 29, 1993 (58 FR 68922). State ADAPs may find it necessary to work with State Medicaid Agencies to adapt these guidelines to meet the unique circumstances of each individual State, such as provisions permitting retroactive reimbursement of drug purchases while Medicaid eligibility was pending. This will assure that the discount to the covered entity will be passed on to the State Medicaid Agency.

The HRSA is sensitive to concerns about diversion of covered drugs to individuals who are not patients of the covered entities. Guidelines have been issued to minimize this potential, and manufacturers have available to them specified remedies if they believe diversion has occurred. The HRSA believes that these guidelines and remedies will apply fully to drugs purchased under a rebate option and that instituting rebates will not increase the potential for diversion.

Dated: August 22, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97–23019 Filed 8–28–97; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4235–N–18]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, room 7256, Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708–1226; TDD number for the hearing- and speech-impaired (202) 708–2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with 24 CFR part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This notice is also published in order to comply with the December 12, 1988 Court Order in *National Coalition for the Homeless* v. *Veterans Administration,* No. 88–2503–OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies, and each agency has transmitted to