F. International Tolerances

There are no Codex maximum residue levels (MRL) established for residues of lambda-cyhalothrin in or on avocados; cereal grain crop group: grain, forage, hay, straw, aspirated grain dust, bran, flour; fruiting vegetable crop group; peas and beans - edible podded crop subgroup; peas and beans - succulent shelled crop subgroup; peas and or beans - dried shelled subgroup. (Beth Edwards)

[FR Doc. 97–26536 Filed 10–7–97; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[PP 5E4597; FRL–5746–7]

Milliken & Company; Correction of Pesticide Petition

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of correction.

SUMMARY: This notice corrects and extends the comment period of pesticide petition (PP) 5E4597, submitted by Milliken & Company proposing to establish an exemption from the requirement of a tolerance for Poly(ethylene glycol) modified FD&C Blue No. 1, Methyl Poly(ethylene glycol) modified FD&C Blue No. 1, and Poly(ethylene glycol) modified Methyl Violet 2B. Pesticide petition 5E4597, was published in the **Federal Register** on August 29, 1997 (62 FR 45804). EPA is extending the comment period to allow additional time for comment.

DATES: The comment period is extended to October 29, 1997.

FOR FURTHER INFORMATION CONTACT: By mail: Amelia Acierto, Registration Division, (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location and telephone number: 4th Floor, CS #1, 2800 Crystal Drive, Arlington, VA (703)–308–8377; e-mail: ascierto.amelia@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA issued a Notice of Filing in the **Federal Register** of August 29, 1997 (62 FR 45804) (PF–758; FRL–5738–2) for pesticide petitions (PP) 3E4246, 7F4845, and 5E4597. This notice corrects PP 5E4597.

In FR Doc. 97-23097, in the issue for August 29, 1997, on page 45808, in the third column, in the first paragraph under PP 5E4597, the phrase ''not to exceed 0.6 parts per billion (ppb),'' should be corrected to read ''not to exceed 1 to 5% of the final formulation.''

List of subjects

Environmental protection, Administrative practice and procedure, Agricultural commodities, Pesticides and pests, Reporting and recordkeeping requirements.

Authority: 7 U.S.C. 136a.

Dated: September 25, 1997.

James Jones,

Acting Director, Registration Division, Office of Pesticide Programs.

[FR Doc. 97–26534; Filed 10–7–97; 8:45 am]

BILLING CODE 6560–50–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Publication of Recommendations Relating to HIPA A Health Data Standards

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Section 1172 (f), Subtitle F of Pub. L. 104–191, the Health Insurance Portability and Accountability Act of 1996, requires the Secretary of Health and Human Services to publish in the Federal Register any recommendation of the National Committee on Vital and Health Statistics (NCVHS) regarding the adoption of a data standard under that law. On September 9, the NCVHS submitted recommendations to the Secretary relating to the unique identifier for payers, the unique identifier for individuals, and security standards. Accordingly, the full text of the NCVHS recommendations relating to HIPAA data standards is reproduced below. The text of the recommendations is also available on the NCVHS website: http//aspe.os.dhhs.gov/ncvhs/.

SUPPLEMENTARY INFORMATION: Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 HIPAA), the Secretary of Health and Human Services is required to adopt standards for specified administrative health care transactions to enable information to be exchanged electronically. The law requires that, within 24 months of adoption, all health plans, health care clearinghouses and health care providers who choose to conduct these transactions electronically must comply with these standads. Further, the law requires the Secretary to submit to Congress detailed recommendations on standards with respect to the privacy of individually identifiable health information. In preparing these reports and recommendations, the Secretary is required to consult with the NCHVHS, the statutory public advisory body to HHS on health data, privacy and health information policy. On September 9, the Committee submitted recommendations to the Secretary relating to the unique identifier for payers, the unique identifier for individuals, and security standards.

Accordingly, the full text of the NCVHS recommendations relating to HIPAA data standards is reproduced below.

Recommendations Relating to the National PAYERID

September 9, 1997.

The Honorable Donna E. Shalala,
Secretary, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201

Dear Secretary Shalala: On behalf of the National Committee on Vital and Health Statistics (NCVHS), I am pleased to forward to you our recommendations relating to another of the health data standards being proposed for adoption in accordance with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NCVHS is very pleased to provide support, advice and consultation to you in this effort.

The NCVHS has been briefed on the proposal for the national standard for identifiers for health plans or PAYERID, and we offer our strong support. The proposal includes a nine digit numeric identifier that would be assigned to all health plans. The identifier includes a check digit and contains no embedded intelligence. We recommend that HHS proceed to publish the proposal for public comment without delay. In the interests of operational efficiency and simplification, we suggest that the Department also leave open the option of moving to an alphanumeric identifier in the future. While public comments are likely to on the technical details of the number and the optimal approach to enumeration, we have found broad support for the proposal in general and urge you to proceed.

The Committee did identify one concern that we bring to your attention. The PAYERID, as proposed, replaces the plan ID and sub ID used in current transactions. The sub ID is currently used for electronic routing, and concern has been expressed that this function will be lost. We recommend that this functionality be addressed before the final rule is issued.

We appreciate you national leadership in health data standards, electronic data interchange and privacy, and we are privileged to work with you on these issues.

Sincerely,

Don E. Detmer, M.D.,

Chair.

Recommendations Relating to the Unique Health Identifier for Individuals

September 9, 1997.

The Honorable Donna E. Shalala,
Secretary of Health and Human Services, Washington, D.C. 20201

Dear Secretary Shalala: The National Committee on Vital and Health Statistics (NCVHS) is responding to the requirement of Congress to set a standard for a unique health identifier for each individual for use in the health care system. While the NCVHS continues to support the concept of a unique health identifier for individuals, we believe it would be unwise and premature to proceed to select and implement such an identifier in the absence of legislation to assure the confidentiality of individually identifiable health information and to preserve an individual's right to privacy.

The selection of a unique health identifier for individuals will become the focus of tremendous public attention and interest, far beyond that afforded to other health privacy decisions. No choice should be made without considerably more public notice, hearings, and comment.

Until a new federal law adequately protects the privacy of identifiable health information, it is not possible to make a sufficiently informed choice about an identification number or procedure. The degree of formal legal protection for personal health information will have a major influence on both the decision and public acceptance of that decision. Passage of a comprehensive health privacy law may make the choice of an identifier easier and less threatening to privacy.

A unique health identifier for individuals cannot be properly protected from misuse under current law. The Committee reaches this conclusion notwithstanding the enactment of criminal penalties for wrongful disclosure as part of the Health Insurance Portability and Accountability Act of 1996. Additional legislation may be required to authorize the use of some alternatives or to provide adequate restrictions for other alternatives.

We recommend alternative methods of identifying individuals and linking health information of individuals for health purposes be evaluated on the basis of the American Society for Testing and Materials (ASTM) criteria coupled with a cost-benefit evaluation and public comment. The committee intends to continue to receive public comment on this issue and will revisit this issue at our November meeting.

We appreciate you national leadership in health data standards, electronic data interchange and privacy, and we are privileged to work with you on these issues.

Sincerely,

Don E. Detmer, M.D.,

Chair.

Recommendations for Security Standards

September 9, 1997.

The Honorable Donna Shalala,
Secretary, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201.

Dear Madam Secretary: The National Committee on Vital and Health Statistics is pleased to provide recommendations on the adoption of security standards as mandated by the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191).

The Subcommittee on Health Data Needs, Standards and Security held a hearing on August 5 and 6 to receive testimony from a wide range of industry representatives on issues regarding security. Twenty-five individuals representing professional associations, providers, managed care organizations, vendors, consultants and standards development organizations provide input. A copy of the witnesses is attached to this letter.

Where there was consensus among the witnesses regarding the need for security standards, testimony highlighted the evolutionary development of information security in the health care industry. Currently, there are poor practices in the handling of paper-based health information and the move towards electronic storage and transmission heightens concerns. Health care organizations have been slow to adopt strong security practices due largely to lack of strong management and organizational incentives. Additionally, the lack of national privacy legislation or regulation to ensure confidentiality of health information creates additional tensions.

Based on the testimony received and discussion at the Committee meeting on September 8 and 9, the NCVHS has developed a series of principles and recommendations for your consideration. Since the standards in this area are not fully mature and have not been extensively implemented by the health care industry, we are not recommending adoption of specific standards.

The Committee believes that any standard that is adopted must be technology neutral and should promote interoperability among information system. There are a number of factors that must be considered in this area; the cost of implementing specific solutions and the need for scalability on the size of the health care entity.

In order for health information systems to be secure, there must be:

- Individual authentication of users

Every individual in an organization should have a unique identifier for use in logging onto the organization's information systems and each organization should have policies and procedures in place to enforce the appropriate use and maintenance of access methods.

- access controls

Procedures should be in place that restricts users' access to only that information for which they have a legitimate need. Individual organizations will have to determine the appropriate approach that will work within their organization and balance the interests between access and privacy.

- monitoring of access

Organizations should develop audit trails and mechanisms to review access to information systems to identify authorized users who misuse their privileges and perform unauthorized actions and detect attempts by intruders to access systems.

- physical security and disaster recovery

Organizations should immediately take steps to limit unauthorized physical access to computer systems, displays, networks and medical records. Disaster recovery plans should include procedures for providing basic system functions and ensuring access to health information in the event of a natural disaster or computer failure.

- protection of remote access points

Organizations must protect their information systems from intruders who try to access their systems through external communication points such as the Internet or dial-in telephone lines.

- protection of external electronic communications

Organizations need to protect sensitive communication that is transmitted electronically over open networks so that it cannot be easily intercepted and interpreted by parties other than the intended recipient.

- software discipline

Organizational procedures and educational programs should be implemented to protect against viruses, Trojan horses and other forms of malicious software and to raise users' awareness of the problem.

- system assessment

Organizations should formally assess the security and vulnerabilities of their information systems on an ongoing basis.

- monitoring of integrity of data

The integrity of health information is critical to providing quality care to patients. Organizations must implement a process to ensure that information systems do not compromise data integrity.

There are a series of organizational practice that the Committee believes are imperative:

- scalable confidentiality and security policies and procedures
- security/confidentiality committees
- designation of an information security officer in health care organizations
- education and training programs for all employees, medical staff, agents and contractors
- organizational sanctions for violation of policies and procedures
- improved patient authorization forms for disclosure of health information
- patient access to audit logs

Many of these recommendations and practices are based on the National Research Council's report *For the Record: Protecting*

Electronic Health Information. In the short-term, it is recommended that health care organizations institute a risk assessment of their current state of compliance with these organizational and technical practices. As industry experience evolves, the Committee suggests that criteria be developed to evaluate and monitor compliance with these recommendations. Organizations that license or accredit health care organizations should consider incorporating these requirements into their standards.

The Committee plans to continue to monitor industry compliance and the development and maturation of technology and standards. As standards that are fully mature and tested become available, we will review and recommend for adoption.

Thank you for the opportunity to provide assistance.

Sincerely,

Don E. Detmer, M.D.,

Chair.

CONTACT PERSON FOR MORE INFORMATION: Information about the Committee as well as the text of all HIPAA recommendations is available on the NCVHS website or from James Scanlon, NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 440–D, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201, telephone (202) 690–7100, or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 436–7050.

Dated: October 1, 1997.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 97–26659 Filed 10–7–97; 8:45 am]

BILLING CODE 4151–04–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions, and Delegations of Authority

This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as follows: Chapter KD, The Regional Offices of the Administration for Children and Families (62 FR 49243), as last amended, September 19, 1997. This notice reflects the reorganization of Region 8. This Chapter is amended as follows:

After the end of KD7.20 Functions (61 FR 3937, 02/02/96), Paragraph D and before KD9.10 Organization (62 FR 31610, 06/10/97) insert the following:

KD8.10 Organization. The Administration for Children and Families, Region 8, is organized as follows:

Office of the Regional Administrator (KD8A)
Office of Community and Work Programs (KD8B)
Office of State and Youth Programs (KD8C)

KD8.20 Functions. A. The Office of the Regional Administrator is headed by a Regional Administrator who reports to the Assistant Secretary for Children and Families through the Director, Office of Regional Operations. The Office is responsible for the Administration for Children and Families' key national goals and priorities and provides executive leadership and direction to state, county, city, territorial and tribal governments, as well as public and private local grantees to ensure effective and efficient program and financial management. It ensures that these entities conform to federal laws, regulations, policies and procedures governing the programs, and exercises all delegated authorities and responsibilities for oversight of the programs.

The Office takes action to approve state plans and submits recommendations to the Assistant Secretary for Children and Families concerning state plan disapproval, where applicable. The Office contributes to the development of national policy based on perspectives on all ACF programs. It oversees ACF operations and the management of ACF regional staff; coordinates activities across regional programs; and assures that goals and objectives are met and departmental and agency initiatives are carried out. The Office alerts the Assistant Secretary for Children and Families to problems and issues that may have significant regional or national impact. The Office provides executive representation for ACF in regional external communications, and serves as ACF liaison with the HHS Regional Director, other HHS operating divisions, other federal agencies and public or private local organizations representing children and families.

The Executive Officer and Administrative and Program Support staff provide day-to-day support for regional administrative functions, including internal ACF regional budget and financial management, performance management, procurement, property management, internal systems, employee relations, training, media inquires and public affairs activities. This team oversees the management and coordination of internal automated systems in the region, and provides systems management support to all Regional Office components.

The Grants Officer, functioning independently of all program offices, provides program staff with expertise in the technical and other non-programmatic areas of grants administration, and provides appropriate internal control and checks and balances to ensure financial integrity in all phases of the grants process. The Grants Officer and financial staff provide expert grants management technical support to the Office of Community and Work Programs and the Office of State and Youth Programs to resolve complex problems in such areas as cost allocation, accounting principles, audit, deferrals and disallowances. The Grants Officer approves and signs all discretionary grants.

B. The Office of Community and Work Programs is headed by an Assistant Regional Administrator who reports to the Regional Administrator. This office is comprised of two geographic state teams, each headed by a Program Manager. Each geographic team is responsible for both program and fiscal operations for Head Start, Child Care and Temporary Assistance for Needy Families (TANF) within their respective states.

The Office is responsible for providing centralized management, financial management services, and technical administration of ACF discretionary and formula grant programs such as Head Start, Child Care and TANF. The Office provides policy guidance to state, county, city or town and tribal governments and public and private organizations to assure consistent and uniform adherence to federal requirements governing ACF grants. The Office provides technical assistance to entities responsible for administering these programs to ensure that appropriate procedures and practices are adopted, and monitors the programs to ensure their efficiency and effectiveness.

The Office performs systematic fiscal reviews, makes recommendations to the Regional Administrator to approve or disallow costs under ACF discretionary grant programs; and makes recommendations to the Regional Administrator concerning state plan approval or disapproval. The Office issues discretionary grant awards based on a review of project objectives, budget