

The body of the abstract must be organized in the following manner:

- (1) A brief statement of purpose,
- (2) A statement of methods used,
- (3) A statement of results obtained, and
- (4) A statement of conclusions reached.

Each presenter should submit a current curriculum vitae with the abstract.

Interested persons who wish to speak should submit a written notice of participation including a name, affiliation, address, phone number, and summary of remarks. FDA will allocate the time available for the hearing among the persons who properly file notices of their intent to make a presentation at the meeting. If time permits, FDA may allow additional presentations from interested persons attending the meeting who did not submit a written notice of participation to make a presentation.

Dated: October 2, 1997.

**William K. Hubbard,**

*Associate Commissioner for Policy Coordination.*

[FR Doc. 97-26707 Filed 10-8-97; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Vaccine Injury Compensation Program: Excise Tax Revision and Coverage of New Vaccines

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** On August 5, 1997, the President signed Pub. L. 105-32, the "Taxpayer Relief Act of 1997," containing amendments to revise the excise tax structure to a flat rate of 75 cents per dose for each vaccine covered under the National Vaccine Injury Compensation Program (VICP). The amendments also make effective the coverage of three new vaccines under the VICP.

The VICP, established by Subtitle 2 of Title XXI of the Public Health Service Act (the Act), provides a system of no-fault compensation for certain individuals who have been injured by specific childhood vaccines. The Vaccine Injury Table (the Table), included in the Act, establishes presumptions about causation of certain illnesses and conditions which are used by the U.S. Court of Federal Claims to adjudicate petitions. The Act provides that a revision to the Table, based on the

addition of new vaccines under section 2114(e) of the Act, shall take effect upon the effective date of a tax enacted to provide funds for compensation for injuries from vaccines that are added to the Table. See section 13632(a)(3) of the Omnibus Budget Reconciliation Act of 1993, Pub. L. 103-66 enacted August 10, 1993.

**EFFECTIVE DATE:** August 6, 1997.

**FOR FURTHER INFORMATION CONTACT:**

Thomas E. Balbier, Jr., Director, Division of Vaccine Injury Compensation, Bureau of Health Professions, (301) 443-6593.

**SUPPLEMENTARY INFORMATION:** Section 904(a) of the Taxpayer Relief Act of 1997 provides that the excise tax on all covered vaccines is 75 cents per dose and that combinations of vaccines are subject to an excise tax which is the sum of the amounts for each vaccine included in the combination.

On February 20, 1997, a Final rule was published in the **Federal Register** (62 FR 7685) announcing the addition of hepatitis B, Hib, and varicella vaccines to the Table. The Final rule states in § 100.3(c)(2) that the inclusion of hepatitis B, Hib, and varicella vaccines and other new vaccines (Items VIII, IX, X, XI and XII of the Table) will be effective on the effective date of a tax enacted to provide funds for compensation paid with respect to such vaccines.

Section 904(b) of the Taxpayer Relief Act of 1997 provides for an excise tax for these three new vaccines, effective August 6, 1997, and this notice serves as an announcement of such a tax. Accordingly, petitions for compensation for injuries or deaths related to hepatitis B, Hib, and varicella vaccines may now be filed under the VICP. In accordance with section 2116(b) of the Act, for injuries or deaths that occurred before August 6, 1997, for these three vaccines, petitions may be filed no later than August 6, 1999, provided that the injury or death occurred no earlier than August 6, 1989.

A document will be published in the **Federal Register** to amend the CFR to include a date certain (August 6, 1997) in § 100.3(c), so that there will be no uncertainty as to the coverage of these three vaccines.

Dated: October 2, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

[FR Doc. 97-26706 Filed 10-8-97; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Alternate Method of Acquisition for Health Care Services; Authorized by the Federal Acquisition Regulations

**AGENCY:** Indian Health Service, HHS.

**ACTION:** General notice.

**SUMMARY:** The Indian Health Service (IHS) issues this General Notice to inform the public that IHS has adopted the Rate Quotation as an alternate acquisition method to establish reimbursement rates for health care services purchased by its Contract Health Services Program.

**EFFECTIVE DATE:** October 1, 1997.

**FOR FURTHER INFORMATION CONTACT:**

Ronald Freeman, Acting Director, Division of Managed Care, Room 6A-55, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-3024 or Carol Silverman, Acting Director, Division of Acquisition and Grants Management, Suite 450A, 12300 Twinbrook Parkway, Rockville, MD 20857, (301) 443-5774. (These are not toll-free numbers).

**SUPPLEMENTARY INFORMATION:** The IHS Contract Health Services program is administered under regulations at 42 CFR 36.21 et seq. and services purchased are governed by the Federal Acquisition Regulations (FAR). Under this program IHS purchases health care services from hospitals, physicians, and other health care facilities and providers to supplement the IHS direct care delivery system. The IHS last issued a payment policy in 51 FR 23540 on June 30, 1986. This policy requires the IHS Area Offices to enter into formal agreements with providers that they expect to use for health care services. With certain specified exceptions in the IHS Payment Policy, the formal agreement must provide for reimbursement of services at rates which do not exceed prevailing Medicare reimbursement rates (including deductibles and co-insurance), and the IHS service units will make patient referrals and procure all its routine health care services from providers with formal agreements.

The IHS issued a general notice in 56 FR 10566 on March 13, 1991 to inform the public that the IHS was conducting a pilot project in the IHS Portland Area. The project was designed to determine whether an alternative method of acquisition for contract health services would result in greater participation by health care providers and lower costs to IHS. The project was originally scheduled to end on March 31, 1992,

however, the provider response to the project was far greater than the expectation of the IHS. As a result of the response, preferred provider lists needed to be developed as well as the need to develop complex analyses of reimbursement methodologies for facilities, outpatient and professional providers. Therefore, the pilot termination date was extended to March 31, 1993 (57 FR 10671 on March 27, 1992).

The IHS published notification on June 18, 1992 (57 FR 27262) that additional IHS Areas (Alaska, Nashville and Billings) were added to the pilot project to provide more information from a wide geographic area.

The IHS extended the termination dates for this project on March 1, 1993, 58 FR 11864, and again on October 1, 1996, 61 FR 51298, because additional time was required to complete an evaluation of the pilot and provide IHS the necessary time to assess the results. The last termination date was September 30, 1997.

The IHS review and analyses of the pilot project utilizing the rate quotation methodology has been completed. The overall result show that the rate quotation is a streamlined approach for communicating and establishing favorable rates with providers. Therefore, the IHS has adopted the rate quotation as an alternate approach to

contracting for health care services to increase the number of formal agreements IHS has with health care providers.

This policy will apply only to contract health services programs administered by the IHS, and will not apply to services rendered by traditional Indian medicine men and women under Pub. L. 95-341, Joint Resolution on American Indian Religious Freedom.

Dated: October 1, 1997.

**Michael H. Trujillo,**

*Assistant Surgeon General, Director.*

[FR Doc. 97-26711 Filed 10-8-97; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 60-day; Proposed Collection: Application for Participation in the IHS Scholarship Program

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, to provide a 60-day advance opportunity for public comment on proposed data collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection project to be submitted to the Office of

Management and Budget (OMB) for review.

**PROPOSED COLLECTION:** Title: 09-17-0006, "Application for Participation in the IHS Scholarship Program". Type of Information Collection Request: 3-year reinstatement, with change, of previously approved information collection, 09-17-0006, "Application for Participation in the IHS Scholarship Program" which expires 12/31/97. Form Numbers(s): IHS-856, 856-2, through 856-8, IHS-815, IHS-816, IHS-818, D-02, F-02, F-04, G-02, G-04, H-07, H-08, J-06, J-07, K-03, K-04, and L-03. Need and Use of Information Collection: The IHS Scholarship Branch needs this information for program administration and uses the information to solicit, process and award IHS Pregraduate, Preparatory and/or Health Professions Scholarship grantees and monitor the academic performance of awardees, to place awardees at payback sites, and for awardees to request additional program. Affected Public: Individuals, not-for-profit institutions and State, local or Tribal Government. Type of Respondents: Students pursuing health care professions.

Table 1 below provides: Type(s) of Data Collection Instruments, Estimated Number of Respondents, Number of Responses per Respondent, Average Burden Hour per Response, and Total Annual Burden Hour.

TABLE 1

Data collection instrument	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden Hour per response *	Total annual burden hours
Scholarship Application .....	875	1	875	1.50	1,312
Checklist .....	875	1	875	0.13	114
Course Verification .....	875	1	875	0.70	613
Faculty/Employer Application .....	1,750	1	1,750	0.83	1,453
Justification .....	875	1	875	0.75	656
Federal Debt .....	875	1	875	0.13	114
MPH only .....	50	1	50	0.83	42
Accept/Decline .....	875	1	875	0.13	114
Stipend Checks .....	100	1	100	0.13	13
Enrollment .....	1,400	1	1,400	0.13	182
Academic Problem/Change .....	100	1	100	0.13	13
Request Assistance .....	217	1	217	0.13	28
Summer School .....	193	1	193	0.10	19
Contract .....	1,400	1	1,400	0.27	378
Placement .....	250	1	250	0.18	45
Graduation .....	250	1	250	0.17	43
Site Preference .....	150	1	150	0.13	20
Travel Reimb .....	150	1	150	0.10	15
Status Report .....	250	1	250	0.25	63
Preferred Assignment .....	200	1	200	0.75	150
Deferment .....	20	1	20	0.13	3
Total .....	11,730	.....	.....	.....	5,395

\* For ease of understanding, burden hours are also provided in actual minutes.

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.