

Paces Ferry Road, NE., Room 300, Mail Stop E-18, Atlanta, GA 30305, telephone (404) 842-6593, by fax (404) 842-6513, or by the Internet address: gld1@cdc.gov.

Programmatic technical assistance and information about studies cited in this announcement may be obtained from Leah Robin, Ph.D., Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4700 Buford Highway, NE., Mail Stop K-33, Atlanta, GA 30341-3717; telephone (770) 488-3210, or by the Internet address: ler7@cdc.gov.

You may obtain this announcement, and other CDC announcements, from one of two Internet sites on the actual publication date: CDC's homepage at <http://www.cdc.gov> or at the Government Printing Office homepage (including free on-line access to the **Federal Register** at <http://www.access.gpo.gov>).

Please refer to Announcement Number 98085 when requesting information and submitting an application.

Potential applicants may obtain a copy of:

1. "Healthy People 2000" (Full Report, Stock No. 017-001-00474-0), or "Healthy People 2000" (Summary Report, Stock No. 017-001-00473-1), referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

2. "Reaching Out to Youth Out of the Education Mainstream" (NCJ 163920), referenced in the section entitled "Background," through the Office of Juvenile Justice and Delinquency Prevention's Juvenile Justice Clearinghouse, P.O. Box 6000, Rockville, MD 20849-6000; telephone (800) 638-8736; E-mail: aksncirs@ncirs.org.

Dated: June 18, 1998.

**John L. Williams,**

Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention  
(CDC).

#### Attachment 1

##### *Youth in High-Risk Situations*

The following is the Centers for Disease Control and Prevention's definition of youth in high-risk situations. (From CDC, "Report of the Fourth Meeting of the CDC Advisory Committee on the Prevention of HIV Infection," November 7-8, 1990.)

Young people between the ages of 10 and 24 who fit at least one of the following categories are considered at high risk for HIV infection:

1. Homeless youth
2. Runaway youth
3. Youth not in school and unemployed
4. Youth requiring drug or alcohol rehabilitation
5. Youth who interface with the juvenile corrections system
6. Medically indigent youth
7. Youth requiring mental health services
8. Youth in foster homes
9. Migrant farm worker youth
10. Gay or lesbian youth
11. Youth with STDs, especially genital ulcer disease
12. Sexually abused youth
13. Sexually active youth
14. Pregnant youth
15. Youth seeking counseling and testing for HIV infection
16. Youth with signs and symptoms of HIV infection or AIDS without alternative diagnosis
17. Youth who barter or sell sex
18. Youth who use illegal injected drugs (including crack cocaine)

Some characteristics of youth who fit the definition of youth at high risk for HIV infection pose barriers to effective intervention. Those characteristics include:

1. feeling invulnerable to disease;
2. having little adult supervision, whether at home, having run away from home, or having been asked to leave home;
3. a history of emotional, sexual, and/or physical abuse;
4. distrust of adults;
5. serious emotional and personal problems;
6. disenfranchised from institutions that normally provide structure and support; and
7. difficulty filling basic human needs for food, shelter, money, and safety—consequently placing prevention of HIV infection a low priority.

[FR Doc. 98-16766 Filed 6-23-98; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 98D-0376]

#### Guidance on FDA's Expectations of Medical Device Manufacturers Concerning the Year 2000 Date Problem

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of the guidance entitled "Guidance on FDA's Expectations of Medical Device Manufacturers Concerning the Year 2000 Date Problem." The guidance, which is included in this notice, is a Level 1 guidance that is immediately effective in accordance with FDA's good

guidance practices (GGP's) criteria, which allow immediate implementation of guidance that is necessary for public health reasons. FDA will receive comments on the guidance at any time and consider them in determining whether to amend the current guidance. **DATES:** This guidance is effective June 24, 1998. Submit written comments by September 22, 1998. After the close of the comment period, written comments may be submitted at any time to Thomas B. Shope (address below).

**ADDRESSES:** See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance in this notice.

*Submit comments during the comment period to:* Dockets Management Branch (HFA-305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857. Such comments will be considered when determining whether to amend the current guidance. Comments should be identified with the docket number found in brackets in the heading of this document.

*Submit comments at any time after the close of the comment period to:* Thomas B. Shope (address below). Comments may not be acted upon by the agency until the document is next revised or updated.

#### FOR FURTHER INFORMATION CONTACT:

Thomas B. Shope, Center for Devices and Radiological Health (HFZ-140), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301-443-3314, ext. 32.

#### SUPPLEMENTARY INFORMATION:

### I. Background

The guidance entitled "Guidance on FDA's Expectations of Medical Device Manufacturers Concerning the Year 2000 Date Problem" reviews the legal responsibilities of device manufacturers under the Federal Food, Drug, and Cosmetic Act in ensuring the uninterrupted functioning of any medical device that might be impacted by the Year 2000 date problem. It also reviews legislative and regulatory requirements applicable to device manufacturers with regard to correcting potential Year 2000 problems, to indicate when corrective action is or is not required, to present recommendations for device assessment, and to encourage reporting on the status of devices that are adversely affected by the Year 2000 date problem.

### II. Significance of Guidance

This guidance document represents the agency's current thinking on FDA's

expectations of medical device manufacturers concerning the Year 2000 date problem. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the applicable statute, regulations, or both.

The agency has adopted GGP's that set forth the agency's policies and procedures for the development, issuance, and use of guidance documents (62 FR 8961, February 27, 1997). This guidance document is issued as a Level 1 guidance consistent with GGP's.

### III. Electronic Access

In order to receive the guidance entitled "Guidance on FDA's Expectations of Medical Device Manufacturers Concerning the Year 2000 Date Problem" via your fax machine, call the CDRH Facts-On-Demand (FOD) system at 800-899-0381 or 301-827-0111 from a touch-tone telephone. At the first voice prompt press 1 to access DSMA Facts, at the second voice prompt press 2, and then enter the document number 2000 followed by the pound sign (#). Then follow the remaining voice prompts to complete your request.

Persons interested in obtaining a copy of the guidance may also use the World

Wide Web (WWW). CDRH maintains an entry on the WWW for easy access to information including text, graphics, and files that may be downloaded to a personal computer with access to the Web. Updated on a regular basis, the CDRH home page includes guidances, device safety alerts, **Federal Register** reprints, information on premarket submissions (including lists of approved applications and manufacturers' addresses), small manufacturers' assistance, information on video conferencing and electronic submissions, mammography matters, and other device-oriented information. The CDRH home page may be accessed at <http://www.fda.gov/cdrh>. The guidance entitled "Guidance on FDA's Expectations of Medical Device Manufacturers Concerning the Year 2000 Date Problem" will be available at <http://www.fda.gov/cdrh/yr2000/y2kguide.html>.

A text-only version of the CDRH web site is also available from a computer or VT-100 compatible terminal by dialing 800-222-0185 (terminal settings are 8/1/N). Once the modem answers, press Enter several times and then select menu choice 1: FDA BULLETIN BOARD SERVICE. From there follow instructions for logging in, and at the BBS TOPICS PAGE, arrow down to the FDA home page (do not select the first

CDRH entry). Then select Medical Devices and Radiological Health. From there select CENTER FOR DEVICES AND RADIOLOGICAL HEALTH for general information, or arrow down for specific topics.

### IV. Comments

Interested persons may, on or before September 22, 1998, submit to the Dockets Management Branch (address above) written comments regarding the guidance for medical devices. After the close of the comment period, comments may be submitted at any time to Thomas B. Shope (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. A copy of the guidance and received comments may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: June 11, 1998.

**Linda S. Kahan,**

*Acting Deputy Director for Regulations Policy,  
Center for Devices and Radiological Health.*

The text of the guidance is set forth below:

BILLING CODE 4160-01-P

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# Guidance for Industry

## Guidance on FDA's Expectations of Medical Devices Manufacturers Concerning the Year 2000 Date Problem

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Devices and Radiological Health  
Division of Electronics and Computer Science  
Office of Science and Technology

June 1998

## **Guidance on FDA's Expectations of Medical Device Manufacturers Concerning the Year 2000 Date Problem**

### **I. Background**

Many medical devices employ or incorporate computer systems or microprocessor controls as aspects of their design. Some of these computer systems and software applications, including embedded microprocessors, may experience problems processing dates or date-related data due to their use of two digits to represent the year. This is becoming known as the "Year 2000 date problem" or the "Year 2000 problem" and is not unique to medical devices. These problems may be manifested on or after January 1, 2000, when the year 2000 is represented as "00" and the computer system or software cannot differentiate 1900 from 2000. Other date-related problems may occur, such as the failure to accurately address leap years (e.g., there will be a February 29, 2000) or the use of certain dates (e.g., September 9, 1999 [9/9/99]) as "flags" for specific computer actions. In addition to adversely affecting the functioning of some medical devices, the two-digit year format could also affect computer-controlled processes in device design, production or quality control activities, or studies to evaluate device performance.

During 1996, FDA reviewed the types of devices for which problems or potential risks to patients might arise due to the Year 2000 date problem. This review, based on FDA's knowledge of the function and design of all types of devices, did not identify many devices for which the use of a date is critical to the function of the device or for which incorrect date representation could have an adverse impact on patient safety. FDA experts are generally knowledgeable about the function and design of various devices; however, only the manufacturer has the detailed knowledge of the design of specific devices that is required to effectively evaluate the potential for risk to patients.

### **II. FDA's Goal Regarding Year 2000 Problems With Medical Devices**

FDA is providing information regarding how manufacturers may meet regulatory requirements of FDA in addressing computer date representation problems. FDA's primary concern is focused on date-related problems that could pose a risk to health. While all manufacturers are responsible for ensuring the proper functioning of medical devices that they have manufactured, FDA is primarily concerned that manufacturers

correct date-related problems for those devices that, if unable to correctly process dates, could pose a risk to health.

As an example, little if any risk may be posed by devices whose only use of the date is to mark a record or record a date and where an error in date recording results only in an incorrect representation of the year. Records generated by a computerized device marked with a year of "00" to represent 2000 will not be confused with similar records from 1900 if the records are only intended for reading by humans. Human operators will know that there were no such computer-generated records in 1900. Of course, the risk would be different if the date record is intended for processing by another computerized device which might not correctly process a two-digit year representation. Similarly, if the date problem results in the Year 2000 being represented as some year other than 1900, say a base year for a computer, such as 1980, or represented in some other fashion, then the potential for confusion cannot be dismissed and such risks must be addressed.

Incorrect date representation or usage could present a risk when the date is used in a calculation or when records generated by a device are sorted automatically to present a patient's condition over a period of time to a physician for diagnosis and treatment. Specifically, when the records are sorted by the date of recording, with the oldest record presented first in the presentation queue, the failure of the sorting device could place a record made on January 1, 2000, in the queue before another record made on December 31, 1999, because the sorting device could mistake the Year "00" as occurring before the Year "99." Although the information contained in the records in the latter situation would be correct, the physician expects the records to be in chronological order, and this expectation could lead to a misdiagnosis or incorrect treatment. This potential patient risk must be addressed to eliminate any possibility of adverse health consequences.

Under the Quality Systems Regulation, device manufacturers must evaluate their entire line of medical equipment and software, not just currently produced or supported products, to identify and assess problems that could result from inaccurate date representation. This assessment should take into account date errors that might lead to device failure, such as failure to provide diagnosis or patient treatment, date

misrepresentation leading to incorrect records which might impact future treatment, or any process affected by the Year 2000 date problem that, if not corrected, has the potential to present a risk to health. Should the assessment indicate a risk to patient or public health by medical equipment unable to correctly process dates, device manufacturers must report corrective action taken in accordance with part 806 (21 CFR part 806), the regulation requiring reporting of device corrections and removals. Should the date-related failure present an unreasonable risk of substantial harm to the public health and the manufacturer fails to take corrective actions, section 518 of the Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360h) provides the authority for FDA to require the manufacturer to undertake corrective action at no charge to the device purchasers or owners. If the manufacturer's assessment reveals a date-related failure to conform to specifications or design, and the risk presented by the failure does not meet the threshold specified in section 518 of the act for a mandatory recall (i.e., the device presents an unreasonable risk of substantial harm to the public health), then FDA will not require a recall.

The agency has received inquiries as to the manufacturers' responsibilities under the act, with regard to actions they must take to correct or remedy products from past production that have a Year 2000 date problem and fail to function as designed. Section 518 of the act provides the agency with authority to require the mandatory notification of purchasers and recall of devices that, among other criteria, present an unreasonable risk of substantial harm to the public health. The agency notes that this authority has not been used often because manufacturers typically voluntarily correct problems that present risks which meet the criteria outlined in section 518 of the act. FDA anticipates that manufacturers will act responsibly to eliminate any risks to health posed by Year 2000 date problems.

For Year 2000 or other date-related problems that result in failure to meet specifications or to function as intended, but that do not present the risk to health contemplated in section 518 of the act, FDA has no mechanism to require correction of previously marketed devices. The agency encourages manufacturers to provide solutions where possible and economically feasible.

### III. Earlier FDA Letter to Device Manufacturers

As a result of the review of the possible impact of date problems on medical devices, FDA issued a letter on June 25, 1997, to all medical device manufacturers. The letter defined the Year 2000 date problem, reminded manufacturers of requirements under existing regulations, made recommendations for assessing the safety and effectiveness of medical devices, and provided guidance for future premarket submissions. It also notified manufacturers that they must assess the function of all of their devices (both currently and previously manufactured) and identify those that could pose a risk to patients by the processing of date information. The letter is posted in its entirety on the World Wide Web (WWW) at the FDA web site, <http://www.fda.gov/cdrh/yr2000.html>.

This letter recommended that manufacturers take the following actions:

- For future medical device premarket submissions, manufacturers should assure that the products can perform date operations correctly and that computations will be unaffected by the Year 2000 date change.

- For currently and previously manufactured medical devices, manufacturers should conduct hazard and safety analyses to determine whether device performance could be affected by the Year 2000 date problem. If these analyses show that device safety or effectiveness is affected, then appropriate steps should be taken to correct current and past production and to assist customers who have purchased such devices.

- For computer-controlled design, production, and quality control processes, manufacturers should assure that two-digit year formats or computations do not cause problems.

The letter also provided the following advice regarding premarket submissions for changes to existing devices:

- Manufacturers need not submit premarket approval application supplements for class III devices to document that they have addressed Year 2000 date problems, provided that the modifications made in the device do not change other aspects of its performance.

- Manufacturers need not submit a new 510(k) (premarket notification) for Year 2000 date changes to an existing device, provided that the changes do not affect safety and effectiveness. This is in keeping

with the information provided in the Office of Device Evaluation guidance document entitled “Deciding When to Submit a 510(k) for a Change to an Existing Device,” available from the Division of Small Manufacturers Assistance and the FDA web site. (Note that changes to correct Year 2000 date problems should be included in any future 510(k) submission for a significant change to the device.)

Manufacturers were also reminded of the current Quality System Regulation, under which they must investigate and correct problems with medical devices. This includes devices that do not meet specifications because of inaccurate date recording and/or calculations. The authority for requirements conveyed in the letter is found in section 518 of the act, which requires notification of users or purchasers when a device presents an unreasonable risk of substantial harm to public health.

#### **IV. Regulatory Responsibilities**

##### *1. Quality System Regulation*

Under the Quality System Regulation (21 CFR part 820), device manufacturers must ensure and document the quality of their design and manufacturing processes. This regulation places a continuing responsibility on manufacturers to investigate device malfunctions and to prevent potential malfunctions, including those that could be caused by incorrect processing or recording of dates.

##### *2. Reports of Corrections and Removals Regulation*

The Reports of Corrections and Removals regulation (part 806), which recently became effective, requires manufacturers and importers to report promptly to FDA any corrections or removals undertaken to reduce a risk to health posed by the device or to remedy a violation of the act caused by the device which may present a risk to health. This regulation requires the reporting of corrections and removals related to the Year 2000 date problem designed to avert or correct a potential risk to health.

##### *3. Medical Device Reporting Requirements*

In situations requiring remedial action to prevent an unreasonable risk of substantial harm to the public health, the manufacturer is required to submit a 5-day report under part 803 (21 CFR part 803), the Medical Device Reporting (MDR) regulation. Information concerning a correction or removal submitted in a 5-day MDR need not be resubmitted under part 806.



#### *4. Classification of Recalls*

A manufacturer's action to correct a Year 2000 date problem, which is undertaken and completed before January 1, 2000, will not be considered a recall for purposes of FDA's Voluntary Recall regulation (21 CFR part 7). The agency will not classify such actions as recalls, provided the action addresses only correction of a date-related problem and is completed prior to any actual device failure as a result of the problem. However, manufacturers must still report or maintain records of such corrections and removals under § 806.20.

#### **V. Department of Health and Human Services' Letter to Device Manufacturers**

The Department of Health and Human Services issued a letter to biomedical equipment manufacturers, dated January 21, 1998, requesting information on the products affected by the Year 2000 date problem. It stated concerns for the continued functioning of biomedical and laboratory equipment into the next century. The letter provided an opportunity for manufacturers to identify specific products that will be affected and to share this information with interested parties through a Government-operated WWW site. Further information concerning this web site and reporting product status with regard to date problems may be found on the WWW at the FDA web site, <http://www.fda.gov/cdrh/yr2000/year2000.html>. FDA urges manufacturers to use this mechanism to communicate the status of their products that are affected by the Year 2000 date problem to public and Government purchasers and users of these products. This information will assist healthcare facilities to identify any impacted products and assist them in planning and taking remedial actions.

#### **VI. Reporting Under the MedWatch Program**

Under the Medical Device Reporting Regulation (part 803), medical device user facilities and manufacturers must report deaths and serious injuries to which a device has or may have caused or contributed. Manufacturers are also required to report certain device malfunctions. In addition, medical device users and health professionals are encouraged to voluntarily report malfunctions or problems with devices under FDA's MedWatch Program. The program was established as a method of reporting adverse events by health professionals or other appropriate parties, and can be used to report devices that are

suspected or determined to fail and thereby present a risk to health due to the Year 2000 or other date problems.

Information on the MedWatch program, including procedures for reporting problems with medical devices, may be received by calling the MedWatch Office, 1-800-FDA-1088, or can be found on the WWW at the FDA web site, <http://www.fda.gov/medwatch>.

[FR Doc. 98-16736 Filed 6-23-98; 8:45 am]  
BILLING CODE 4160-01-C

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-320]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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.

*Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Corrective Action Plan (Medicaid Eligibility Quality Control) and Supporting Regulations 42 CFR 431.; *Form No.:* HCFA-320; *Use:* Medicaid eligibility quality control (MEQC) is a State-administered system designed to improve the management of the Medicaid program. States are required to submit a corrective action plan annually. The plan must detail the initiatives the State will implement in order to reduce the type of errors

occurring in the Medicaid eligibility determination process. *Frequency:* Annually; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 21; *Total Annual Responses:* 21; *Total Annual Hours:* 8,400.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 16, 1998.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.*

[FR Doc. 98-16794 Filed 6-23-98; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR 4352-N-03]

#### Notice of Proposed Information Collection: Comment Request

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.

**ACTION:** Notice.

**SUMMARY:** The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

**DATES:** *Comments due date:* August 24, 1998.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Department of Housing and Urban Development, 451 Seventh Street, SW, Room 4238, Washington, DC 20410.

**FOR FURTHER INFORMATION CONTACT:** Mildred M. Hamman, (202) 708-3642, extension 4128, for copies of other available documents. (This is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This notice also lists the following information:

*Title of Proposal:* Comprehensive Grant Program (CGP) Reporting Requirements.

*OMB Control Number if applicable:* 2577-0157.

*Description of the need for the information and proposed use:* Public Housing Agencies (PHAs) with 250