• The equivalency of CHAP's and JCAHO's requirements for a hospice to our comparable hospice requirements.

• CHAP's and JCAHO's survey processes, to determine the following:

—The composition of the survey team, surveyor qualifications, and CHAP's and JCAHO's ability to provide continuing surveyor training.

—The comparability of their processes to those of State agencies, including survey frequency, and their ability to investigate and respond appropriately to complaints against accredited facilities.

—Their procedures for monitoring providers or suppliers found by CHAP or JCAHO to be out of compliance with program requirements. (These procedures are used only when CHAP or JCAHO identifies noncompliance. If noncompliance is identified through validation reviews, the survey agency monitors corrections as specified at § 488.7(b)(3).)

—Their ability to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

• The ability of CHAP and JCAHO to provide us with electronic data in ASCII comparable code and any reports necessary for effective validation and assessment of their survey processes.

• The adequacy of CHAP's and JCAHO's staff and other resources, and their financial viability.

• CHAP's and JCAHO's ability to provide adequate funding for performing required surveys.

• CHAP's and JCAHO's policies with respect to whether surveys are announced or unannounced.

CHAP's and JCAHO's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

IV. Notice Upon Completion of Evaluation

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a notice in the **Federal Register** announcing the result of our evaluation.

(Authority: Sec. 1865(b)(3)(A) of the Social Security Act (42 U.S.C. 1395bb(b)(3)(A)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)

Dated: August 19, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 98–24555 Filed 9–10–98; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–1097–N]

RIN 0938–AJ19

Medicare Program; September 28, 1998, 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 28, 1998, from 8:30 a.m. until 5 p.m., E.S.T.

ADDRESSES: The meeting will be held in the Auditorium, 1st Floor, Health Care Financing Administration Building, 7500 Security Boulevard, Baltimore, Maryland 21244.

FOR FURTHER INFORMATION CONTACT: Aron Primack, MD, MA, FACP, 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: Jerold M. Aronson, M.D.; Richard Bronfman, D.P.M.; Wayne R. Carlsen, D.O.; Gary C. Dennis, 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.; Derrick K. Latos, M.D.; Sandra B. Reed, 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. The vice chairperson is Marie G. Kuffner, M.D.

Council members will receive updates on documentation guidelines, Y2K, and coverage procedure. The agenda will provide for discussion and comment on the following topic(s)—

• Advanced Beneficiary Notices;

• PRO 6th Scope of Work; and

• Regulatory Workload for Physicians.

Individuals or organizations that wish to make 5-minute oral presentations on the agenda issues should contact the Executive Director by 12 noon, September 18, 1998, 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 noon, September 23, 1998. Anyone who is not scheduled to speak may submit written comments to the Executive Director by 12:00 noon, September 23, 1998. 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: September 4, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 98–24506 Filed 9–10–98; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the *Paperwork Reduction Act of 1995,* the National Institutes of Health (NIH), Office of the Director (OD), Office of Extramural Research (OER), Office of Policy for Extramural Research Administration (OPERA) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on May 5, 1998, pages 24813–24814 and allowed 60-days for public comments. No public comments were received. The purpose of this notice is to allow an additional 30-days for public comments. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service (PHS) Funding is Sought: 42 CFR Part 50 Subpart F and Responsible Prospective Contractors: 45 CFR Part 94. *Type of Information Collection Request:* Extension of a currently approved collection, OMB No. 0925–0417, expiration date 09/30/98. *Need and Use of Information Collection:* This is a request for OMB approval for the information collection and recordkeeping requirements contained in the final rule 42 CFR Part 50 Subpart F and Responsible Prospective Contractors: 45 CFR Part 94. The purpose of the regulations is to promote objectivity in research by requiring institutions to establish standards which ensure that there is no reasonable expectation that the design, conduct, or reporting of research will be biased by a conflicting financial interest of an investigator.

Frequency of Response: On occasion. *Affected Public:* Individuals or households; Business or other for-profit; Not-for-profit institutions; and State, Local or Tribal Government. *Type of Respondents:* Any public or private entity or organization. The annual reporting burden is as follows: *Extimated Number of Respondents:* 57,235; *Estimated Number of Responses per Respondent:* 10; *Average Burden Hours Per Respose;* 20; *Estimated Total Annual Burden Hours Requested:* 171,110. The annualized cost to respondents is estimated at: $5,068,850. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points. (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estiamted public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, D.C. 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Thomas F. McCormack, Assistant Grant's Policy Officer, Office of Extramural Research, Office of Policy for Extramural Research Administration, 6701 Rockledge Drive, Bethesda, MD 20892, or call non-toll-free number (301) 435–0935 or E-mail your request, including your address, to: TM102d@NIH.gov

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before October 13, 1998.

Dated: September 4, 1998.

Diana Jaeger,

Acting Director, Office of Policy for Extramural Research Admininstration.

[FR Doc. 98–24369 Filed 9–10–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institutes of Health Clinical Center (NIHCC): Opportunity for Cooperative Research and Development Agreement (CRADA) in the Fields of Magnetic Resonance Imaging, Magnetic Resonance Spectroscopy, Molecular Imaging, Image Processing, and Surgery Under Image Guidance

AGENCY: Radiology Department, NIHCC, NIH, DHHS.

ACTION: Notice of CRADA Opportunity.

SUMMARY: The Radiology Department of the National Institutes of Health Clinical Center (NIHCC), seeks Cooperative Research and Development Agreements (CRADAs) with one or more medical equipment manufacturers to collaborate on research projects designed to develop improved technologies for radiological diagnosis and treatment. The term of the CRADA will be up to four (4) years.

DATES: Interested parties should submit a brief statement indicating: (i) area(s) of proposed research collaboration and (ii) interest in submitting a formal proposal. Statements of interest should be submitted to NIHCC in writing no later than December 10, 1998. Parties will then have an additional thirty (30) days in which to submit a formal proposal.

ADDRESSES: Inquiries and proposals regarding this opportunity should be addressed to Steve Galen, Technology Development Coordinator, National Institutes of Health, Warren Grant Magnuson Clinical Center, 6011 Executive Boulevard, suite 559B, Rockville, MD 20852. Phone: (301) 594–4509, FAX (301) 402–2143.

SUPPLEMENTARY INFORMATION: A CRADA is the anticipated joint agreement to be entered into by NIHCC pursuant to the Federal Technology Transfer Act of 1986 as amended by the National Technology Transfer Act (Pub.L. 104–113 (Mar. 7, 1996)) and by Executive Order 12591 of April 10, 1987.

The CRADA objective is the rapid publication of research findings and the timely commercialization of improved diagnostic and treatment strategies in