

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Translation Advisory Committee for Diabetes Prevention and Control Programs: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

**Name:** Translation Advisory Committee for Diabetes Prevention and Control Programs.

**Times and Dates:** 9 a.m.–6 p.m., September 15, 1999; 9 a.m.–1 p.m., September 16, 1999.

**Place:** Holiday Inn Select, 130 Clairemont Avenue, Decatur, Georgia 30030, telephone 404/371-0204.

**Status:** Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

**Purpose:** This committee is charged with advising the Director, CDC, regarding policy issues and broad strategies for diabetes translation activities and control programs designed to reduce risk factors, health services utilization, costs, morbidity, and mortality associated with diabetes and its complications. The Committee identifies research advances and technologies ready for translation into widespread community practice; recommends broad public health strategies to be implemented through public health interventions; identifies opportunities for surveillance and epidemiologic assessment of diabetes and related complications; and for the purpose of assuring the most effective use and organization of resources, maintains liaison and coordination of programs within the Federal, voluntary, and private sectors

involved in the provision of services to people with diabetes.

**Matters to be Discussed:** The Guide to Community Preventive Services, under the auspices of the U.S. Public Health Service, a Task Force on Community Preventive Services is developing a Guide to Community Preventive Services. The Guide will summarize what is known about the effectiveness of population-based interventions for prevention and control. Where data exist, the Guide will also summarize information on the cost-effectiveness of these interventions. Based on available evidence, the Guide will provide recommendations on these population-based interventions and methods for their delivery.

Agenda items are subject to change as priorities dictate.

**Contact person for more information:** Norma Loner, Committee Management Specialist, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, NE, M/S K-10, Atlanta, Georgia 30341-3717, telephone 770/488-5376.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: July 26, 1999.

**Carolyn J. Russell,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 99-19497 Filed 7-29-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Fees for Sanitation Inspections of Cruise Ships

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces fees for vessel sanitation inspections for fiscal year 2000, October 1, 1999, through September 30, 2000.

**EFFECTIVE DATE:** October 1, 1999.

**FOR FURTHER INFORMATION CONTACT:** David L. Forney, Chief, Vessel Sanitation Program, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, Mailstop F-16, Atlanta, Georgia 30341-3724, telephone (770) 488-7333, E-mail: dlf1@cdc.gov.

#### SUPPLEMENTARY INFORMATION:

##### Purpose and Background

The fee schedule for sanitation inspections of passenger cruise ships currently inspected under the Vessel Sanitation Program (VSP) was first published in the **Federal Register** on November 24, 1987 (52 FR 45019), and CDC began collecting fees on March 1, 1988. Since then, CDC has published the fee schedule annually. This notice announces fees effective October 1, 1999.

The formula used to determine the fees is as follows:

$$\text{Average cost per inspection} = \frac{\text{Total Cost of VSP}}{\text{Weighted No. of Annual Inspections}}$$

The average cost per inspection is multiplied by a size/cost factor to determine the fee for vessels in each size category. The size/cost factor was established in the proposed fee schedule published in the **Federal Register** on July 17, 1987 (52 FR 27060) and revised in a schedule published in the **Federal Register** on November 28, 1989 (54 FR 48942). The revised size/cost factor is presented in Appendix A.

#### Fee

The fee schedule is presented in Appendix A and will be effective October 1, 1999, through September 30, 2000; however, should a substantial increase occur in the cost of air

transportation, it may be necessary to readjust the fees before September 30, 2000, since travel constitutes a sizable portion of the program's costs. If such a readjustment in the fee schedule is necessary, a notice will be published in the **Federal Register** 30 days before the effective date.

#### Applicability

The fees will be applicable to all passenger cruise vessels for which inspections are conducted as part of CDC's VSP.

Dated: July 26, 1999.

**Joseph R. Carter,**

*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

#### Appendix A

##### SIZE/COST FACTOR

Vessel size	GRT <sup>1</sup>	Average cost X
Extra Small ....	<3,001 .....	0.25
Small .....	3,001–15,000 ...	0.50
Medium .....	15,001–30,000	1.00
Large .....	30,001–60,000	1.50
Extra Large ....	>60,000 .....	2.00

FEE SCHEDULE OCTOBER 1, 1999—  
SEPTEMBER 30, 2000

Vessel size	GRT <sup>1</sup>	Fee (\$)
Extra Small ....	<3,001 .....	1,075
Small .....	3,001–15,000 ...	2,150
Medium .....	15,001–30,000	4,300
Large .....	30,001–60,000	6,450
Extra Large ....	>60,000 .....	8,600

<sup>1</sup> GRT—Gross Register Tonnage in cubic feet, as shown in Lloyd's Register of Shipping.

Inspections and reinspections involve the same procedure, require the same amount of time, and are, therefore, charged at the same rate.

[FR Doc. 99–19498 Filed 7–29–99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Medical Child Support Working Group

**AGENCY:** Administration for Children and Families, DHHS.

**ACTION:** Notice of open meeting.

**SUMMARY:** Pursuant to Section 10(a)(2) of the Federal Advisory Committee Act (FACA), notice is given of the fourth meeting of the Medical Child Support Working Group (MCSWG). The Medical Child Support Working Group was jointly established by the Secretaries of the Department of Labor (DOL) and the Department of Health and Human Services (DHHS) under section 401(a) of the Child Support Performance and Incentive Act of 1998. The purpose of the MCSWG is to identify the impediments to the effective enforcement of medical support by State child support enforcement agencies, and to submit to the Secretaries of DOL and DHHS a report containing recommendations for appropriate measures to address those impediments.

**DATES:** The meeting of the MCSWG will be held on Thursday, August 12, 1999, from approximately noon to approximately 6:30 p.m., and on Friday, August 13, 1999, from 8:30 a.m. to approximately 4 p.m.

**ADDRESSES:** The meeting will be held in Parlor H, on the sixth floor of the Palmer House Hilton and Towers, 17 East Monroe Street, Chicago, IL, 60603. All interested parties are invited to attend this public meeting. Seating may be limited and will be available on a first-come, first-served basis. Persons needing special assistance, such as sign language interpretation or other special accommodation, should contact the

Executive Director of the Medical Child Support Working Group, Office of Child Support Enforcement at the address listed below.

**FOR FURTHER INFORMATION CONTACT:** Ms. Samara Weinstein, Executive Director Child Support Working Group, Office of Child Support Enforcement, Fourth Floor East, 370 L'Enfant Promenade, SW, Washington, DC 20447 (telephone (202) 401–6953; fax (202) 401–5559; e-mail: sweinstein@acf.dhhs.gov). These are not toll-free numbers. The date, location and time for subsequent MCSWG meetings will be announced in advance in the **Federal Register**.

**SUPPLEMENTARY INFORMATION:** Pursuant to section 10(a)(2) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2) (FACA) notice is given of a meeting of the Medical Child Support Working Group (MCSWG). The Medical Child Support Working Group was jointly established by the Secretaries of the Department of Labor (DOL) and the Department of Health and Human Services (DHHS) under section 401(a) of the Child Support Performance and Incentive Act of 1998 (Pub. L. 105–200).

The purpose of the MCSWG is to identify the impediments to the effective enforcement of medical support by State child support enforcement agencies, and to submit to the Secretaries of DOL and DHHS a report containing recommendations for appropriate measures to address those impediments. This report will include: (1) Recommendations based on assessments of the form and content of the National Medical Support Notice, as issued under interim regulations; (2) appropriate measures that establish the priority of withholding of child support obligations, medical support obligations arrearages in such obligations, and in the case of a medical support obligation, the employee's portion of any health care coverage premium, by such State agencies in light of the restrictions on garnishment provided under title III of the Consumer Credit Protection Act (15 U.S.C. 1671–1677); (3) appropriate procedures for coordinating the provision, enforcement, and transition of health care coverage under the State programs for child support, Medicaid and the Child Health Insurance Program; (4) appropriate measures to improve the availability of alternate types of medical support that are aside from health care coverage offered through the noncustodial parent's health plan, and unrelated to the noncustodial parent's employer, including measures that establish a noncustodial parent's responsibility to

share the cost of premiums, co-payments, deductibles, or payments for services not covered under a child's existing health coverage; (5) recommendations on whether reasonable cost should remain a consideration under section 452(f) of the Social Security Act; and (6) appropriate measures for eliminating any other impediments to the effective enforcement of medical support orders that the MCSWG deems necessary.

The membership of the MCSWG was jointly appointed by the Secretaries of DOL and DHHS, and includes representatives of: (1) DOL; (2) DHHS; (3) State Child Support Enforcement Directors; (4) State Medicaid Directors; (5) employers, including owners of small businesses and their trade and industry representatives and certified human resource and payroll professionals; (6) plan administrators and plan sponsors of group health plans (as defined in section 607(1)) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167(1)); (7) children potentially eligible for medical support, such as child advocacy organizations; (8) State medical child support organizations; and (9) organizations representing State child support programs.

**AGENDA:** The agenda for this meeting includes a discussion of the issues to be contained in the MCSWG's report to the Secretaries containing recommendations for appropriate measures to address the impediments to the effective enforcement of medical child support as listed above. At the May, 1999, meeting, the MCSWG formed four (4) sub-committees to discuss barriers, issues, options, and recommendations in the interim between full MCSWG meetings. At this August, 1999, meeting, the four sub-committees will present their initial issues and recommendations to the full MCSWG for further discussion and consideration.

**PUBLIC PARTICIPATION:** Members of the public wishing to present oral statements to the MCSWG should forward their requests to Samara Weinstein, MCSWG Executive Director, as soon as possible and at least four days before the meeting. Such requests should be made by telephone, fax machine, or mail, as shown above. Time permitting, the Chairs of the MCSWG will attempt to accommodate all such requests by reserving time for presentations. The order of persons making such presentations will be assigned in the order in which the requests are received. Members of the public are encouraged to limit oral statements to five minutes, but extended