Deadline for Presentation Submissions: November 1, 1999. Deadline for Submission of Final Comments: November 30, 1999.

ADDRESSES: *The Meeting:* The meeting will be held at the Sheraton Inner Harbor at 300 South Charles Street, Baltimore, MD 21201.

Presentations and Comments: Submit written presentations and comments to Katherine Tillman, Executive Secretary; Office of Clinical Standards and Quality, Health Care Financing Administration, 7500 Security Boulevard, Mail Stop S3–02–01, Baltimore, MD 21244.

FOR FURTHER INFORMATION CONTACT: Katherine Tillman, Executive Secretary, (410) 786–9252.

SUPPLEMENTARY INFORMATION: We have established the Medicare Coverage Advisory Committee (MCAC) to provide advice and recommendations to us about clinical coverage issues. The MCAC is composed of an Executive Committee and six panels, each containing members with expertise in one or more of the following fields: clinical and administrative medicine, biologic and physical sciences, public health administration, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. Each panel is composed of a chairperson, voting members, a nonvoting consumer representative, and a nonvoting industry representative.

Current Members of the Panel

John H. Ferguson, M.D. (Chairperson); Robert L. Murray, Ph.D.; David N. Sundwall, M.D.; George G. Klee, M.D., Ph.D.; Paul D. Mintz, M.D.; Richard J. Hausner, M.D.; Mary E. Kass, M.D.; E. Conyers O'Bryan, M.D.; Cheryl J. Kraft, M.S.; Neysa R. Simmers, M.B.A.; John J.S. Brooks, M.D.; Paul M. Fischer, M.D.; Kathyrn A. Snow, M.H.A.; James (Rod) Barnes, M.B.A.

Topic of the Meeting

The Panel will discuss presentations from interested persons regarding human tumor assay systems.

Procedure and Agenda

On day 1 of the meeting, the Panel will hear oral presentations from the public for approximately 3 hours and 15 minutes. The Panel may limit the number and duration of oral presentations to the time available. If you wish to make a presentation during one of these sessions, you must submit the following to the Executive Secretary before the Deadline for Presentation Submissions date listed in the DATES

section of this notice: a brief statement of the general nature of the evidence or arguments you wish to present, the names and addresses of proposed participants, and an estimate of the time required to make the presentation. We will request that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public presentation on Day 1 of the meeting, we will make a presentation to the Panel. After our presentation, the Panel will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear further comments during this time except at the request of the chairperson. At the end of the Panel deliberations, the Panel will allow a 30-minute open public session for any attendee to address issues specific to the topic.

Submission of Final Comments

Interested persons not scheduled to make an oral presentation, unable to attend the meeting, or wishing to make further remarks, may submit written comments to the Executive Secretary by the Deadline for Submission of Final Comments in the DATES section of this notice.

HCFA Home Page

You may access detailed information regarding the agenda and schedule of presentations on our home page www.hcfa.gov/quality/8b.htm the day after the Deadline for Presentation Submissions in the DATES section of this notice.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare— Supplementary Medical Insurance Program)

Dated: October 6, 1999.

Jeffrey L. Kang,

Director, Office of Clinical Standards and Quality, Health Care Financing Administration.

[FR Doc. 99-26752 Filed 10-13-99; 8:45 am] BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day; Proposed Collection: Indian Health Service Loan Repayment Program

Summary: In compliance with Section 3507(a)(1)(D) of the Paperwork

Reduction Act of 1995, for opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) 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 project was published in the March 30, 1999, Federal Register (64 FR 15169) and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted to OMB.

Proposed Collection

Title: 09-17-0014, "Indian Health Service Loan Repayment Program." *Type of Information Collection Request:* Extension of a currently approved collection that expires November 30, 1999. Form Number: No reporting forms required. Need and Use of Information Collection: The IHS Loan Repayment Program (LRP) identifies health professionals with pre-existing financial obligations for educational expenses that meet program criteria and who are qualified and willing to serve at IHS health care facilities that are often remote. Under the program, eligible health professionals sign a contract under which the IHS agrees to repay part or all of their indebtedness for professional training education. In exchange, the health professionals agree to serve for a specified period of time in IHS health care facilities. Eligible health professionals who wish to apply must submit an application to participate in the program. The application requests personal, demographic and educational training information, including information on the educational loans of the individual for whom repayment is being requested (i.e., date, amount, account number, purpose of each loan, interest rate, the current balance, etc.). The data collected is needed and used to evaluate applicant eligibility, to rank and prioritize applicants by specialty, to assign applicants to IHS health care facilities, to determine payment amounts and schedules for paying the lending institutes, and to provide data and statistics for program management review and analysis. Affected Public: Individual and households. Type of Respondents: Individuals. Table 1 below provides the following types of data collection instruments, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hour.

TABLE	1.—ESTIMATED	RUDDEN	HALIDS
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Data collection instrument	Estimated number of respondents	Response per respondent	Average burden hours per re- sponse *	Total annual burden hrs.
Section I	350	1	0.25 (15 min.)	87.5
Section II	350	1	0.50 (30 min.)	175.0
Section III	350	4	0.25 (15 min)	350.0
Contract	350	1	0.33 (20 min)	116.0
Affidavit	350	1	0.17 (min)	58.5
Lender's Certificate	1,400		0.25	350.0
Total	1,750			1,137

^{*} 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.

Request for Comments

Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the IHS processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) wavs to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection or to obtain a copy of the data collection instrument(s) and/or instruction(s), contact: Mr. Lance Hodahkwen, Sr., M.P.H., IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852–1601, or call non-toll free (301) and return address to: lhodahkw@hqe.ihs.gov.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if

received on or before November 15, 1999.

Dated: October 7, 1999. **Michael H. Trujillo,**

Assistant Surgeon General, Director.
[FR Doc. 99–26805 Filed 10–13–99; 8:45 am]
BILLING CODE 4160–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: September 1999

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of September 1999, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and nonprocurement programs and activities.

PROGRAM-RELATED CONVICTIONS			
A-1 TRANSPORTATION SERVICES; MILWAUKEE,			
WI	10/20/1999		

Effective date

Subject; city, state

Subject; city, state	Effective date
ACANOVSKI, MARY; NEW YORK, NY	10/20/1999
ACANOVSKI, NEGAT; NEW YORK, NY	10/20/1999
AGUILAR, JAIME; NEW YORK, NY AGUILAR, CARLOS; NEW	10/20/1999
YORK, NYAGUILAR PHARMACY;	10/20/1999
NEW YORK, NYARBORWAY MANOR, INC;	10/20/1999
HYDE PARK, MA BENITEZ, PEDRO R; KEY	10/20/1999
BISCAYNE, FLCANTOR, LEON; BOCA	10/20/1999
RATON, NYCESTARI, ROBERT; ROCK-	10/20/1999
VILLE CENTRE, NY COHEN, EDWIN CHARLES;	10/20/1999
PHOENIX, AZCOSTA, NORA MARIA;	10/20/1999
MIAMI, FLCULVER, DIANA A; BONITA	10/20/1999
SPRINGS, FL CUNI, EDUARDO MIGUEL;	10/20/1999
MIAMI, FL	10/20/1999
W LONG BRANCH, NJ DEPIETRO, THOMAS J;	10/20/1999
SCRANTON, PA EMERY RETIREMENT & CONVALESCENT; HYDE	10/20/1999
PARK, MA ETTINGER, MARTIN;	10/20/1999
BOYNTON BEACH, FL FLORES, CAROLINE HAG-	10/20/1999
GARD; BRYAND, TX HOBGOOD, LAURA; NEW	10/20/1999
YORK, NY HY, SETHA; LONG BEACH,	10/20/1999
CA JACKSON, FRANK D;	10/20/1999
ROXBURY, MA JACKSON, MARGO VAL- ERIE; COLORADO	10/20/1999
SPRNGS, CO JACOBS, ELLYN; OVER-	10/20/1999
LAND PARK, KS KENSINGER, JACK W;	10/20/1999
MIAMI BEACH, FLKRONE, JACKI NADOHL;	10/20/1999
TAMPA, FLLAU, DORIS MARIA; AN-	10/20/1999
CHORAGE, AK LEIMKUHLER, NIKKI LYNN;	10/20/1999
PUEBLO, CO	10/20/1999