

ESTIMATED STATE MEDIAN INCOME FOR 4-PERSON FAMILIES, BY STATE, FISCAL YEAR 1996<sup>1</sup>—Continued

States	Estimated State median income 4-person families <sup>2</sup>	60 percent of estimated State median income 4-person families
Georgia	44,120	26,472
Hawaii	54,856	32,914
Idaho	39,851	23,911
Illinois	47,975	28,785
Indiana	44,274	26,564
Iowa	42,772	25,663
Kansas	43,155	25,893
Kentucky	36,291	21,775
Louisiana	35,177	21,106
Maine	41,513	24,908
Maryland	53,717	32,230
Massachusetts	55,120	33,072
Michigan	46,633	27,980
Minnesota	48,817	29,290
Mississippi	34,001	20,401
Missouri	42,162	25,297
Montana	38,157	22,894
Nebraska	42,262	25,357
Nevada	46,137	27,682
New Hampshire	49,452	29,671
New Jersey	57,916	34,750
New Mexico	35,560	21,336
New York	47,570	28,542
North Carolina	42,691	25,615
North Dakota	41,084	24,650
Ohio	46,116	27,670
Oklahoma	35,133	21,080
Oregon	42,745	25,647
Pennsylvania	47,109	28,265
Rhode Island	47,908	28,745
South Carolina	40,163	24,098
South Dakota	38,067	22,840
Tennessee	38,341	23,005
Texas	40,688	24,413
Utah	42,630	25,578
Vermont	44,184	26,510
Virginia	47,732	28,639
Washington	50,557	30,334
West Virginia	34,189	20,513
Wisconsin	46,363	27,818
Wyoming	45,414	27,248

**Note**—FY 1996 covers the period of October 1, 1995 through September 30, 1996. The estimated median income for 4-person families living in the United States is \$45,161 for FY 1996. The estimates are effective for the Low Income Home Energy Assistance Program (LIHEAP) at any time between the date of this publication and October 1, 1995, or by the beginning of a LIHEAP grantee's fiscal year, whichever is later.

<sup>1</sup> In accordance with 45 CFR 96.85, each state's estimated median income for a 4-person family is multiplied by the following percentages to adjust for family size: 52% for one person, 68% for two persons, 84% for three persons, 100% for four persons, 116% for five persons, and 132% for six persons. For family sizes greater than six persons, add 3% to 132% for each additional family member and multiply the new percentage by the state's estimated median income for a 4-person family.

<sup>2</sup> Prepared by the Bureau of the Census from the March 1994 Current Population Survey, 1990 Decennial Census of Population and Housing, and 1993 per capita personal income estimates, by state, from the Bureau of Economic Analysis.

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### Food and Drug Administration

[Docket No. 94M-0363]

#### Exogen™, Inc.; Premarket Approval of Sonic Accelerated Fracture Healing System (SAFHS®); Correction

AGENCY: Food and Drug Administration, HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of November 9, 1994 (59 FR 55847). The document announced the approval of the Exogen™, Inc., Sonic Accelerated Fracture Healing System (SAFHS®). Some information was inadvertently omitted and incorrect approval dates were used. This document corrects those errors.

#### FOR FURTHER INFORMATION CONTACT:

LaJuana D. Caldwell, Office of Policy (HF-27), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-2994.

In FR Doc. 94-27222, appearing on page 55847, in the **Federal Register** of November 9, 1994, the following corrections are made:

1. On page 55847, in the third column, the "**SUMMARY**" section, beginning in the 5th line, "September 13, 1994" should read "October 5, 1994"; and in the "**SUPPLEMENTARY**

**INFORMATION**” section in, beginning in the 10th line, the words “acceleration of the time to a healed fracture for fresh, closed, distal” should read “the treatment of fresh, closed, posteriorly displaced distal.”

2. On page 55848, in the first column, in the first paragraph, in the 31st line, after the word “indication”, the following paragraph is added:

All other indications for the device will require additional data, and PMA supplements must be submitted for new indications. Furthermore, the applicant must conduct a study to gather additional information to validate some of the conclusions that were drawn from the PMA studies, based on a larger size.

3. On the same page, in the first column, in the 38th line, after the word “review”, the following paragraph is added:

In accordance with the Panel’s observation that differences exist in the rate of healing in different age groups, CDRH also directed the applicant to include a warning statement regarding the specific age range of the patients to be treated. CDRH concluded that based on the study’s success criteria (e.g., both radiographically and clinically healed), the results of study did show a statistically significant difference in the time to a healed fracture in favor of the active device.

4. On the same page, in the first column, in the 43d line, after the word “panel” the following phrase is added: “additional statistical analysis of the patient data stratified by age and gender.”

5. On the same page, in the first full paragraph, in the first line, “September 13, 1994” should read “October 5, 1994”.

Dated: March 17, 1995.

**Joseph A. Levitt,**

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

[FR Doc. 95-7744 Filed 3-30-95; 8:45 am]

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## Health Care Financing Administration

[ORD-073-N]

### New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: January 1995

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice lists new proposals for demonstration projects submitted to the Department of Health and Human Services during the month of January 1995 under the authority of section 1115 of the Social Security Act. This notice also lists approved, disapproved and pending proposals.

**COMMENTS:** We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

**ADDRESSES:** Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, 2230 Oak Meadows, 6325 Security Boulevard, Baltimore, MD 21207.

**FOR FURTHER INFORMATION CONTACT:** Susan Anderson, (410) 966-3996.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Under Section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. On September 27, 1994, we published a notice in the **Federal Register** (59 FR 49249) that specified (1) the principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

##### II. Listing of New and Pending Proposals for the Month of January 1995

As part of our procedures, we are publishing a monthly notice in the **Federal Register** of all new submissions, pending proposals, approvals, and disapprovals. Proposals submitted in response to a grant solicitation or other competitive process will be reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process. We have added a new category in this notice entitled “Approved Grant Proposals” to identify grant and

cooperative agreement awards for development of demonstration projects that may involve section 1115 authority.

#### A. Comprehensive Health Reform Programs

##### 1. New Proposals

*Demonstration Title/State:* Louisiana Health Access—Louisiana.

*Description:* Louisiana proposes to implement a fully capitated statewide managed care program. A basic benefit package and a behavioral health and pharmacy wrap-around would be administered through the managed care plans. The State intends to expand eligibility of persons with incomes up to 250 percent of the Federal poverty level (FPL), with persons with incomes above 133 percent of the FPL paying all or a portion of premiums. To fund the demonstration, the State is seeking a waiver of Federal Medical Assistance Payments (FMAP) requirements, which would effectively create a block grant whereby the Federal share of the demonstration would be fixed over the course of the demonstration and the State would assume the cost of increases as they occurred.

*Date Received:* January 3, 1995.

*State Contact:* Carolyn Maggio, Executive Director, Bureau of Research and Development, Louisiana Department of Health and Hospitals, Post Office 2870, Baton Rouge, Louisiana 70821-2871, (504) 342-2964.

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, 2302 Oak Meadows, 6325 Security Boulevard, Baltimore, Maryland 21207.

*Demonstration Title/State:* SoonerCare—Oklahoma.

*Description:* Oklahoma proposes to implement a 5-year statewide managed care demonstration using both fully and partially capitated delivery systems. The emphasis of the program is to address access problems in rural areas by encouraging the development of rural-based managed care initiatives. The State will employ traditional fully capitated managed care delivery models for urban areas and will introduce a series of partial capitation models in the rural areas of the State. All currently eligible, non-institutionalized individuals will be enrolled during the first two years of the project.

*Date Received:* January 6, 1995.

*State Contact:* Dr. Garth Splinter, Oklahoma Health Care Authority, Lincoln Plaza, 4545 N. Lincoln Blvd., Suite 124, Oklahoma City, Oklahoma 73105.

*Federal Project Officer:* Helaine I. Fingold, Health Care Financing