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A copy of "Preventing Lead Poisoning in Young Children—a Statement by the Centers for Disease Control," (October 1991) may be obtained from the Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop F-28, Atlanta, GA 30333, telephone (404) 488-7330.

Dated: April 3, 1995.

Joseph R. Carter,

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

[FR Doc. 95-8717 Filed 4-7-95; 8:45 am]

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CDC Advisory Committee on the Prevention of HIV Infection: 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) announced the following committee meeting.

Name: CDC Advisory Committee on the Prevention of HIV Infection.

Times and Dates: 9 a.m.-4:30 p.m., May 8, 1995; 9 a.m.-12 noon, May 9, 1995.

Place: Sheraton Colony Square Hotel, 188 14th Street, NE, Atlanta, Georgia 30061.

Status: Open to the public, limited only by the space available.

Purpose: This committee charged with advising the Director, CDC, regarding objectives, strategies, and priorities for HIV prevention efforts including maintaining surveillance of HIV infection and AIDS, the epidemiologic and laboratory study of HIV and AIDS, information/education and risk reduction activities designed to prevent the spread of HIV infection, and other preventive measures that become available.

Matters to Be Discussed: The Committee will be updated on the ongoing reorganization of CDC's HIV/AIDS prevention programs. Other discussions will center around current HIV prevention activities. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Connie Granoff, Committee Assistant, Office of the Associate Director for HIV/AIDS, CDC, 1600 Clifton Road, NE, Mailstop E-40, Atlanta, Georgia 30333, telephone (404) 639-2918.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-8715 Filed 4-7-95; 8:45 am]

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National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Mental Health Statistics: Meeting

Pursuant to Pub. L. 92-463, the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), announces the following subcommittee meeting.

Name: NCVHS Subcommittee on Mental Health Statistics.

Time and Date: 9 a.m.-5 p.m., May 17, 1995.

Place: Room 503A-529A, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Status: Open.

Purpose: The Subcommittee will continue to work in developing managed care minimum data sets for enrollment and encounter data.

Contact Person for More Information: Substantive program information as well as summaries of the meeting and a roster of committee members may be obtained from Gail F. Fisher, Ph.D., Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone number 301/436-7050.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

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Health Care Financing Administration

[MB-84-N]

RIN 0938-AG77

Medicaid Program; Rescission of the Guidelines for Documenting Medicaid Recipient Access to Immunizations Under the Vaccines for Children (VFC) Program

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

ACTION: Notice.

SUMMARY: This notice rescinds the guidelines that we published in the **Federal Register** on October 3, 1994, that required States to document equal access to immunizations for Medicaid children if States elected to use lower vaccine administration fees than the maximum charges that were published and applicable under the Vaccines for Children program. These guidelines are rescinded in response to public comments on the October 3, 1994 notice. States indicated that there were numerous problems regarding the collection of useable data.

FOR FURTHER INFORMATION CONTACT: Marge Sciulli, (410) 966-0691.

SUPPLEMENTARY INFORMATION:

I. Background

On October 3, 1994, we published in the **Federal Register** a notice with comment period (59 FR 50235) that listed, by State, the interim regional maximum charges that providers may impose for the administration of pediatric vaccines to Federally vaccine-eligible children under the Vaccines for Children (VFC) Program. (The VFC Program, which became effective on October 1, 1994, required States to provide a program for the purchase and distribution of pediatric vaccines to registered providers.) State Medicaid agencies may establish lower Medicaid fees than the maximum charges. According to the guidelines, States were required to provide assurances of equal access to immunizations for Medicaid children to the same extent as for the general population, unless their Medicaid payment rates equaled the maximum charges.

The October 3, 1994, notice allowed States the option of using one or more of the following guidelines to document equal access to immunizations for Medicaid children:

(1) Comparison of Ratios. In order for a State to have used this guideline as an equal access assurance, the ratio of Medicaid children immunized to the number of Medicaid children would have to be equal to or greater than the ratio of children in the general population immunized to the number of children in the general population.

(2) Comparison to Private Insurance. In order for the State to have used this guideline as an equal access assurance, the Medicaid rates for the administration of pediatric vaccines would have to be set at a rate equal to or greater than the private insurance company's rates up to the established State maximum fee.

(3) Practitioner Participation. Under this guideline, the State would have compared the number of Medicaid pediatric practitioners who are Medicaid program-registered providers to the total number of pediatric practitioners providing immunizations to children. The program-registered providers must have at least one Medicaid pediatric immunization claim per month or an average of 12 such claims during the year. The State would have needed 50 percent participation to show equal access through use of this guideline.

(4) Other. States had the flexibility to devise alternative measures of equal access to immunizations. These measures were to have been evaluated by HCFA before being found acceptable.