

average rate in the fourth quarter. Broad indexes of consumer and producer prices increased faster on average over January and February.

On February 1, 1995, the Board of Governors approved an increase from 4-3/4 to 5-1/4 percent in the discount rate, and in keeping with the Committee's decision at the January 31-February 1 meeting, the increase was allowed to show through fully to interest rates in reserve markets. Nonetheless, most market interest rates have declined somewhat since the Committee meeting; the largest declines have been concentrated in intermediate- and long-term obligations. In foreign exchange markets, the trade-weighted value of the dollar in terms of the other G-10 currencies was down substantially further over the intermeeting period. The Mexican peso has continued to depreciate against the dollar.

M2 and M3 weakened in February, though data for the first part of March pointed to some rebound. Growth of total domestic nonfinancial debt has picked up a little in recent months.

The Federal Open Market Committee seeks monetary and financial conditions that will foster price stability and promote sustainable growth in output. In furtherance of these objectives, the Committee at its meeting on January 31-February 1 established ranges for growth of M2 and M3 of 1 to 5 percent and 0 to 4 percent respectively, measured from the fourth quarter of 1994 to the fourth quarter of 1995. The Committee anticipated that money growth within these ranges would be consistent with its broad policy objectives. The monitoring range for growth of total domestic nonfinancial debt was lowered to 3 to 7 percent for the year. The behavior of the monetary aggregates will continue to be evaluated in the light of progress toward price level stability, movements in their velocities, and developments in the economy and financial markets.

In the implementation of policy for the immediate future, the Committee seeks to maintain the existing degree of pressure on reserve positions. In the context of the Committee's long-run objectives for price stability and sustainable economic growth, and giving careful consideration to economic, financial, and monetary developments, somewhat greater reserve restraint would or slightly lesser reserve restraint might be acceptable in the intermeeting period. The contemplated reserve conditions are expected to be consistent with moderate growth in M2 and M3 over coming months.

By order of the Federal Open Market Committee, June 2, 1995.

Normand Bernard,

Deputy Secretary, Federal Open Market Committee.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR-93]

Notice of Intent To Revise the Public Health Assessment Process

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Public Health Service (PHS), Department of Health and Human Services (HHS).

ACTION: Notice of intent to revise ATSDR's public health assessment process.

SUMMARY: This notice announces proposed revisions in ATSDR's current public health assessment process. The revisions are intended to: (1) Produce earlier, more targeted evaluations that can be more effectively integrated into the Superfund Program and; (2) incorporate administrative improvements in ATSDR's Superfund mandates.

This process will begin through a pilot program, which includes an initial appraisal of the impact of program changes by July 30, 1995. The purpose of this pilot is to allow us to effect the planned changes over time, while receiving valuable feedback from all stakeholders, including the Environmental Protection Agency (EPA), State and local environmental and health departments and communities. (The term "EPA," when used to designate the lead Federal remediation agency, applies to respective Federal agencies operating Federal Superfund facilities). An ongoing evaluation of the success of the revised public health assessment process and progress/success of the pilot is essential to the design of the program.

FOR FURTHER INFORMATION CONTACT:

Robert C. Williams, P.E., D.E.E., Director, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-32, Atlanta Georgia 30333, telephone (404) 639-0610 or FAX 639-0654.

SUPPLEMENTARY INFORMATION: Section 104(i)(6)(A) of the Comprehensive

Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended [42 U.S.C. 9604(i)(6)(A)], requires ATSDR to conduct health assessments of sites on or proposed for inclusion on the National Priorities List established by the Environmental Protection Agency (EPA). In addition, section 104(i)(6)(B) of CERCLA provides that any person or group of persons may submit evidence of a release of or exposure to a hazardous substance to ATSDR and request ATSDR to perform a health assessment. Further, section 3019(b) of the Resource Conservation and Recovery Act of 1984 (RCRA), as amended [42 U.S.C. 6939a] provides that when, in the judgment of the U.S. EPA or a State, a landfill or surface impoundment poses a substantial potential risk to human health, the EPA or State may request ATSDR to perform a health assessment.

Under the revised process, neither the definition nor the purpose of public health assessments will change. The purposes of health assessments, as defined by CERCLA, are to assist in determining whether actions should be taken to reduce human exposure to hazardous substances from a facility and whether additional information on human exposure and associated health risks is needed. ATSDR's public health assessments are evaluations of data and information on the release of hazardous substances into the environment in order to assess any current or future impact on public health, develop health advisories or other recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects. These purposes will not change.

Although ATSDR will continue to perform public health assessments, as set out in the legislation, we plan to initiate a phased approach to conducting them. This means that ATSDR may provide input to the EPA, States, and communities at any point in the Superfund process, thus allowing for the possible production of several site-related documents or reports. Those documents could then be utilized by the EPA or State and local health departments as they make decisions (e.g., early actions) related to particular sites. This would ensure that public health perspectives are considered at critical points in the process.

Key phases in the revised process, which are designed to coincide with the EPA's site evaluation and remediation process under Superfund, will include one or more of the following:

(1) *Site Assessment Activities*, which could include performing site visits,

evaluating preliminary environmental characterization data, releasing initial findings and public health decisions, and initializing community involvement and education efforts;

(2) *Sampling Strategies*, which could include participating in the design of multiple media sampling and analysis plans that assist in identifying human exposure pathways;

(3) *Community Health Outreach*, such as initiating early community contact, designing the public health agenda, developing sampling and analysis strategies to help define human exposure levels, and collaborating with decision-makers regarding on- and off-site remediation strategies for characterizing environmental contamination;

(4) *Public Health Evaluation*, which includes the comparison of existing morbidity and mortality data on diseases that may be associated with the observed levels of exposure. Also included are exposure investigations, which involve gathering and analyzing site-specific information, to determine if human populations have been exposed to hazardous substances, and release of comprehensive findings from evaluations;

(5) *Public Health Actions*, which could be short-term, including providing health professional education, medical intervention, and health studies; or long-term actions, which could include providing surveillance, medical monitoring, and registries;

(6) *Remediation and Site Closure Planning*, which could include providing a public health analysis of environmental monitoring plans, evaluating final sampling data, and releasing comprehensive public health findings regarding efficacy of cleanup efforts in mitigating or reducing human exposure; and

(7) *Customer Satisfaction Evaluations* to confirm the effectiveness of activities through reader/customer surveys, pilot projects, questionnaires, and community meetings.

Greater participation of communities and remediation decisionmakers will be fundamental to the implementation of the revised process, and interaction with stakeholders will be an integral part in each of the activities noted above. Community involvement will be emphasized throughout ATSDR's activities. In particular, efforts to facilitate community outreach will be undertaken through actions such as increased use of Public Availability Sessions, poster sessions, direct contact with community groups, focus group workshops for team-building, distribution of Community Notices and

Fact Sheets, and establishing Community Assistance Panels. In addition, ATSDR will continue to provide independent peer-review of a sample of our public health assessments.

Dated: June 1, 1995.

Claire V. Broome,

Deputy Administrator, Agency for Toxic Substances and Disease Registry.

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Centers for Disease Control and Prevention

[Announcement 551]

Announcement of Cooperative Agreement to the North Carolina Department of Environment, Health and Natural Resources

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1995 for a sole source cooperative agreement with the North Carolina Department of Environment, Health and Natural Resources (NCDEHNR) to support the Efficacy of a Mandatory Substance Abuse Assessment Program in Reducing Repeat Arrest for Driving While Impaired. Approximately \$50,000 is available in FY 1995 to support this project. It is expected the award will begin on or about September 30, 1995, and will be made for a 12-month budget period with a one-year project period. The funding estimate is subject to change based on the availability of funds.

The purpose of this project is to evaluate the effectiveness of the Mandatory Substance Abuse Assessment Program in North Carolina's in decreasing repeat driving while impaired (DWI) arrests. The study will test the following two hypotheses:

1. Drivers convicted of DWI for the first time (first offenders who complete North Carolina's Mandatory Substance Abuse Assessment Program (MSAAP)) will be less likely than other first offenders to have a repeat arrest for DWI.

2. Among first offenders who are subsequently arrested for DWI, the time interval between the first conviction and the second arrest will be greater for those drivers who have completed North Carolina's MSAAP.

The CDC will develop a research protocol for the evaluation of the MSAAP, analyze and interpret the data, produce a report that describes the results of the MSAAP evaluation, and

disseminate the results via publication in peer reviewed journals, the MMWR and other literature and means.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Unintentional Injuries (Objective 4.1) which calls for a reduction in alcohol-related crash deaths. In addition, *Injury Control in the 1990s: A National Plan for Action* (Recommendation 15) calls for the implementation and strengthening of programs for reducing impaired driving. (For ordering a copy of "Healthy People 2000," see the Section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under Sections 301, 317, 391, 392 and 394 of the Public Health Service Act, (42 U.S.C. 241, 247b, 280b, 280b-1 and 280b-2), as amended. Program regulations are set forth in 42 CFR Part 52.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicant

Assistance will be provided only to NCDEHNR. No other applications are solicited. The program announcement and application kit have been sent to NCDEHNR.

NCDEHNR is the only organization able to conduct the work under this cooperative agreement because North Carolina is the only State meeting all of the following requirements:

1. North Carolina requires all drivers who are convicted of driving while impaired (DWI) to obtain a substance abuse assessment and comply with treatment requirements before they can get their license back. This provides an important opportunity to evaluate the effectiveness of mandatory substance abuse assessment and treatment for drivers with a first conviction for DWI (first offenders)—a population who may be more responsive to treatment.

2. North Carolina's substance abuse assessment and treatment requirement