

("5FU") and either leucovorin or levamisole. For those patients whose cancer recurs, the survival rate is only fifteen percent. Topoisomerase I inhibitors are expected to increase the rate of survival for colorectal cancer patients.

The proposed Consent Order would remedy the alleged violation by replacing the lost competition that would result in the U.S. from the merger. Presently, only a very small number of companies worldwide are developing topoisomerase I inhibitors. Upjohn has the U.S. rights for CPT-11, a topoisomerase I inhibitor developed in Japan by Yakult Honsha and Daiichi. Pharmacia has the worldwide rights for 9-AC under a Cooperative Research and Development Agreement with the National Cancer Institute. Upjohn's and Pharmacia's products may be effective treatments for colorectal cancer. Because the information obtained during the Commission's investigation about the status of pharmaceutical research projects is highly confidential, the Commission cannot disclose publicly what, if any, other research projects are currently underway on topoisomerase I inhibitors.

Under the proposed Consent Order, Pharmacia and Upjohn are required to divest 9-AC assets relating to the research and development of 9-AC for sale in the United States. As a result, two independent pharmaceutical companies will continue to research and develop their respective topoisomerase I inhibitors in the United States following the proposed merger.

The proposed Order requires that if Upjohn and Pharmacia fail to divest the product within 12 months, a trustee will be appointed to divest Pharmacia's 9-AC Assets in the U.S. as well as either a worldwide exclusive or a nonexclusive worldwide (excluding the U.S.) license for 9-AC. The Order also requires Upjohn and Pharmacia to provide technical assistance and advice to ensure that the acquirer is capable of continuing present research and development and to produce 9-AC if needed by the Acquirer for its clinical trials.

An Interim Agreement is incorporated into the proposed Order to protect the ongoing research and development of 9-AC. In the Interim Agreement, Pharmacia and Upjohn commit to continue the planned research and development of 9-AC pending the divestiture required under the Order. The Interim Agreement remains in effect until Pharmacia has divested its 9-AC Assets pursuant to the Order.

Under the provisions of the order, Upjohn and Pharmacia are also required

to provide the Commission a report of compliance with the divestiture provisions of the Order within sixty (60) days following the date the Order becomes final, and every sixty (60) days thereafter until Upjohn and Pharmacia have completed the required divestiture.

The purpose of this analysis is to facilitate the public comment on the proposed Order, and it is not intended to constitute an official interpretation of the agreement and proposed Order or to modify in any way their terms.

Donald S. Clark,  
Secretary.

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BILLING CODE 6750-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### Public Information Collection Requirements Submitted for Public Comment and Recommendations

**AGENCY:** Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Home and Community-Based Services Waiver Requests; *Form No.:* HCFA-8003; *Use:* Under a Secretarial waiver, States may offer a wide array of home and community-based services to individuals who would otherwise require institutionalization. States requesting a waiver must provide certain assurances, documentation and cost and utilization estimates which are reviewed, approved and maintained for

the purpose of identifying/verifying States' compliance with such statutory and regulatory requirements; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 50; *Total Annual Responses:* 140; *Total Annual Hours Requested:* 12,600.

To request copies of the proposed paperwork collection referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collection should be sent within 60 days of this notice direct to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: Linda Mansfield, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: October 26, 1995.

Kathleen B. Larson,  
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 95-27476 Filed 11-6-95; 8:45 am]  
BILLING CODE 4120-03-P

### Indian Health Service

[0917-ZA00]

#### Notice of Redesignation of Contract Health Service Delivery Area

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice with request for comments.

**SUMMARY:** This Notice advises the public that the Indian Health Service (IHS) proposes to redesignate the geographic boundaries of the Contract Health Service Delivery Area (CHSDA) for the Confederated Tribes of the Chehalis Reservation, Washington ("the Tribes"). The Chehalis CHSDA currently is comprised of Grays Harbor and Thurston Counties in the State of Washington. These counties were designated as the Tribes' CHSDA in the Federal Register of January 10, 1984 (49 CFR 1291). It is proposed that Lewis County, Washington, be added to the existing CHSDA. This notice is issued under authority of 43 FR 34654, August 4, 1978.

**DATES:** Comments must be received on or before December 7, 1995.

**ADDRESSES:** Comments may be mailed to Betty J. Penn, Regulations Officer, Indian Health Service, Suite 450, 12300 Twinbrook Parkway, Rockville,

Maryland 20852. Comments will be made available for public inspection at this address from 8:30 a.m. to 5:00 p.m. Monday-Friday, beginning approximately 2 weeks after publication of this notice.

**FOR FURTHER INFORMATION CONTACT:**

Leslie M. Morris, Deputy Director, Division of Legislation and Regulations, Office of Planning, Evaluation and Legislation, Indian Health Service, Suite 450, 12300 Twinbrook Parkway, Rockville, Maryland 20852, Telephone 301/443-1116 (This is not a toll-free number.)

**SUPPLEMENTARY INFORMATION:** On August 4, 1978, the IHS published regulations establishing eligibility criteria for receipt of contract health services (CHS) and for the designation of CHSDAs (43 FR 34654, codified at 42 CFR 36.22, last published in the 1986 version of the Code of Federal Regulations). On September 16, 1987, the IHS published new regulations governing eligibility for IHS services. Congress has repeatedly delayed implementation of the new regulations by imposing annual moratoriums. Section 719(a) of the Indian Health Care Amendments of 1988, Pub. L. 100-713, explicitly provides that during the period of the moratorium placed on implementation of the new eligibility regulations, the IHS will provide services pursuant to the criteria in effect on September 15, 1987. Thus the IHS CHS program continues to be governed by the regulations contained in the 1986 edition of the Code of Federal Regulations in effect on September 15, 1987. See 43 CFR 36.21 *et seq.* (1986).

As applicable to the Tribes, these regulations provide that, unless otherwise designated, a CHSDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation (42 CFR 36.22(a)(6) (1986)). The regulations also provide that after consultation with the tribal governing body or bodies of those reservations included in the CHSDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a CHSDA. The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of contract health services.

Additionally, the regulations require that any redesignation of a CHSDA must be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). In compliance with this requirement, we are publishing this proposal and requesting public comment.

The request of the Confederated Tribes of Chehalis Reservation to expand their CHSDA was presented in their Tribal Resolution 1994-38, dated August 17, 1994. The Tribes' request will expand their current CHSDA, which incorporates Grays Harbor and Thurston Counties in the State of Washington, to include Lewis County, Washington.

Under 42 CFR 36.23 those otherwise eligible Indians who do not reside on a reservation but reside within a CHSDA must be either members of the tribe or maintain close economic and social ties with the tribe. In this case, the tribe estimates that the current eligible CHS population will be increased by 25 individuals consisting of 13 enrolled Chehalis tribal members and 12 non-Chehalis members not currently covered because these individuals have no close economic and social ties with the Yakama but do with the Chehalis.

In applying the aforementioned CHSDA redesignation criteria required by operative regulations (43 FR 35654), the following findings are made:

1. Lewis County is contiguous with Thurston County. Both counties are within the State of Washington.

2. Lewis County is part of the Tribes' traditional territory and many tribal members retain ownership of public domain allotments there.

3. The Tribes share co-management responsibility with the State of Washington for 2,600 square miles of rivers and streams in the Chehalis River Basin, which includes Lewis County. Lands adjacent to the Chehalis River have historically been considered in defining the original tribal homeland.

4. The majority of potential new CHS users who reside in Lewis County are within 15 miles of the Tribes limited direct care facility and depend on the Tribes for their health care requirements.

5. The nearest IHS comprehensive health center available to provide care for these beneficiaries is located in Toppenish, Washington, which is 150 miles away.

6. The current CHS patient care resources available to the tribes total \$331,364 for 392 users. Per capita combined workload units (CWUs) are estimated at 5.7. The estimated costs associated with this request are \$21,090 and are calculated as follows:

$$392 \text{ current users} \times 5.7 \text{ CWUs} = 2,234 \text{ CWUs}$$

$$\frac{\$331,364 \text{ (current funding)}}{2,234 \text{ CWUs}} = \$148 \text{ per CWU}$$

$$\$148 \times 25 \text{ (new users)} \times 5.7 \text{ CWUs} = \$21,090$$

7. The financial resources required to meet the immediate needs of potential Lewis County users will not be substantial and will be absorbed by that tribe's total health care program within available resources.

Since CHS is a critical component of the Tribes' overall health care system for its members, the Tribes feels that the members living in Lewis County, Washington, should be included within the CHSDA for the Tribes.

Accordingly, after considering the Tribes' request in light of the criteria specified in the regulations, I am proposing to redesignate the CHSDA of the Tribes to consist of Grays Harbor, Thurston, and Lewis counties of the State of Washington.

This notice does not contain reporting or recordkeeping requirements subject to prior approval by the Office of Management and Budget under the Paperwork Reduction Act of 1980.

Dated: October 31, 1995.

Michel E. Lincoln,  
Deputy Director.

[FR Doc. 95-27564 Filed 11-6-95; 8:45 am]

BILLING CODE 4160-16-M

## National Institutes of Health

### National Institute of General Medical Sciences; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings:

*Committee Name:* National Institute of General Medical Sciences Special Emphasis Panel—Genetics.

*Date:* November 6.

*Time:* 8:30 a.m.—adjournment.

*Place:* National Institutes of Health, 45 Center Drive, Natcher Building, Room F2, Bethesda, MD 20892-6200.

*Contact Person:* Dr. Arthur Zachary, Scientific Review Administrator, NIGMS, 45 Center Drive, Room 1AS-13, Bethesda, MD 20892-6200.

*Purpose:* To review and evaluate grant applications.

*Committee Name:* National Institute of General Medical Sciences Special Emphasis