1. How could promotion of products manufactured or distributed by multinational companies be presented on the Internet without violating the act and regulations?

2. What factors should FDA consider in determining whether a company is attempting to promote a product within the United States, which is approved for a use in another country, but not so approved in the United States?

3. What policies and regulations have other countries established or are considering with respect to the dissemination of information about medical products over the Internet?

FDA welcomes comments on all of the issues described above.

Dated: September 10, 1996.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 96–23616 Filed 9–13–96; 8:45 am]

BILLING CODE 4160–01–F

Indian Health Service

Submission for OMB Review; Comment Request, Indian Health Service, Hospital, Dental and Other Contract Health Service Reports

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, 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 activity was previously published in the Federal Register (61 FR 17903) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow 30 days for public comments to be submitted to the OMB. The IHS may not conduct or sponsor, and the respondent is not required to respond to any information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

PROPOSED COLLECTION: *Title:* Indian Health Service Contract Health Service Reports. *Type of Information Collection Request:* A 1-year reinstatement with change of previously approved information collection 0917–0002, Indian Health Service contract Health Service Reports'' *Need and Use of Information Collection:* These information collection forms are completed by IHS CHS Providers and used to certify that the health care services requested and authorized by the IHS have been performed by the CHS Provider(s), process payments for health care services performed by such providers; and serve as a legal document for health and medical care authorized by the IHS and rendered by providers under contract with the IHS. The burden estimate for this information collection activity follows:

Information collection activity	No. of respondents	Responses per respondent	Average burden per response (hours) [1]
IHS–43–1A	429	148	0.167 (10 mins).
IHS–57–1A	403	22	0.418 (25 mins).
IHS–64–1A	5,768	32	0.167 (10 mins).
New form: IHS–843–1A	6,600	41	0.05 (3 mins).
Inpatient Discharge Summary [2]	63,492	1	0.05 (3 mins).

[1] Provided in decimal unit values of an hour and in actual minutes.

[2] The inpatient discharge summary was overlooked as an information collection activity in prior approval requests and is added accordingly. In the **Federal Register** notice (61 FR 17903), the number of respondents and the average burden per response for the IDS were overstated. Both have been adjusted.

REQUEST FOR COMMENTS: Written comments and suggestions from the public and affected agencies are invited on one or more of the following points: (a) Whether the information collection activity is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine the estimate; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of automated collection techniques or other forms of information technology.

DIRECT COMMENTS TO OMB: Written comments and suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: 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 information collection activity or to obtain a copy of the data collection plan(s) and/or instrument(s), contact: Mr. Lance Hodahkwen, Sr., M.P.H., IHS Reports Clearance Officer, 12300 Twinbrook Plaza, Suite 450, Rockville, MD 20857; or call non-toll-free number (301) 443–0461; or send via facsimile to (301) 443–1522 or Internet (include your address) to: Lhodahkw@ihs.ssw.dhhs.gov.

COMMENTS DUE DATE: Comments regarding this information collection activity are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: August 28, 1996.

Michael H. Trujillo,

Assistant Surgeon General, Director.

[FR Doc. 96–23551 Filed 9–13–96; 8:45 am]

BILLING CODE 4160–16–M

Office of Inspector General

Program Exclusions: August 1996

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of August 1996, 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, Maternal and Child Health Services Block Grant and Block Grants to States for Social Services 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