

potentially curative regimen; and (2) NDA 20-262/S-022 for Taxol® for Injection Concentrate (paclitaxel, Bristol-Myers Squibb Pharmaceutical Research Institute), indicated for second-line treatment of AIDS-related Kaposi's sarcoma. On June 24, 1997, the committee will discuss: (1) NDA 20-794 for Liazal™ Tablets (liarozole fumarate, Janssen Research Foundation), indicated for treatment of advanced prostate cancer in patients who relapsed after first-line hormonal therapy; and (2) drafts of the FDA "Guidance for Industry: Providing Clinical Evidence of Effectiveness for Human Drug and Biological Products" and the FDA "Guidance for Industry: FDA Approval of New Cancer Treatment Uses for Marketed Drug and Biological Products." These documents are available on the internet at <http://www.fda.gov/cder/guidance/htm> or submit written requests for single copies to the Drug Information Branch (HFD-210), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857.

Procedure: The meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by June 6, 1997. Those desiring to make formal presentations should notify the contact person before June 6, 1997, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: May 9, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97-12726 Filed 5-14-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-565 and HCFA-2384]

Agency Information Collection Activities: Proposed Collection; Comment Request

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, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding the 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:* Medicare Qualification Statement for Federal Employees; *Form No.:* HCFA-565; *Use:* This form is completed by individuals filing for hospital insurance (HI) benefits (Part A) based upon their federal employment. This information is necessary to determine if HCFA/SSA can use federal employment prior to 1983 to qualify for free Part A. *Frequency:* One time only; *Affected Public:* Federal Government and Individuals or Households; *Number of Respondents:* 4,300; *Total Annual Hours:* 731.

2. *Type of Information Collection Request:* Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Third Party Premium Billing Request, 42 CFR 408.6; *Form No.:* HCFA-2384; *Use:* The Third Party Premium Billing Request is used as an authorization to designate that a family member or other interested party receive the Medicare Premium Bill and pay it on behalf of a Medicare beneficiary. *Frequency:* On occasion; *Affected Public:* Individuals or Households; *Number of Respondents:* 15,000; *Total Annual Hours:* 6,250.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.hcfa.gov/regs/prdact95.htm>, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer

designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 7, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources.

[FR Doc. 97-12764 Filed 5-14-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 1997

Notice is given that the Director of Indian Health Service, under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248(a) and 249(b)) and section 601 of the Indian Health Care Improvement Act (25 U.S.C. 1601), has approved the following reimbursement rates for inpatient and outpatient medical care in facilities operated by the Indian Health Service for Calendar Year 1997: Medicare, and Medicaid Beneficiaries and Beneficiaries of other Federal Agencies. Also, with respect to Medicaid inpatient rates, Indian Health Service Facilities may elect to receive payments for physician services by meeting those requirements under an approved State Medicaid plan.

Inpatient Hospital Per Diem Rate (Excludes Physician Services)

\$760 (Lower 48 States)

\$963 (Alaska)

Medicare Part B Inpatient Ancillary Per Diem Rate

\$419 (Lower 48 States)

\$529 (Alaska)

Outpatient Per Visit Rate

\$152 (Lower 48 States)

\$241 (Alaska)

Outpatient Surgery Rate (Medicare Only)

Established rates for freestanding Ambulatory Surgery Centers Consistent with previous annual rate revisions, these rates will be effective for services provided on/or after January 1, 1997.