

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 requested to make their presentation.

Closed Committee Deliberations: On September 30, 1997, from 8:30 a.m. to 9:30 a.m., the meeting will be closed to permit discussion where disclosure would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. 552b(c)(6)). The board will discuss nominations for, and select recipients of, the 1997 FDA Scientific Achievement Awards. Such discussion in a public meeting would disclose information of a personal nature and would constitute a clearly unwarranted invasion of personal privacy.

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

Dated: August 7, 1997.

William K. Hubbard,

Acting Deputy Commissioner for Policy.

[FR Doc. 97-21722 Filed 8-14-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-437]

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:* Psychiatric Unit

Criteria Work Sheet, Rehabilitation Unit Criteria Work Sheet, Rehabilitation Hospital Criteria Work Sheet and Supporting Regulations 42 CFR 412.20-412.32; *Form No.:* HCFA-437; *Use:* Rehabilitation hospitals and Psychiatric hospital units that are excluded from the Medicare Prospective Payment System (PPS) must complete the criteria work sheets to verify and reverify that they comply and remain in compliance with the exclusion criteria for the Medicare prospective payment system. These forms capture information that will allow Medicare to reimburse these facilities on the basis of nationally-determined average standardized amounts, i.e., a prospective payment type system. *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions and State, Local or Tribal Government; *Number of Respondents:* 2,555; *Total Annual Responses:* 2,555; *Total Annual Hours:* 639.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Reconciliation of State Invoice and Prior Quarter Adjustment Statement; *Form No.:* HCFA-304A; *Use:* In response to a need for improved data exchange between drug labelers and States, HCFA, in conjunction with outside consultants, developed the Reconciliation of State Invoice (ROSI), form HCFA-304, and the Prior Quarter Adjustment Statement (PQAS), form HCFA-304A. The ROSI is to be used by drug labelers when responding to State invoices of current quarter utilization data only, and functions as a reconciliation report to assure accurate drug rebate payments. The PQAS is used by drug labelers to report only on prior quarter actions/payments. Prior quarter activity includes changes to utilization data submitted by States, revisions to previously disputed units, and prior period adjustments (URA changes). Both forms assist in reducing disputes by standardizing data exchange and improving communication between drug labelers and States. *Frequency:* Quarterly; *Affected Public:* Business or other for-profit; *Number of Respondents:* 365; *Total Annual Responses:* 1,460; *Total Annual Hours:* 132,120.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, 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 Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: John Rudolph, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 5, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, Division of HCFA Enterprise Standards, Health Care Financing Administration.

[FR Doc. 97-21654 Filed 8-14-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-2384]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Health Care Financing Administration.

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 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.

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 and Supporting Regulations in 42 CFR 408.6; *Form No.:* HCFA-2384 (OMB 0938-0041); *Use:* The Third Party Premium Billing Request is used as an authorization form to designate that a family member or other interested party