

methyl acrylate copolymers (21 CFR 177.1480) to provide for the safe use of nitrile rubber modified acrylonitrile-methyl acrylate copolymers as beverage containers.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before March 6, 1998, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: January 22, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 98-2682 Filed 2-3-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98F-0055]

Ciba Specialty Chemicals Corp.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Ciba Specialty Chemicals Corp. has

filed a petition proposing that the food additive regulations be amended to provide for the expanded safe use of 2-(4,6-diphenyl-1,3,5-triazin-2-yl)-5-(hexyloxy)phenol as a light stabilizer/ultraviolet (UV) absorber for polyethylene phthalate polymers intended for use in contact with food.

FOR FURTHER INFORMATION CONTACT: Vir D. Anand, Center for Food Safety and Applied Nutrition (HFS-216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3081.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 8B4573) has been filed by Ciba Specialty Chemicals Corp., 540 White Plains Rd., Tarrytown, NY 10591-9005. The petition proposes to amend the food additive regulations in § 178.2010 *Antioxidants and/or stabilizers for polymers* (21 CFR 178.2010) to provide for the expanded safe use of 2-(4,6-diphenyl-1,3,5-triazin-2-yl)-5-(hexyloxy)phenol as a light stabilizer/UV absorber for polyethylene phthalate polymers complying with 21 CFR 177.1630 intended for use in contact with food.

The agency has determined under 21 CFR 25.32(i) that this action is of the type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: January 22, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-2011-N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: July, August, September, October, and November 1997

AGENCY: Health Care Financing Administration (HCFA).

ACTION: Notice.

SUMMARY: Two new proposals for Medicaid demonstration projects were submitted to the Department of Health and Human Services during the months

of July, August, September, October, and November 1997 under the authority of section 1115 of the Social Security Act. Two pending proposals were approved during this time period. No proposals were disapproved or withdrawn during the time period. (This notice can be accessed on the Internet at <http://www.hcfa.gov/cmso/sect1115.htm>.)

COMMENTS: We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: Mail correspondence to: Gloria Smiddy, Center for Medicaid and State Operations, Health Care Financing Administration, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT: Gloria Smiddy, (410) 786-7723.

SUPPLEMENTARY INFORMATION:

I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. On September 27, 1994, we published a notice in the **Federal Register** (59 FR 49249) that specified (1) the principals that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

As part of our procedures, we publish a notice in the **Federal Register** with a monthly listing of all new submissions, pending proposals, approvals, disapprovals, and withdrawn proposals. Proposals submitted in response to grant solicitation or other competitive process

are reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process.

II. Listing of New, Pending, Approved, Disapproved, and Withdrawn Proposals for the Month of July, August, September, October, and November 1997

A. Comprehensive Health Reform Programs

1. New Proposal

The following proposal comprehensive health reform proposal was received during the month of July 1997.

Demonstration Title/State: HealthyKids/Florida;

Description: The State submitted a proposal that would expand Medicaid coverage to the HealthyKids program for children ages 5–19, enrolled in school, not on Medicaid, and without comparable health care coverage.

Date Received: July 1, 1997.

State Contact: Bob Sharpe, Agency for Health Care Administration, The Atrium, Suite 301, 325 John Knox Road, Tallahassee, FL 32303–4131, (904) 488–9347.

Federal Project Officer: Alisa Adamo, Health Care Financing Administration, Center for Medicaid and State Operations, Family and Children's Health Programs, Group Division of Integrated Health Systems, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410) 786–6618.

No new proposals were received during the months of August, September, October, and November 1997.

2. Approved Proposals

The Following proposals were approved during the months of July and August:

Demonstration Title/State: The New York Partnership Plan—New York.

Description: The New York Partnership Plan is a statewide section 1115 demonstration proposal. The Partnership Plan would enroll its Medicaid population (excluding individuals who are elderly, disabled, and institutionalized) and its Home Relief population (those individuals who are financially needy but not Medicaid eligible) into managed care programs. The plan also would establish new health plans to meet the needs of special populations (i.e., individuals with HIV disease and seriously mentally ill adults and children).

Date Received: March 20, 1995.

Date Approved: July 15, 1997.

State Contact: Ellen Anderson, New York Department of Health, Office of

Managed Care, Empire State Plaza, Corning Tower, Room 2001, Albany, NY 12237, (518) 474–5737.

Federal Project Officer: Debbie VanHoven/Theresa Sachs, Health Care Financing Administration, Center for Medicaid and State Operations, Family and Children's Health Programs, Mail Stop C3–18–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Demonstration Title/State: ARKids First Program—Arkansas.

Description: The ARKids First Program would expand Medicaid eligibility and access to health care services to children age 18 and under with gross family income at or below 200 percent of the Federal poverty level. The intent of the program is to cover all children eligible for Medicaid not otherwise at this income level statewide and to expand access to preventive health care.

Date Received: May 16, 1997.

Date Approved: August 19, 1997.

State Contact: Binnie Alberius, Arkansas Department of Human Services, Division of Medical Services, Donaghey Plaza South, P.O. Box 1437, Little Rock, AR 72203–1437, 501–682–8361.

Federal Project Officer: Joan Peterson, Ph.D., Health Care Financing Administration, Center for Medicaid and State Operations, Family and Children's Health Programs, Division of Integrated Health Systems, Mail Stop C3–18–26, 7500 Security Boulevard, Baltimore, MD 21244–1850, (410)–786–0621.

No proposals were approved during the months of September, October, and November 1997.

3. Pending Proposals

Pending proposals for the month of June 1997, referenced in the **Federal Register** of August 14, 1997 (62 FR 43541) remain unchanged except for the deletion of The New York Partnership Plan and ARKid First Program of Arkansas (which were approved in July and August 1997, respectively), and the addition of HealthyKids/Florida (which was received in July).

4. Approved Conceptual Proposals (Award for Waivers Pending)

No conceptual proposals were approved during the months of July, August, September, October, and November 1997.

5. Disapproved and Withdrawn Proposals

No proposals were disapproved or withdrawn during the months of July, August, September, October, and November 1997.

B. Other Section 1115 Demonstration Proposals

1. New Proposals

The following family planning proposal was received during the month of September 1997.

Demonstration Title/State: Extending Medicaid Family Planning Benefits for Postpartum Women—Florida.

Description: The State proposes to extend Medicaid eligibility for family planning services only for 2 years to women who lose Medicaid eligibility and who have received a pregnancy-related service during their eligibility period.

Date Received: September 22, 1997.

State Contact: Bob Sharpe, Agency for Health Care Administration, The Atrium, Suite 301, 325 John Knox Road, Tallahassee, FL 32303–4131, 904–488–9347.

Federal Project Officer: Alisa Adamo, Health Care Financing Administration, Center for Medicaid and State Operations, Family and Children's Health Programs Group, Division of Integrated Health Systems, 7500 Security Boulevard, Baltimore, MD 21244–1850.

No new proposals were received during the months of July, August, October, and November 1997.

2. Pending Proposals

Pending proposals for the month of June 1997 referenced in the **Federal Register** of August 14, 1997 (62 FR 43541) remain unchanged except for the addition of the following proposals.

Description Title/State: Maine-Net—Integrated Managed Health Care Plans—Maine.

Description: The Maine-Net project is a two-site demonstration designed to test the efficiency and effectiveness of financing and delivery systems which integrate primary, acute, and long-term care services under a combination of Medicaid capitation payments, Medicare fee-for-service, and/or primary care case management. Participants will be both Medicaid only and dually eligible Medicare/Medicaid beneficiaries who are 65 or older or physically disabled. Enrollment will be mandatory.

Date Received: June 2, 1997.

State Contact: Christine Gianopoulos, Bureau of Elder and Adult Services, Maine Department of Human Services, 35 Anthony Avenue, State House Station 11, Augusta, ME 04333–0011, (207) 624–5335.

Federal Project Officer: Kay Lewandowski, Health Care Financing Administration, Office of Strategic Planning, Mail Stop C3–23–04, 7500

Security Boulevard, Baltimore, MD 21244-1850.

Demonstration Title/State: Mass Health Senior Care Options—Massachusetts.

Description: The Massachusetts Division of Medical Assistance submitted a demonstration waiver application for both Medicare (Section 222) and Medicaid (Section 1115) programs. The application would establish integrated care to persons 65 years of age and older who are eligible for both Medicare and Medicaid through voluntary enrollment in Senior Care Organizations (SCO). SCOs are expected to be available statewide. In addition to Federal demonstration waivers, enabling legislation in Massachusetts is also necessary.

Date Received: June 12, 1997.

State Contact: Kate Willrich, Managed Care Program Development, Division of Medical Assistance, 600 Washington Street, Boston, MA 02111, (617) 210-5466.

Federal Project Officer: William D. Clark, Health Care Financing Administration, Office of Strategic Planning, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Demonstration Title/State: Extending Medicaid Family Planning Benefits for Postpartum Women—Florida (described under B.1. "New Proposals" for the month of September 1997).

3. Approved, Disapproved, and Withdrawn Proposals

No proposals were approved, disapproved, and withdrawn during the months of July, August, September, October, and November 1997.

III. Requests for Copies for a Proposal

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquiries should be directed to HCFA at the address above.

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments)

Dated: December 30, 1997.

Sally K. Richardson,

Director, Center for Medicaid and State Operations.

[FR Doc. 98-2636 Filed 2-3-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank; Change in User Fee and Elimination of Diskette Queries

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), is announcing a one dollar increase in the fee charged to entities authorized to request information from the National Practitioner Data Bank (Data Bank) for all queries. Concurrently, HRSA is announcing that the Data Bank will no longer accept queries submitted via diskette.

The current fee structure was announced in the **Federal Register** on January 21, 1997 (62 FR 3048). The user fee is \$3.00 per name per query fee for queries submitted via telecommunications network and paid via an electronic funds transfer or credit card, with query response sent via the telecommunications network. A three dollar surcharge is applied when queries are submitted electronically on a diskette to pay for the extra handling and mailing costs for these queries. An additional \$4.00 is charged for all queries which are paid for by check or money order rather than by electronic funds transfer or credit card to cover the cost of debt management.

The Data Bank is authorized by the Health Care Quality Improvement Act of 1986 (the Act), title IV of Public Law 99-660, as amended (42 U.S.C. 11101 *et seq.*). Section 427(b)(4) of the Act authorizes the establishment of fees for the costs of processing requests for disclosure and of providing such information.

Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and disclosed by the Data Bank. Section 60.3 of these regulations defines the terms used in this announcement.

In determining any changes in the amount of the user fee, the Department uses the criteria set forth in § 60.12 (b) of the regulations, as well as allowable costs pursuant to the DHHS Appropriations Act of 1998, P.L. 105-78, enacted November 13, 1997. This Act requires that the Department recover the full costs of operating the Data Bank through user fees. Paragraph (b) of the regulations states:

The amount of each fee will be determined based on the following criteria:

(1) Use of electronic data processing equipment to obtain information—the actual

cost for the service, including computer search time, runs, printouts, and time of computer programmers and operators, or other employees,

(2) Photocopying or other forms of reproduction, such as magnetic tapes—actual cost of the operator's time, plus the cost of the machine time and the materials used,

(3) Postage—actual cost, and

(4) Sending information by special methods requested by the applicant, such as express mail or electronic transfer—the actual cost of the special service.

Based on analysis of the comparative costs of the various methods for filing and paying for queries, the Department is raising all query fees by \$1.00 per name. This price increase is necessitated by increased labor costs and escalating costs for the Data Bank's telecommunications network and data transmission services.

Despite the one dollar increase, electronic querying (telecommunications network) and electronic payment continue to be the most cost-effective methods for requesting information from the Data Bank. The new fee for electronic queries (telecommunications network) with electronic payment will be \$4.00. The fee for querying the Data Bank by telecommunications network and non-electronic payment will be \$8.00. This change is effective April 1, 1998.

When a query is for information on one or more physicians, dentists, or other health care practitioners, the appropriate total fee will be \$4.00 (plus a \$4.00 surcharge for submission and payment as described above) multiplied by the number of individuals about whom information is being requested. For examples, see the table below.

Additionally, due to the continuing decrease in the number of queries submitted via diskette and the wider availability of the telecommunications network, the Department is discontinuing its support for the diskette option. Fewer than 2% of queries are currently submitted via diskette. Therefore, the Department has determined that it is no longer cost-efficient for the Data Bank to accept for processing queries submitted via diskette. The Department recognizes that a few entities may have technical difficulties, the remedies for which may be beyond their control, that preclude successful transmission via the telecommunications network. The Data Bank will attempt to work out appropriate accommodations with these entities. Entities experiencing difficulties submitting queries via the telecommunications network should contact the Data Bank Helpline at 1-800-767-6732 for assistance.