

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration****Medical Gas; Notice of Public Workshop**

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public workshop.

The Food and Drug Administration (FDA) is announcing the following public workshop: Medical Gas Workshop. The topics to be discussed are good manufacturing practice (GMP) issues for the medical gas industry, including air liquefaction, transfilling, and hospital installations.

Date and Time: The public workshop will be held on Wednesday, May 13, 1998, 8:30 a.m. to 4:30 p.m. The deadline for registration is May 1, 1998.

Location: The public workshop will be held at the Food and Drug Administration Laboratory, 3032 Bryan St., Dallas, TX 75204. Maps to the public workshop location will be faxed upon request.

Contact Person: Brenda C. Cox, Food and Drug Administration, 7920 Elmbrook Dr., suite 102, Dallas, TX 75247, 214-655-8100, ext. 133, FAX 214-655-8114, or e-mail "bcoc@ora.fda.gov".

Registration: Send registration information (including name, title, firm name, address, telephone, and fax number) to the contact person by Friday, May 1, 1998. Please include "Medical Gas Workshop Registration" in the subject line. There is no registration fee for this public workshop. Space is limited to the first 100 registrants, and further limited to 2 attendees per firm. Firms desiring more than two slots may be accommodated if there are vacancies.

If you need special accommodations due to a disability, please contact Brenda C. Cox at least 7 days in advance.

Dated: March 18, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98-7896 Filed 3-25-98; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration****Advisory Committee for Reproductive Health Drugs; Notice of Meeting**

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Advisory Committee for Reproductive Health Drugs.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Time: The meeting will be held on April 20, 1998, 8:30 a.m. to 5 p.m.

Location: Holiday Inn, Ballrooms I, II, III, and IV, Two Montgomery Village Ave., Gaithersburg, MD.

Contact Person: Kimberly L. Topper or Robin M. Spencer, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857-1000, 301-443-5455, or e-mail TOPPERK@CDER.FDA.GOV, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12537. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will discuss new drug application (NDA) 20-797, Antocin (atosiban injection, R. W. Johnson) for use in the management of premature labor.

Procedure: 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 April 10, 1998. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before April 10, 1998, 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 requested to make their presentation.

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

Dated: March 19, 1998.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 98-7895 Filed 3-25-98; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[Document Identifier: HCFA-R-5]

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.

Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Physician Certification / Recertification in Skilled Nursing Facilities and Supporting Regulations 42 CFR 424.20; **Form No.:** HCFA-R-5; **Use:** The Medicare program requires as a condition of participation for Medicare Part A payment for posthospital skilled nursing facility (SNF) services, that a physician must certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification requirement is intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals. **Frequency:** On occasion; **Affected Public:** Individuals or Households, Business or other for-profit, Not-for-profit institutions, State, Local or Tribal Government; **Number of Respondents:** 1,493,493; **Total Annual Responses:** 3; **Total Annual Hours:** 365,914.

To obtain copies of the supporting statement for the proposed paperwork

collections referenced above, or 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: March 17, 1998.

John P. Burke III,

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

[FR Doc. 98-7855 Filed 3-25-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-37]

Agency Information Collection Activities: Submission for OMB Review; 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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. 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.

Type of Information Collection Request: Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection:* Medicaid Program Budget Report and Supporting Regulations 42 CFR 400.00-430.00; *Form No.:* HCFA-37 OMB # 0938-0101;

Use: The Medicaid Program Budget report is prepared by the State Medicaid Agencies and is used by HCFA for; (1) developing National Medicaid Budget estimates, (2) quantification of Budget Assumptions, (3) the issuance of quarterly Medicaid Grant Awards, and (4) collection of projected State receipts of donations and taxes. *Frequency:* Quarterly; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 56; *Total Annual Responses:* 224; *Total Annual Hours:* 7,840.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, or to obtain 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 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: March 17, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-7854 Filed 3-25-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-64]

Agency Information Collection Activities: Submission for OMB Review; 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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. 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.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program; *Form No.:* HCFA-64; *Use:* This form is used by State Medicaid agencies to report their actual program benefit costs and administrative expenses to the Health Care Financing Administration (HCFA). HCFA uses this information to compute the Federal financial participation (FFP) for the State's Medicaid Program costs. *Frequency:* Quarterly; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 56; *Total Annual Responses:* 224; *Total Annual Hours:* 11,984.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, or to obtain 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 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: March 17, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-7856 Filed 3-25-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-225]

Agency Information Collection Activities: Submission for OMB Review; 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, has submitted to the Office of Management and Budget