DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science; Availability of Crisis Response Teams for Technical Assistance

AGENCY: Office of Public Health and Science, in the Office of the Secretary (OPHS/OS), Department of Health and Human Services (HHS).

ACTION: Notice.

AUTHORITY: 42 U.S.C. 241, 243.

SUMMARY: The Office of Public Health and Science announces the availability of technical assistance teams, known as crisis response teams, to provide multidisciplinary technical assistance to localities most highly impacted by HIV/AIDS within racial and ethnic minority communities. The HIV/AIDS epidemic disproportionately affects racial and ethnic minority populations nationally, with major metropolitan areas and urban centers most heavily impacted by high AIDS case rates and large numbers of people living with HIV disease. The crisis response team would work in partnership with local community officials, public health personnel and community leaders to further describe the local HIV/AIDS epidemic and its impact upon vulnerable populations, assist them in identifying potential strategies to enhance prevention efforts, and maximize community health and support service networks and access to care. Findings of the crisis response team will be provided to local elected and health department officials, and to the HIV community planning groups and planning councils for their consideration and action. The crisis response teams must be requested by the chief elected official of an eligible jurisdiction, in collaboration with the director of the local health department and State/local HIV community planning groups and HIV planning councils.

DATES: Letters of request from localities requesting to apply for a crisis response team must be received on or before January 25, 1999.

ADDRESSES: Letters of request should be submitted to: Director, Office of HIV/AIDS Policy, Office of Public Health and Science, Room 736–E, 200 Independence Avenue SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Office of HIV/AIDS Policy, Office of Public Health and Science, telephone (202) 690–5560.

SUPPLEMENTARY INFORMATION: Eligibility criteria for localities wishing to apply for a crisis response team are: (1) Eligible metropolitan statistical areas with populations of 500,000 or greater; (2) 1,500 or greater living AIDS cases among African Americans and Hispanic Americans; (3) at least 50 percent of living AIDS cases within the MSA are African American and Hispanic Americans combined; and (4) the chief elected official of the MSA, in collaboration with appropriate health officials, must submit a written request to the Secretary requesting a crisis response team. In the case that multiple jurisdictions are represented within an eligible MSA, the chief elected official of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS, as reported to and confirmed by the Centers for Disease Control and Prevention, in the eligible area is the individual responsible for making a written request to the Secretary. This letter of request must indicate the support of the Director of the jurisdiction's local health department for the crisis response team, a description of the key issues, and a confirmation of the commitment of local officials to working with the communities most impacted by HIV/AIDS over a sustained period. Smaller communities with under 500,000 population in which the demographics of the HIV epidemic are rapidly changing may submit a letter of request following the process outlined above; these requests will be considered separately. The Virgin Islands will be separately considered for a crisis response team given the unique nature of the HIV/AIDS epidemic in this geographic area. Metropolitan statistical areas qualifying under criteria one through three include: Atlanta, GA; Baltimore, MD; Chicago, IL; Detroit, MI; Fort Lauderdale, FL; Houston, TX; Jersey City, NJ; Los Angeles-Long Beach, CA; Miami, FL; New Haven-Bridgeport-Danbury-Waterbury, CT; New York, NY; Newark, NJ; Philadelphia, PA; San Juan-Bayamon, PR; Washington, DC–MD–VA–WV; and West Palm Beach-Boca Raton, FL. The Department will initially deploy crisis response teams to three jurisdictions and evaluate their effectiveness, and respond to further requests for this technical assistance within its capacity to assemble the appropriate expert teams.

Dated: December 16, 1998.

Glen E. Harelson,

Acting Director, Office of HIV/AIDS Policy.

[FR Doc. 98–34064 Filed 12–23–98; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Meeting of the Advisory Committee on Blood Safety and Availability

AGENCY: Office of the Secretary, HHS.

ACTION: Notice of meeting.

The Advisory Committee on Blood Safety and Availability will meet on January 28, 1999 from 9 a.m. to 5 p.m. and January 29, 1999, from 8 a.m. to 3 p.m. The meeting will take place in the Crown Plaza Hotel, 14th and K Streets NW, Washington, DC 20005. The meeting will be entirely open to the public.

The purpose of the meeting will be to discuss the options for implementation and evaluation of the recommendations made by the Advisory Committee regarding hepatitis C lookback at its November 24, 1998 meeting, and consideration of such Old and New Business as time permits.

Prospective speakers should notify the Executive Secretary of their desire to address the Committee and should plan for no more than 5 minutes of comment.

FOR FURTHER INFORMATION CONTACT: Stephen D. Nightingale, M.D., Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Safety, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. Phone (202) 690–5560 FAX (202) 690–6584 e-mail SNIGHTIN@osophs.dhhs.gov.

Dated: December 17, 1998.

Stephen D. Nightingale,

Executive Secretary, Advisory Committee on Blood Safety and Availability.

[FR Doc. 98–34065 Filed 12–23–98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Report

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning the opportunity for public comment on proposed collections of information, the Administration on Aging (AoA) seeks to collect and publish periodic summaries of proposed projects. These proposed projects constitute an evaluation of the Administration on Aging's Operation

Restore Trust (ORT) grantees. The mission of the Administration on Aging's ORT initiatives is to fight fraud, waste, and abuse in the Medicare and Medicaid programs. As part of a nationwide partnership of public and private agencies and organizations, AoA funds grants through two mechanisms, the Health Insurance Portability and Accountability Act (HIPPA) (Pub. L. 104–191) and the Health Care Anti-fraud Waste and Abuse Community Volunteer Demonstration Program contained in the Omnibus Consolidated Appropriation Act of 1997. These two sets of projects provide education, training, outreach, and other services to build community coalitions, promote awareness, and stimulate action on the part of staff, volunteers, and beneficiaries to identify and report potential cases of inappropriate billing and other improper activity in the nation's publicly financed health insurance programs.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the performance of the functions of the agency, including whether the information shall have practical utility; the accuracy of the agency's estimate of the burden of the proposed collection of information; 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 respondents, including through the use of automated collection techniques or other forms of information technology. Data will be from all of the AoA funded sites receiving funding in Fiscal Year 1999 and later years where program outcomes are to be assessed on semi-annual basis. The analysis of the data also will help to determine whether the goal of reducing health care waste, fraud, and abuse is being achieved.

The primary purpose of the proposed data collection activity is to meet the reporting requirements of the Government Performance Review Act (GPRA) (Pub. L. 103–62) by allowing AoA to quantify the effects and accomplishments of ORT programs.

	Number of clients	Responses/client	Hours/response	Annual burden hours	Annual burden cost
Semi-annual reporting form	30	2	1	60	$1800
Staff Interview	30	1	1	30	900
Trainee Interview	100	1	.5	50	1500
Total	160			140	4200

To request more information concerning the proposed projects, or to obtain a copy of the information collection plans, call Kenton Williams (202) 619–3951. Written comments may be sent to Kenton Williams, Room 4730 Wilber Cohen Building, 330 Independence Avenue, SW., Washington, DC 20201.

Written comments should be received within 60 days of this notice.

June B. Faris,

Acting Director, Executive Secretariate, Administration on Aging.

[FR Doc. 98–34067 Filed 12–23–98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N–1110]

Agency Information Collection Activities: Proposed Collection; Comment Request; CGMP Regulations for Finished Pharmaceuticals

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information collection provisions relating to the regulation of FDA's current good manufacturing practices (CGMP's) and related regulations for finished pharmaceuticals.

DATES: Submit written comments on the collection of information by February 22, 1999.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Karen L. Nelson, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1482.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.