

TABLE I.

| Date and Location                | Address   | Scheduled Time           | Attendance and Speaker Registration   |
|----------------------------------|---|--------------------------|---|
| March 23, 2000,<br>Stanford, CA. | Stanford Law School,<br>rm. 290, 559 Nathan Abbott Way,<br>Stanford, CA.  | 6 p.m. to 8 p.m.<br>PST. | Judy Keast,<br>Food and Drug Administration, Oakland<br>Federal Bldg., 1301 Clay St., suite 1180N,<br>Oakland, CA 94612, 510-637-3960, ext.<br>112, FAX: 510-637-3976, e-mail:<br>Jkeast@ora.fda.gov. |
| April 12, 2000,<br>Durham, NC.   | Duke University Medical Center,<br>Searle Conference Center, Seeley Mudd<br>Bldg., Research Dr.,<br>Durham, NC. | 1 p.m. to 3 p.m.<br>EST. | Mary Lewis,<br>Food And Drug Administration, 310 New<br>Bern Ave., rm. 370, Raleigh, NC 27601,<br>919-856-4456, FAX: 919-856-4776, e-<br>mail: Mlewis@ora.fda.gov.                                    |

#### IV. Transcripts

Transcripts of the meetings (from each site listed in section III of this document) may be requested in writing from the Freedom of Information Office (HFI-35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A-16, Rockville, MD 20857, approximately 15 working days after the meeting at a cost of 10 cents per page.

Dated: February 11, 2000,

**Margaret M. Dotzel,**

*Acting Associate Commissioner for Policy.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Health Care Financing Administration

[Document Identifier: HCFA-R-310]

##### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing Administration, HHS.

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:* New Collection.

*Title of Information Collection:* Health Care Services for Deaf and Hard of Hearing Adults—Case Story Forms.

*Form No.:* HCFA-R-310 (OMB #0938-NEW).

*Use:* The Agency seeks to obtain beneficiary information that helps providers: (1) Better understand situations in which problems may be avoided when encountering a hearing-impaired or deaf individual; (2) explore how such encounters may affect the delivery of quality care of adversely impact health care outcomes; and (3) provide an opportunity for hearing-impaired individuals to develop more appropriate health-seeking behavior, where indicated. This form is to be used by deaf and hard of hearing individuals accessing the Delmarva web site who may wish to identify experiences receiving health care in the United States. The experiences may be either good or bad. Respondents are asked to complete a form for each case or experience.

*Frequency:* On occasion.

*Affected Public:* Individuals or Households.

*Number of Respondents:* 100.

*Total Annual Responses:* 100.

*Total Annual Hours:* 17.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto: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, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Dated: February 8, 2000.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Health Care Financing Administration

##### Announcement of Office of Management and Budget (OMB) Control Numbers for Agency Information Collections Approved Under the Paperwork Reduction Act of 1995

**AGENCY:** Health Care Financing Administration, HHS.

This notice announces and displays OMB control numbers for Health Care Financing Administration (HCFA) information collections that have been approved by OMB.

Under OMB's regulations implementing the Paperwork Reduction Act (PRA), 44 U.S.C. 3501, each agency that proposes to collect information must submit its proposal for OMB review and approval in accordance with 5 CFR part 1320. Once OMB has approved an agency's proposed collection of information and issues a control number, the agency must display the control number.

OMB regulations provide for alternative methods of displaying OMB control numbers. In the case of collections of information published in regulations, display is to be "provided in a manner that is reasonably