

donors and hepatitis B virus nucleic acid testing. On March 17, the committee will hear updates on the following topics: (1) Summary of the January 2000 Public Health Service Advisory Committee Meeting on Blood Safety and Availability, (2) Creutzfeld-Jacob Disease policy, (3) hepatitis C virus lookback guidance, (4) postdonation information algorithm, and (5) immune globulin intravenous clinical endpoints. In the morning, the committee will hear an informational presentation on the blood action plan and supply issues, and discuss and make recommendations on donor deferral issues related to xenotransplantation. In the afternoon, the committee will be briefed on research programs in the Laboratory of Plasma Derivatives, Division of Hematology, Center for Biologics Evaluation and Research (CBER).

Procedure: On March 16, 2000, from 8 a.m. to 6 p.m. and on March 17, 2000, from 8 a.m. to 3 p.m., the meeting is open to the public. 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 March 7, 2000. Oral presentations from the public will be scheduled between approximately 10:30 a.m. and 11 a.m., 2:30 p.m. and 3 p.m., and 4:30 p.m. and 5 p.m. on March 16, 2000; and between approximately 9:30 a.m. and 10 a.m., and 11:30 a.m. and 12 noon on March 17, 2000. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before March 7, 2000, 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.

Closed Committee Deliberations: On March 17, 2000, from 3 p.m. to 3:30 p.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 committee will discuss reports of the review of individual research programs in the Division of Hematology, CBER.

FDA regrets that it was unable to publish this notice 15 days prior to the March 16 and 17, 2000, Blood Products Advisory Committee meeting. Because the agency believes there is some urgency to bring these issues to public discussion and qualified members of the Blood Products Advisory Committee were available at this time, the Commissioner of Food and Drugs

concluded that it was in the public interest to hold this meeting even if there was not sufficient time for the customary 15-day public notice.

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

Dated: February 28, 2000.

Linda A. Suydam,

Senior Associate Commissioner.

[FR Doc. 00-5394 Filed 3-1-00; 4:26 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Notice of Hearing: Reconsideration of Disapproval of Utah State Children's Health Insurance Program (SCHIP) State Plan Amendment (SPA)

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing on March 17, 2000; 10 a.m.; Seventh Floor (Suite 700); Keystone Room; 1600 Broadway; Denver, Colorado 80202 to reconsider our decision to disapprove Utah SCHIP SPA.

CLOSING DATE: Requests to participate in the hearing as a party must be received by the presiding officer by March 21, 2000.

FOR FURTHER INFORMATION CONTACT:

Kathleen Scully-Hayes, Presiding Officer, HCFA, C1-09-13, 7500 Security Boulevard, Baltimore, Maryland 21244, Telephone: (410)-786-2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to disapprove Utah State Children's Health Insurance Program (SCHIP) State Plan amendment (SPA).

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 that provide a State with an opportunity for an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. Section 2107 (e)(2)(B) of the Act makes these provisions applicable under Title XXI to SCHIP State Plans and State Plan amendments. Under these provisions, the Health Care Financing Administration (HCFA) is required to publish a copy of the notice to a State that informs the State of the time and place of the hearing and the issues to be considered. If we subsequently notify the State of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76 (b)(2). Any interested person or organization that wants to participate as amicus curiae must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76 (c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Utah announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Mr. Rod L. Betit, Executive Director, Utah Department of Health, 288 North 1460 West, Salt Lake City, Utah 84114
Dear Mr. Betit:

I am responding to your request for reconsideration of the decision to disapprove the Utah State Children's Health Insurance Program State Plan Amendment submitted on January 28, 1999.

HCFA disapproved Utah's SCHIP State Plan Amendment because it requested approval, retroactive to August 3, 1998, for the State to impose cost-sharing amounts higher than permitted under Medicaid on SCHIP beneficiaries with family incomes at or below 100 percent of the Federal poverty level (FPL). Section 2103 (e)(3)(A)(ii) of the Social Security Act limits SCHIP cost-sharing amounts for children in families with incomes below 150 percent of FPL to the amounts permitted under Medicaid, "with such appropriate adjustment for inflation or such other reasons as the Secretary determines to be reasonable." The Secretary has determined that it would not be reasonable to adjust the Medicaid maximum cost-sharing amounts for SCHIP beneficiaries at or below 100 percent of FPL.

I am scheduling a hearing on your request for reconsideration to be held on March 17, 2000; 10 a.m.; Seventh Floor (Suite 700); Keystone Room; 1600 Broadway; Denver, Colorado 80202.

If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR, part 430.

The issue to be considered at the hearing is whether the Secretary acted within her discretionary authority under Section 2103(e)(3)(A)(ii) of the Social Security Act in determining that it would not be reasonable to adjust the Medicaid maximum cost-sharing amounts under 42 CFR 447.54 for SCHIP beneficiaries at or below 100 percent of FPL.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the

individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 786-2055.

Sincerely,
Nancy-Ann Min DeParle,
Administrator.

Authority: Section 1116 of the Social Security Act (42 U.S.C. section 1316); (42 CFR section 430.18).

(Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: February 25, 2000.

Nancy-Ann Min DeParle,
Administrator, Health Care Financing Administration.

[FR Doc. 00-5270 Filed 3-3-00; 8:45 am]

BILLING CODE 4120-01-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Pilot Study of African American Women on Health Care Attitudes and Behaviors—NEW

The Office of Minority and Women's Health (OMWH) in the Bureau of

Primary Health Care (BPHC), Health Resources and Services Administration (HRSA) awarded funding for a pilot study which will develop information about the design of a sample appropriate to determine the health status, behaviors, and health service perceptions of African American women who are: (1) College educated, and (2) low income, non-college educated. The pilot study will be used to evaluate the interview instrument and to discover the practical issues and feasibility of sampling low income African American women from the databases of community health centers in three test locations. The goal is to assess the instrument, the sample sources, the procedures, and the response rates and to determine the extent to which data can be collected in a systematic and comprehensive manner. The pilot study is the first step in a much larger nationwide effort to build a significant data set containing detailed information on health status, health indicators, and health behaviors of African American women.

The burden estimate for the pilot study is as follows:

Respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
College educated	60	1	60	30 minutes	30
Non-college educated	180	1	180	30 minutes	90
Total	240	240	120

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: February 28, 2000.

Jane Harrison,
Director, Division of Policy Review and Coordination.

[FR Doc. 00-5255 Filed 3-3-00; 8:45 am]

BILLING CODE 4160-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Request for Generic Clearance To Collect Customer Survey Data Pertaining to NIH Internet Sites

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Request for Generic Clearance to Collect Customer Survey Data Pertaining to NIH Internet Sites. *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* Executive Order 12862 directs agencies that provide significant services directly

to the public to survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services. With this submission, the NIH, Office of Communications and Public Liaison, seeks to obtain OMB's generic approval to conduct customer satisfaction surveys. Since the late 1980's, the NIH has seized the opportunity to disseminate information and materials via the Internet. Today, rapid technological changes of the WWW warrant on-going constituent and resource analysis. With survey information, the NIH is enabled to serve, and respond to, the ever-changing demand by the public. The "public" includes individuals (such as patients, educators, students, etc.) and interested communities (such as national or local organizations/institutions) and business. Survey information will augment current Web content, delivery, and design research which is used to understand the Web user, and more specifically, the NIH user community. Primary objectives are to (1) classify