

Proposed Project

Assessment of Exposure to Arsenic through Household Water—New—National Center for Environmental Health (NCEH). Arsenic is a naturally occurring element present in food and water as both inorganic and organic complexes. Epidemiologic evidence shows a strong link between ingestion of water containing inorganic arsenic and an increase in a wide variety of cancers (e.g., bladder cancer). Consumption of contaminated food is the major source of arsenic exposure for the majority of United States citizens. There are some areas of the United States where

elevated levels of arsenic in water occur with appreciable frequency. In such areas, ingestion of water can be the dominant source of arsenic exposure. Currently, the preferred method of treatment of private, domestic well water containing elevated levels of arsenic is point-of-use (POU) devices. The acceptability of bottled water and POU treatment systems as effective means of managing arsenic exposure is based on the assumption that other water exposures such as bathing, brushing of teeth, cooking, and occasional water consumption from other taps contribute relatively minor

amounts to a person's total daily intake of arsenic.

We propose to conduct a study to methodically test the validity of the commonly-made assumption that secondary exposures such as bathing will not result in a significant increase in arsenic intake over background dietary levels. Specifically, we are interested in assessing urine arsenic levels among individuals where ingestion of arsenic-containing water is controlled by either POU treatment or use of bottled water, combined with use of short-term diaries to record diet, water consumption, and bathing frequency. Total annual burden is 510.

Respondents	Number of respondents	Responses/respondent	Average burden response (in hours)
Prescreening postcard completion	1,000	1	5/60
Recruiting telephone interview	320	1	15/60
Survey interview (in person)	520	1	30/60
Biologic specimen collection	520	1	10/60

Dated: April 20, 2000.

Charles W. Gollmar,
Acting Associate Director for Policy, Planning
and Evaluation, Centers for Disease Control
and Prevention (CDC).

[FR Doc. 00-10351 Filed 4-25-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families**

[Program Announcement No. ACYF-PA-HS-2000-03B]

Fiscal Year 2000 Discretionary Announcement of the Availability of Funds and Request for Applications for Nationwide Expansion Competition of Early Head Start; Correction

AGENCY: Administration for Children, Youth and Families, ACF, DHHS.

ACTION: Correction.

SUMMARY: This document contains a correction to the Notice that was published in the **Federal Register** on Tuesday, February 29, 2000.

On page 10797, in the State of Colorado, Arapahoe County, in the local community column the following service area should be added: Colfax Avenue (county line) on the North, Mississippi Avenue on the South, Chambers Road on the East and Yosemite Street (county line) on the West. This area is currently being served and is not open for competition to new

Early Head Start programs. The remaining part of Arapahoe County is not currently being served and is open to competition to new Early Head Start programs.

On page 10797, in the State of Colorado, in Denver County, in the local community column for the city of Denver, after the service areas numbered (1)-(4), the following service areas should be added in the city of Denver: “(5) the area bounded by 52nd Avenue on the North, Alameda Boulevard on the South, Broadway Avenue on the East, and Sheridan Boulevard on the West.” “(6) Beginning at north Broadway and 38th avenue, go east to Yosemite; Yosemite south to 11th Avenue, 11 Avenue west to Quebec; Quebec south to Hampden, Hampden west to Broadway; Broadway north to 35th Avenue.” “(7) Beginning at north 54th Avenue and Peoria, go 54th east to Chambers; Chambers south to I-70, I-70 West to Peoria, Peoria north to 54th Avenue.” These three areas (5) (6) and (7) are currently being served in the city of Denver in addition to service areas (1) through (4). These seven service areas in the city of Denver are not open to competition to new Early Head Start programs.

On page 10802, of the State of Minnesota, Hennepin County, in the local community column delete “City of North Minneapolis” and replace with “Minneapolis, Brooklyn Park, Golden Valley, and Richfield.”

FOR FURTHER INFORMATION CONTACT: The ACYF Operations Center at 1-800-351-

2293 or send an email to ehs@lcgnet.com. You can also contact Judith Jerald, Early Head Start, Head Start Bureau at (202) 205-8074.

Dated: April 20, 2000.

Patricia Montoya,
Commissioner, Administration on Children,
Youth and Families.

[FR Doc. 00-10378 Filed 4-25-00; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration**

[Docket No. 97N-0314]

Prescription Drug Products; Levothyroxine Sodium; Extension of Compliance Date

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; extension of compliance date.

SUMMARY: The Food and Drug Administration (FDA) is announcing that manufacturers who were marketing orally administered drug products containing levothyroxine sodium on or before August 14, 1997, may continue to market these products without approved applications until August 14, 2001. FDA is extending by 1 year the compliance date given in the notice published in the **Federal Register** of August 14, 1997 (62 FR 43535). The agency is taking this action to give manufacturers additional

time to conduct studies and to prepare applications.

EFFECTIVE DATE: April 26, 2000.

FOR FURTHER INFORMATION CONTACT:

Christine F. Rogers, Center for Drug Evaluation and Research (HFD-7), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-594-2041.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of August 14, 1997 (62 FR 43535), FDA announced that orally administered drug products containing levothyroxine sodium are new drugs and required manufacturers to have approved applications as a condition of marketing. The notice advised that manufacturers who were marketing levothyroxine sodium drug products on or before August 14, 1997, may continue to market their products until August 14, 2000.¹ The notice stated that a manufacturer who marketed a levothyroxine sodium drug product without an approved application after that date would be subject to regulatory action.

FDA permitted this period of continued marketing because it regards levothyroxine sodium products as medically necessary and, therefore, wanted to allow sufficient time for manufacturers to conduct the required studies and to prepare and submit applications, as well as to allow the agency sufficient time to review these applications. FDA has now concluded that manufacturers may need additional time to conduct studies and to prepare applications. Therefore, the agency extends by 1 year the compliance date given in the **Federal Register** notice of August 14, 1997, to permit continued marketing of these products until August 14, 2001.

This notice is issued under the Federal Food, Drug, and Cosmetic Act (secs. 502, 505 (21 U.S.C. 352, 355)) and under authority delegated to the Associate Commissioner for Regulatory Affairs (21 CFR 5.20).

Dated: April 18, 2000.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 00-10322 Filed 4-25-00; 8:45 am]

BILLING CODE 4160-01-F

¹ After August 14, 1997, a new levothyroxine drug product may not be introduced into the market unless FDA has approved an application for that product.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Endocrinologic and Metabolic Drugs Advisory Committee; 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 is open to the public.

Name of Committee: Endocrinologic and Metabolic Drugs Advisory Committee.

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

Date and Time: The meeting will be held on May 19, 2000, 10 a.m. to 2 p.m.

Location: Holiday Inn, Ballroom, 8120 Wisconsin Ave., Bethesda, MD.

Contact Person: Kathleen R. Reedy or LaNise S. Giles, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane, (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville MD, 301-827-7001, email: reedyk@cdcr.fda.gov, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12536. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will hear a presentation of the data and rationale for the regulatory action regarding the withdrawal from the U.S. market of Rezulin™ (troglitazone, Parke-Davis Pharmaceutical Research, a Division of Warner-Lambert) for the treatment of type 2 diabetes mellitus.

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 May 15, 2000. Oral presentations from the public will be scheduled between approximately 10 a.m. and 11 a.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before May 15, 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.

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

Dated: April 17, 2000.

Linda A. Suydam,

Senior Associate Commissioner.

[FR Doc. 00-10321 Filed 4-25-00; 8:45 am]

BILLING CODE 4160-01-F

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: Loan Information System Records for the DHHS and DHUD Hospital Mortgage Insurance, Guarantee, and Direct Loan Programs (OMB 0915-0174)—EXTENSION

The Division of Facilities and Loans within the Health Resources and Services Administration monitors outstanding direct and guaranteed loans made under Section 621 of Title VI and Section 1601 of Title XVI of the Public Health Service Act, as well as loans insured under the Section 242 Hospital Mortgage Insurance Program of the National Housing Act. These programs were designed to aid construction and modernization of health care facilities by increasing the access of facilities to capital through the assumption of the mortgage credit risk by the Federal Government.

Operating statistics and financial information are collected annually from hospitals with mortgages that are insured under these programs. The information is used to monitor the financial stability of the hospitals to protect the Federal investment in these facilities. The form used for the data collection is the Hospital Facility Data Abstract. No changes in the form are proposed.