

- How to address possible incentives for drug manufacturers to make drugs only in the form that cannot be self-administered. How should oral versus injectable drugs be evaluated?

- Considering the marketplace, how should Medicare's policy concerning self-administered drugs take into account a possible competitive disadvantage for oral and subcutaneous drugs that are self-administrable?

The purpose of the meeting on July 25, 2000 is to obtain focused input on how this statutory provision should reasonably be interpreted; how the evolution of medical technology has affected physician practice in self-administration; how different interpretations of the provision might affect considerations of fairness and equity among beneficiary populations; and how physician practice may be affected by different interpretations. We are holding the second meeting to allow the public to address in more detail the issues raised during the first meeting by way of panel presentations and discussion. Due to time constraints, and the need to focus on the above topics, we are unable to undertake a discussion of options or ideas that require a statutory change.

Format

We will begin the meeting with a brief summary of the first meeting and a brief exposition of policy concerns that should be considered when addressing the issue of drugs and biologicals that cannot be self-administered. This will be followed by 15-minute panel presentations by participants who submit a prior request to speak.

Panels will be organized in the following manner to address the general categories of policy concerns:

1. Financial, including incentives/marketplace advantage to manufacturers of non self-administrable forms of drugs.
2. Beneficiary equity.
3. Physicians' ethical dilemmas, including prescription of drugs based on coverage status versus the most appropriate medical treatment.

After the last panel has concluded its presentations the meeting will move to an open dialogue.

Presentations

Individuals interested in making a presentation at the meeting or who need special arrangements should contact Heidi Adams at (410) 786-1620, or via e-mail at HAdams@hcfca.gov, no later than July 14, 2000. Individuals should identify the topics they wish to discuss during their presentation. Because of time constraints, only a limited number of individuals will be able to make

presentations. In an effort to assure that all viewpoints are represented, we will notify participants who are selected to make a presentation. We will not assign presentation times until after July 14, 2000.

Registration

The Center for Health Plans and Providers will handle registration for the meeting. Individuals may register by sending a fax to the attention of Heidi Adams at (410) 786-0169. At the time of registration, please provide your name, address, telephone number, company name, and fax number.

Receipt of your fax will constitute confirmation of your registration. Meeting materials will be provided at the time of the meeting. If you have questions regarding registration, please contact Heidi Adams.

We will accept written comments, questions, or other materials specifically dealing with the issue that are received no later than 5 p.m. on July 14, 2000 at the address noted above.

While the meeting is open to the public, attendance is limited to space available. Individuals must register in advance as described above. Individuals requiring sign language interpretation for the hearing impaired or other special accommodations should contact Heidi Adams at least 10 days before the meeting.

Authority: Section 1102 of the Social Security Act (42 U.S.C. 1302) and 5 CFR 1320.3(h)(4).

(Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 28, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 00-16887 Filed 7-3-00; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans

AGENCY: Indian Health Service, HHS.

ACTION: Revised notice of availability of funds for loan repayment program for repayment of health professions educational loans for Fiscal Year (FY) 2000.

SUMMARY: The announcement for FY 2000 Availability of Funds for Loan

Repayment Program for Repayment of Health Professions Educational Loans was announced in 64 FR 53681 on October 4, 1999. The Indian Health Service (IHS) is republishing the full notice, for the convenience of the public, and in order to add that the IHS Area Offices and Service Units may provide additional funding to make awards to participants in the Loan Repayment Program (LRP), and to describe the policy for administering these funds.

The Administration's budget request for fiscal year (FY) 2000 includes \$11,000,000 for the Indian Health Service Loan Repayment Program for health professionals educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. It is anticipated that \$11,000,000 will be available to support approximately 275 competing awards averaging \$40,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals. Funds must be expended by September 30 of the fiscal year. This program is authorized by Section 108 of the Indian Health Care Improvement Act (IHCA) as amended, 25 U.S.C. 1601 et seq. The IHS invites potential applications to request an application for participation in the Loan Repayment Program.

DATES: Applications for the FY 2000 Loan Repayment Program will be accepted and evaluated monthly beginning January 14, 2000, and will continue to be accepted each month thereafter until all funds are exhausted. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month. Notice of awards will be mailed on the last working day of each month.

Applicants selected for participation in the FY 2000 program cycle will be expected to begin their service period no later than September 30, 2000.

Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or
2. Sent on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service post mark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for

consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2000, will be notified in writing.

Form to be Used for Application: Applications will be accepted only if they are submitted on the form entitled "Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval number of OMB #0917-0014 (expires 11/30/99).

ADDRESSES: Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 12300 Twinbrook Parkway—Suite 100, Rockville, Maryland 20852, PH: 301/443-3396 (between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays).

FOR FURTHER INFORMATION CONTACT: Please address inquiries to Mr. Paul A. Lofgren, Acting Chief, IHS Loan Repayment Program, Twinbrook Metro Plaza—Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, PH: 301/443-3396 (between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays).

SUPPLEMENTARY INFORMATION: Section 108 of the IHCLA, as amended by Public Laws 100-713 and 102-573, authorizes the IHS Loan Repayment Program and provides in pertinent part as follows:

The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professions necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

Section 4(n) of the IHCLA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Pub. L. 104-313, provides that:

"Health Profession" means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term "Indian health program" is defined in Section 108(a)(2)(A), as follows:

* * * any health program or facility funded, in whole or in part, by the IHS for the benefit of American Indians and Alaska Natives and administered:

a. Directly by the service; or

b. By any Indian tribe or tribal or Indian organization pursuant to a contract under:

(1) The Indian Self-Determination Act; or
(2) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(3) By an urban Indian organization pursuant to Title V of this act.

Applicants may sign contractual agreements with the Secretary for 2 years. The IHS will repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational, and living expenses in amounts up to \$20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Repayment of health profession education loans will be made to the participant within 120 days after the entry-on-duty of the participant has been confirmed by the Indian Health Service Loan Repayment Program.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. All Indian health program sites are annually prioritized within the Agency by discipline, based on need or vacancy.

All health professionals will receive up to \$20,000 per year regardless of their length of contract. Where the amount of the Loan Repayment Program award may result in an increase in Federal income tax liability, the IHS will pay an additional 20 percent of the participant's total loan repayments to the Internal Revenue Service for the increased tax liability.

Pursuant to Section 108(b), to be eligible to participate in the Loan Repayment Program, an individual must:

(1) A. Be enrolled:

(i) In a course of study or program in an accredited institution, as determined by the Secretary, within a State and be scheduled to complete such course of study in the same year such individual applies to participate in the Loan Repayment Program. (This includes the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Federated States of Micronesia, the Republic of the

Marshall Islands, and the Republic of Palau); or

(ii) In an approved graduate training program in a health profession; or

B. Have a degree in a health profession and a license to practice; and

(2) A. Be eligible for, or hold an appointment as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service; or

B. Be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service; or

C. Meet the professional standards for civil service employment in the IHS; or

D. Be employed in an Indian health program without service obligation; and

(3) Submit to the Secretary an application and contract to the Loan Repayment Program; and

(4) Sign and submit to the Secretary, a written contract agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary; and

(5) Sign an affidavit attesting to the fact that they have been informed of the relative merits of the U.S. Public Health Service Commission Corps and the Civil Service as employment options.

Once the applicant is approved for participation in the Loan Repayment Program, the applicant will receive confirmation of his/her loan repayment award and the duty site as which he/she will serve his/her loan repayment obligation.

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those positions in order of priority by developing discipline-specific prioritized lists of sites. Ranking criteria for those sites include the following:

- Historically critical shortages caused by frequent staff turnover;
- Current unmatched vacancies in a Health Profession Discipline;
- Projected vacancies in a Health Profession Discipline;
- Ensuring that the staffing needs of Indian health programs administered by an Indian tribe or tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service; and

• Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached Loan Repayment Program contracts entered into under this section.

• Consistent with this priority ranking, in determining applications to be approved and contracts to accept, the IHS will give priority to applications

made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian tribes or tribal or Indian organizations.

- Funds appropriated for the LRP in FY 2000 will be distributed among the health professions as follows:

Allopathic/osteopathic practitioners will receive 30 percent, registered nurses 15 percent, mental health professionals 10 percent, dentists 15 percent, pharmacists 12.5 percent, optometrists 7.5 percent, physician assistants 5 percent, other professions 5 percent. This requirement does not apply if the number of applicants from these groups, respectively, is not sufficient to meet the requirement.

- The IHS will give priority in funding among health professionals to physicians in the following priority specialties: anesthesiology, emergency room medicine, general surgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, otolaryngology/otorhinolaryngology, psychiatry, radiology and dentistry. Funding for these priority specialties is within the 30 percent established for allopathic/osteopathic practitioners.

The following factors are equal in weight when applied, and are applied when all other criteria are equal and a selection must be made between applicants.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, would be selected.

- An applicant's length of current employment in the IHS, tribal, or urban program.
- Availability for service earlier than other applicants (first come, first served); and
- Date the individual's application was received.

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts will receive up to the maximum amount of \$20,000 per year plus an additional 20 percent for Federal Withholding. Participants who were awarded loan repayment contracts prior to FY 2000 will be awarded extensions up to the amount of \$30,000 a year and 31 percent in tax subsidy if funds are available, and will not exceed the total of the individual's outstanding eligible health profession educational loans.

Any individual who owes an obligation for health professional service to the Federal Government, a

State, or other entity is not eligible for the Loan Repayment Program unless the obligation will be completely satisfied before they begin service under this program.

The IHS Area Offices and Service Units are authorized to provide additional funding to make awards to applicants in the LRP, but must be in compliance with any limits in the appropriation and Section 108 of the Indian Health Care Improvement Act not to exceed the amount authorized in the IHS appropriation (up to \$17,000,000 for FY 2000.) Federally recognized tribes are also authorized to provide funding to make supplemental awards to participants who are tribal employees. Civil Service or Commission Corps employees are ineligible because it would violate 18 U.S.C. 209(a). The funding source cannot be from appropriated monies pursuant to the Indian Self Determination and Education Assistant Act (ISDEA) or other Federal funds. Tribes who elect to provide additional monies must provide certification in writing that the funds are not from Federal appropriations.

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that service unit. These sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for nurses. The Chinle service units consist of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaille PHS Indian Health Center. The national ranking will be used for the Chinle Comprehensive Health Care Facility (Score = 63) and the Tsaille PHS Indian Health Center (Score = 46). With a score of 63, the Chinle Comprehensive Health Care Facility would receive priority over the Tsaille PHS Indian Health Center.

The IHS is authorized to accept contributions from tribes to supplement the LRP according to the IHS's conditional gift acceptance authority.

The Director of IHS will accept these gifts on a case-by-case basis using the following criteria: (1) The contribution is not from prohibited 638 funds or federally appropriate funds; (2) the LRP

applicant selection and placement is consistent with the national ranking criteria; (3) the extent to which the gift is related to the agency's mission for the loan repayment program; (4) whether the gift would benefit the agency, or instead primarily benefit an individual employee; and (5) the size and nature of the gift.

This program is not subject to review under Executive Order 12372.

The Catalog of Federal Domestic Assistance number is 93.164.

Dated: June 28, 2000.

Michel E. Lincoln,

Deputy Director.

[FR Doc. 00-16875 Filed 7-4-00; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of Laboratories Which Meet Minimum Standards To Engage in Urine Drug Testing for Federal Agencies and Laboratories That Have Withdrawn From the Program

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services notifies Federal agencies of the laboratories currently certified to meet standards of Subpart C of Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29916, 29925). A similar notice listing all currently certified laboratories will be published during the first week of each month, and updated to include laboratories which subsequently apply for and complete the certification process. If any listed laboratory's certification is totally suspended or revoked, the laboratory will be omitted from updated lists until such time as it is restored to full certification under the Guidelines.

If any laboratory has withdrawn from the National Laboratory Certification Program during the past month, it will be listed at the end, and will be omitted from the monthly listing thereafter.

This Notice is available on the internet at the following website: <http://wmcare.samhsa.gov>.

FOR FURTHER INFORMATION CONTACT: Mrs. Giselle Hersh or Dr. Walter Vogl, Division of Workplace Programs, 5600 Fishers Lane, Rockwall 2 Building, Room 815, Rockville, Maryland 20857; Tel.: (301) 443-6014, Fax: (301) 443-3031.