

*Application of the Payment Adjustment*

We recognize the IOL(s) that define a new technology subset for purposes of subpart F of part 416 as belonging to the class of NTIOLs for a period of 5 years effective from the date that we recognize the first new technology IOL within the subset for a payment adjustment. Any IOL that we subsequently recognize as belonging to a new technology subset receives the new technology payment adjustment for the remainder of the 5-year period established with our recognition of the first NTIOL in the subset.

**II. Provisions of This Notice**

Under our rules at 42 CFR 416 subpart F, we are soliciting requests for review of the appropriateness of the payment amount with respect to intraocular lenses furnished by an ASC. Requests for review must comply with our regulations at § 416.195 and be received at the address provided by the date specified in the **DATES** section of this notice. We will announce timely requests for review in a subsequent notice that will allow for public comment. Currently, if we determine a lens to be an NTIOL, the lens will be eligible for a payment adjustment of \$50.

**III. Collection of Information Requirements**

Given that the requirements referenced in this notice will not effect 10 or more persons on an annual basis, this notice does not impose any information collection and record keeping requirements that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

**IV. Regulatory Impact**

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

We have reviewed this notice under the threshold criteria of Executive Order 13132 of August 4, 1999, Federalism.

We have determined that the notice does not significantly affect the rights, roles, and responsibilities of States.

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4) requires that agencies assess anticipated costs and benefits before issuing any rule that may result in an expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million in any one year. This notice will not have an effect on the governments mentioned, and the private sector costs will not be greater than the \$100 million threshold.

**Authority:** Sections 1832(a)(2)(F)(i) and 1833 (i)(2)(a) of the Social Security Act (42 U.S.C. 1395k(a)(2)(F)(i) and 1395l(i)(2)(A)). (Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 2, 2001.

**Michael McMullan,**

*Acting Deputy Administrator, Health Care Financing Administration.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources And Services Administration**

**Agency Information Collection Activities: Proposed Collection: Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the

proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) 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.

**Proposed Project: State-by-State Self Assessment of Trauma Care Systems—(NEW)**

The Health Resources and Services Administration (HRSA) proposes to collect baseline data from the 56 States and Territories on their current trauma care systems and self-identified unmet needs to achieve minimum standards for a comprehensive statewide trauma care program. This information will be used to establish a national strategy to assist in future grant opportunities to the States to improve or enhance their basic systems infrastructure in trauma care. The HRSA's Maternal and Child Health Bureau (MCHB) and the Office of Rural Health Policy and the Department of Transportation's Emergency Medical Services Division are jointly administering this project. HRSA has included national performance measures for Trauma/EMS for this project in accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Pub. L. 103-62). This act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance.

The estimated response burden is as follows:

Type of form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Self Assessment questionnaire .....	56	1	10	560

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 6, 2001.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 01-9043 Filed 4-11-01; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Meeting of the Advisory Committee on Organ Transplantation**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** Pursuant to Public Law 92-463, the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2) notice is hereby given of the first meeting of the Advisory Committee on Organ Transplantation (ACOT), Department of Health and Human Services (HHS). The meeting will be held from approximately 8:15 a.m. to 6:30 p.m. on May 1, 2001, and from 8:00 a.m. to 5:15 p.m. on May 2, 2001, at the Sheraton Suites, Old Town Alexandria, 801 North Saint Asaph Street, Alexandria, Virginia 22314. The meeting will be open to the public; however, seating is limited and pre-registration is encouraged (see below).

**SUPPLEMENTARY INFORMATION:** The ACOT will review the organ allocation policies submitted by the Organ Procurement and Transplantation Network (OPTN) to HHS for approval. There will be a limited period of time for public comment before the Committee considers each policy. The public may review the OPTN policies on the OPTN website [www.unos.org](http://www.unos.org). While public comments are welcome for possible presentation, please note that the

Committee will be working with a full agenda and a limited amount of time. Therefore, to facilitate this process, we recommend that individuals interested in providing public comments submit those comments in writing by April 20, 2001, to the Executive Director of the Committee (address below). The Department reserves the right to select comments from among those submitted for oral presentation within the time available, although it will include all comments in the record of the ACOT meeting.

Under the authority of 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended, and 42 CFR 121.12 (64 FR 56661), the ACOT was established to assist the Secretary in ensuring that the system of organ transplantation is grounded in the best available medical science and is as effective and equitable as possible, and thereby, enhance public confidence in the integrity and effectiveness of the transplantation system. The ACOT will review potentially enforceable OPTN policies and such other matters as the Secretary determines. The ACOT is composed of 20 voting, non-governmental individuals with diverse backgrounds in areas such as health care public policy, transplantation medicine and surgery, non-physician transplant professions, biostatistics, immunology, bioethics, law, transplant recipients, and a donor family representative.

The draft meeting agenda and a registration form are available on the Division of Transplantation's Web site: <http://www.hrsa.gov/osp/dot.htm>. The completed registration form should be submitted by facsimile to Betah Associates, Inc., the logistic support contractor for the meeting, at FAX number (301) 657-4258. Individuals without access to the Internet who wish to register may call Betah Associates, Inc., at (301) 657-4254, extension 228. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the ACOT Executive Director, Ms. Lynn Rothberg Wegman, M.P.A., in advance of the meeting. Ms.

Wegman may be reached by telephone at (301) 443-7577, by e-mail at [LWegman@hrsa.gov](mailto:LWegman@hrsa.gov), or in writing at the address of the Division of Transplantation provided below. Management and support services for ACOT functions are provided by the Division of Transplantation, Office of Special Programs, HRSA, Room 7C-22, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Dated: April 6, 2001.

**Elizabeth M. Duke,**

*Acting Administrator, Health Resources and Services Administration.*

[FR Doc. 01-9042 Filed 4-11-01; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of Inspector General; Program Exclusions: March 2001**

**AGENCY:** Office of Inspector General, HHS.

**ACTION:** Notice of program exclusions.

During the month of March 2001, the HHS Office of Inspector General imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
Program-Related Convictions:	
BOSENBERGER, DAVID LAMONT, LAPEER, MI .....	04/19/2001
BOWENS, DENNIS M, EAST POINT, GA .....	04/19/2001
CADAG, SANTIAGO, LOS ANGELES, CA .....	04/19/2001
CHEUNG, HOO JOON, HOLLIDAYSBURG, PA .....	04/19/2001
CINO, LOUIS, BELLMORE, NY .....	04/19/2001
COLORADO TRANSP SVCS, INC, COLORADO SPRNGS, CO .....	04/19/2001
CORONADO, VICTOR JESUS, HUNTINGTON PARK, CA .....	04/19/2001
CRANE, DAMION, CIRCLEVILLE, OH .....	04/19/2001
CRASKE, WILLIAM J, BEAVER, WV .....	04/19/2001
CRAWFORD, RANDY, NASHVILLE, TN .....	04/19/2001