12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

The Commissioner has determined for the reasons stated that those portions of the advisory committee meetings so designated in this notice shall be closed. The Federal Advisory Committee Act (FACA) (5 U.S.C. app. 2, 10(d)), permits such closed advisory committee meetings in certain circumstances. Those portions of a meeting designated as closed, however, shall be closed for the shortest possible time, consistent with the intent of the cited statutes.

The FACA, as amended, provides that a portion of a meeting may be closed where the matter for discussion involves a trade secret; commercial or financial information that is privileged or confidential; information of a personal nature, disclosure of which would be a clearly unwarranted invasion of personal privacy; investigatory files compiled for law enforcement purposes; information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action; and information in certain other instances not generally relevant to FDA matters.

Examples of portions of FDA advisory committee meetings that ordinarily may be closed, where necessary and in accordance with FACA criteria, include the review, discussion, and evaluation of drafts of regulations or guidelines or similar preexisting internal agency documents, but only if their premature disclosure is likely to significantly frustrate implementation of proposed agency action; review of trade secrets and confidential commercial or financial information submitted to the agency; consideration of matters involving investigatory files compiled for law enforcement purposes; and review of matters, such as personnel records or individual patient records, where disclosure would constitute a clearly unwarranted invasion of personal privacy.

Examples of portions of FDA advisory committee meetings that ordinarily shall not be closed include the review, discussion, and evaluation of general preclinical and clinical test protocols and procedures for a class of drugs or devices; consideration of labeling requirements for a class of marketed drugs or devices; review of data and information on specific investigational or marketed drugs and devices that have previously been made public; presentation of any other data or information that is not exempt from public disclosure pursuant to the FACA, as amended; and, deliberation to formulate advice and recommendations to the agency on matters that do not independently justify closing.

This notice is issued under section 10(a)(1) and (a)(2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: January 23, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97–2338 Filed 1–29–97; 8:45 am]

BILLING CODE 4160–01–F

Open Meeting for Representatives of Health Professional, Consumer, and Patient Advocacy Organizations

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Food and Drug Administration (FDA) is announcing a public meeting with representatives of health professional, consumer, and patient advocacy organizations. The meeting will be chaired by Sharon Smith Holston, Deputy Commissioner for External Affairs. The topic will be FDA's final regulation restricting the sale and distribution of cigarettes and smokeless tobacco to protect children and adolescents. The purpose of this meeting is to provide an opportunity for representatives of health professional, consumer, and patient advocacy groups, and other interested persons to be briefed by senior FDA staff and to provide an opportunity for informal discussion regarding FDA's final regulation governing access to and promotion of cigarettes and smokeless tobacco to protect children and adolescents.

DATES: The meeting will be held on Monday, February 10, 1997, from 9 a.m. to 12 m.

ADDRESSES: The meeting will be held at the Hyatt Regency Hotel, One Bethesda Metro Center, Bethesda, MD.

FOR FURTHER INFORMATION CONTACT: Betty B. Palsgrove, Office of Health Affairs (HFY–40), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–1652.

There is no registration fee for this meeting, however, space is limited. Interested persons will be registered in the order in which calls are received. Please call the contact person listed above to register. Registrations also may be transmitted by FAX at 1–800–344–3332 or 301–443–2446. Please include the name and title of the person attending and the name of the organization being represented.

Dated: January 24, 1997.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 97–2337 Filed 1–29–97; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

[HCFA–644]

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

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, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Intake and Assessment survey package for the Community Nursing Organization Demonstration; *Form No.:* HCFA–644; *Use:* The Omnibus Reconciliation Act of 1987 section 4079 requires the Secretary of Health and Human Services (HHS) to conduct a demonstration project, testing capitated payment for community nursing and ambulatory care services (primarily Medicare-covered home health services, medical devices and durable medical equipment, and certain ambulatory care) provided to Medicare beneficiaries by community nurse organization sites. This aspect of the demonstration is aimed at replacing the multiple payment mechanisms, such as reasonable cost, predetermined fee schedules, and usual, customary, and

prevailing costs, which exist currently; *Frequency:* Annually; *Affected Public:* Not-for-profit institutions; *Number of Respondents:* 11,300; *Total Annual Responses:* 11,300; *Total Annual Hours:* 6385.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to 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 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 23, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 97–2277 Filed 1–29–97; 8:45 am]

BILLING CODE 4120–03–P

Health Resources and Services Administration

Program Announcement for a Cooperative Agreement To Initiate an Interdisciplinary Center for Community-Based Learning

The Health Resources and Services Administration (HRSA) announces the awarding of a sole source cooperative agreement to the Association of Academic Health Centers to plan for and implement an Interdisciplinary Center for Community-Based Learning. This activity will be supported under the authority of Title III, Section 301, of the Public Health Service Act. A proposed three-year period of support beginning in fiscal year 1997 is anticipated with approximately $100,000 per year.

The project will (1) strengthen and institutionalize the academic health centers commitment to interdisciplinary community-based learning, particularly in under served community settings, (2) provide expertise to academic health centers in regard to model interdisciplinary community-based curricula and training sites, and (3) support an interdisciplinary network of health care professionals working to create and strengthen an interdisciplinary community-based curriculum.

The Association of Academic Health Centers was chosen because it is the recognized professional association representing academic health centers, with a mission that ''seeks to explore and study issues that relate to greater coordination of health-related schools and programs, both within and among institutions, interdisciplinary and multiprofessional concerns.''

It also has previously established relationships with several multiprofessional groups and associations which are actively developing an agenda for interdisciplinary community-based learning and have ready access to information regarding all interdisciplinary community-based training programs at academic health centers in the country.

Federal Involvement

The Cooperative Agreement mechanism is being used for this project to allow for substantial Federal programmatic involvement with the planning, development, administration, and evaluation of the Interdisciplinary Center for Community-Based Learning.

Requests for Additional Information

Requests for additional information regarding this sole source cooperative agreement should be directed to: Sue Hassmiller, Ph.D., R.N., Bureau of Health Professions, Room 8–05, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301)443–6700, Fax: (301)443–2111, Email: shassmiller@hrsa.dhhs.gov

Dated: January 23, 1997.

Ciro V. Sumaya,

Administrator.

[FR Doc. 97–2292 Filed 1–29–97; 8:45 am]

BILLING CODE 4160–15–P

National Institutes of Health

Proposed Recommendations of the Task Force on Genetic Testing; Notice of Meeting and Request for Comment

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The Task Force on Genetic Testing was created by the National Institutes of Health (NIH)-Department of Energy (DOE) Working Group on Ethical, Legal, and Social Implications of Human Genome Research to make recommendations to ensure the development of safe and effective genetic tests, their delivery in laboratories of assured quality, and their appropriate use by health care providers and consumers. The Task Force reviewed genetic testing in the United States, promulgated interim principles consonant with its goals (''Interim Principles'', available at http://ww2.med.jhu.edu/tfgtelsi), and has taken public comments into consideration in revising them. Over the past eight months the Task Force has discussed policies to implement several of its principles. It now submits proposed recommendations for public comment. These proposed recommendations are available at http://ww2.med.jhu.edu/tfgtelsi.

DATES: To assure consideration by the Task Force, comments must be received on or before March 10. The Task Force will meet on March 17 from 8:00 a.m. to recess and on March 18 from 8:00 a.m. to adjournment at approximately 12:00 noon. The meeting will take place at the Doubletree Inn at the Colonnade, 4 West University Parkway, Baltimore, Maryland, (410) 235–5400. Time permitting, guests will have the opportunity to speak on comments already submitted, but no formal time is being set aside. A final report, including the principles and recommendations, together with background information and comments, will be issued shortly after the meeting.

ADDRESSES: Written comments should be sent to Neil A. Holtzman, M.D.,M.P.H., Genetics and Public Policy Studies, The Johns Hopkins Medical Institutions, 550 N. Broadway, Suite 511, Baltimore MD, 21205–2004, faxed to Dr. Holtzman at 410–955–0241, or e-mailed to tfgt-a@welchlink.welch.jhu.edu. Individuals who plan to attend the March 17–18 meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Dr. Holtzman in advance of the meeting.

Background

Scientific breakthroughs have greatly accelerated the discovery of genes which, when altered by mutation, result in disease or in increased risk of disease. When these mutations occur in the germline (sperm or egg), they can be passed from one generation to the next. These basic research discoveries lead readily to the development of tests for inherited mutations. The number of DNA-based genetic tests and the volume of testing are increasing steadily. This has been accomplished in part by the work of the new biotechnology industry.