# ADDENDUM IV—REGULATION DOCUMENTS PUBLISHED IN THE FEDERAL REGISTER—Continued

| Publication date | FR Vol. 62 page | CFR part(s) | File code*  | Regulation title  | End of<br>comment<br>period | Effective date       |
|------------------|-----------------|-------------|-------------|---|-----------------------------|----------------------|
| 12/23/97         | 67174–67213     | 483         | HCFA-2180-F | Medicare and Medicaid Programs;<br>Resident Assessment in Long<br>Term Care Facilities.   |                             | 03/23/98<br>06/22/98 |
| 12/29/97         | 67688–67689     | 144, 146    | HCFA-2017-N | Application of HIPAA Group Market<br>Portability Rules to Health Flexible<br>Spending Arrangements.                               |                             | 12/29/97             |
| 12/29/97         | 67689–67690     | 144, 146    | HCFA-2018-N | Application of HIPAA Group Market<br>Rules to Individuals Who Were De-<br>nied Coverage Due to a Health<br>Status-Related Factor. |                             | 12/29/97             |
| 12/30/97         | 67881–67882     |             | HCFA-1034-N | Medicare Program; Request for<br>Nominations for Members for the<br>Practicing Physicians Advisory<br>Council.                    |                             |                      |

#### Categorization of Food and Drug Administration-Approved Investigational Device Exemptions

Under the Food, Drug, and Cosmetic Act (21 U.S.C. 360c), devices fall into one of three classes. Also, under the new categorization process to assist HCFA, the Food and Drug Administration assigns each device with a Food and Drug Administrationapproved investigational device exemption to one of two categories. To obtain more information about the classes or categories, please refer to the **Federal Register** notice published on April 21, 1997 (62 FR 19328).

The following information presents the device number, category (in this case, A), and criterion code.

G970014 A2 G970171 A1 G970248 A2 G970278 A2 G970281 A2

The following information presents the device number, category (in this case, B), and criterion code.

G970229 B1 G970231 B1 G970235 B1 G970236 **B4** G970238 B1 G970239 **B1** G970240 **B1** G970241 **B**3 G970245 **B1** G970250 **B1** G970253 **B1** G970254 **B4** G970255 R4 G970256 **B1** G970257 **B**3 G970258 B4 G970259 B4 G970260 B2 G970261 B2 G970264 **B1** G970267 **B**3 G970268 B4 G970271 **B4** G970272 B4 G970274 B2 G970276 **B1** G970280 **B**3 G970282 B3 G970286 **B4** G970289 B2 G970290 B4 G970291 B4 [FR Doc. 98-21424 Filed 8-10-98; 8:45am]

G970227 B4

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

## National Heart, Lung, and Blood Institute Proposed Collection; Comment Request Jackson Heart Study Participant Recruitment Survey

*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 Heart, Lung, and Blood Institute (NHLBI), 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: Jackson Heart Study Participant Recruitment Survey. Type of Information Collection Request: NEW. Need and Use of Information Collection: This survey will be used as a planning tool for the upcoming NHLBI-sponsored Jackson Heart Study. Participation and retention of African-Americans in observational epidemiological studies has been much lower than for white populations. Experience with recruitment and retention of African-Americans in Jackson, Mississippi, is derived from the ongoing ARIC (Atherosclerosis Risk In Communities) study. Initial response was very low, with a 47 percent enrollment rate, and a 70 percent retention rate. The purpose of the proposed survey in this announcement, is to examine facilitators and barriers to long-term participation in observational studies by African-Americans. The findings will be incorporated with the input of the African-American community, into the recruitment and retention plan of the Jackson Heart Study. Frequency of Response: One-Time. Affected Public: Individuals or households. Type of Respondents: Adults ages 35-84.

The annual reporting burden is as follows: Estimated Number of Respondents: 580; Estimated Number of Respondents per Respondent: 1; Average Burden Hours Per Response: .4207; and Estimated Total Annual Burden Hours Requested: 244. The annualized cost to respondents is estimated at: \$2,440, assuming

respondents time at the rate of \$10 per hour. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

# ESTIMATE OF HOUR BURDEN

| Type of response  | Number of respondents        | Frequency of response | Average time per response                  | Annual hour<br>burden                     |
|---|------------------------------|-----------------------|--|---|
| Short Version<br>ARIC Participants<br>ARIC Drop Outs<br>Jackson Community<br>In-Depth Interview | 120<br>50<br>50<br>300<br>60 | 1<br>1<br>1<br>1<br>1 | .0334<br>.3006<br>.3006<br>.4008<br>1.5000 | 4.00<br>15.03<br>15.03<br>120.24<br>90.00 |
| Total   | 580                          |                       |  | 244.30                                    |

## **Request for Comments**

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*For Further Information:* To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Charles R. MacKay, NIH Project Clearance Officer, 6701 Rockledge Drive, MSC 7730, Rockville, MD 20892–7730, or call non-toll-free number (301) 435–0978 or E-mail your request, including your address to: MacKayC@odrockml.od.nih.gov

*Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received on or before October 13, 1998.

Dated: July 31, 1998.

#### **Donald P. Christoferson**,

Executive Officer, National Heart, Lung, and Blood Institute.

[FR Doc. 98–21511 Filed 8–10–98; 8:45 am] BILLING CODE 4140–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

# National Eye Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Eye Institute Special Emphasis Panel.

Date: August 25, 1998.

Time: 8:30 AM to 3:00 PM.

*Agenda:* To review and evaluate grant applications.

*Place:* 6120 Executive Blvd. Suite 350, Rockville, MD 20892.

*Contact Person:* Andrew P. Mariani, Chief, Scientific Review Branch 6120 Executive Blvd, Suite 350.

(Catalogue of Federal Domestic Assistance Program Nos. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: August 5, 1998.

#### LaVerne Y. Stringfield,

Committee Management Officer, NIH. [FR Doc. 98–21515 Filed 8–10–98; 8:45 am] BILLING CODE 4140–01–M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

## National Human Genome Research Institute; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Advisory Council for Human Genome Research.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and/or contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Advisory Council for Human Genome Research.

*Date:* September 14–15, 1998. *Open:* September 14, 1998, 8:30 AM to 12:00 PM.

*Agenda:* This meeting will be open to the public on Monday, September 14, 8:30 a.m. to approximately 12:00 pm to discuss administrative details or other issues relating to committee activities.

*Place:* Natcher Conference Center, Building 49, Conference Rooms E1 & E2, National Institutes of Health, Bethesda, MD 20892.