

infection control; (2) strategies for surveillance, prevention, and control of nosocomial infections in U.S. healthcare facilities; and (3) updating guidelines and other policy statements regarding prevention of nosocomial infections.

**Matters to be Discussed:** Agenda items will include a review of the strategic direction of HICPAC; the first draft of the Guideline for Environmental Controls in Healthcare Facilities; public comments on the Draft Guideline for Prevention of Surgical Site Infections; priority areas for HICPAC/CDC guideline development; CDC activities of interest to the Committee.

Agenda items are subject to change as priorities dictate.

**Contact Person for More Information:** Michele L. Pearson, M.D., Medical Epidemiologist, Investigation and Prevention Branch, Hospital Infections Program, NCID, CDC, 1600 Clifton Road, NE, M/S E-69, Atlanta, Georgia 30333, telephone 404/639-6413.

Dated: October 2, 1998.

**Carolyn J. Russell,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 98-26988 Filed 10-7-98; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

#### Active Pharmaceutical Ingredients (API) Seminar

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of meeting.

The Food and Drug Administration (FDA), New Jersey District, is announcing the following meeting: Active Pharmaceutical Ingredients (API) Seminar. The topic to be discussed is Current Good Manufacturing Practices for API's. This seminar will address issues related to the application of good manufacturing practices to the manufacture of API's by New Jersey bulk drug manufacturers.

**Date and Time:** The meeting will be held on Thursday, November 19, 1998, 8:30 a.m. to 4:30 p.m.

**Location:** The meeting will be held at Princeton Novotel Hotel, 100 Independence Way, Princeton, NJ 08540.

**Contact:** Paul T. Wiener, Office of Regulatory Affairs, New Jersey District, Food and Drug Administration, 10 Waterview Blvd., Parsippany, NJ 07540, 973-526-6014, FAX 973-526-6069, e-mail "pwiener@ora.fda.gov".

**Registration:** Send registration information (including name, title, firm

name, address, telephone, and fax number) to the contact person. Preregistration is requested, but registration will be accepted at the door based on the availability of seating from 8:30 a.m. to 9:30 a.m. on the date of the meeting.

If you need special accommodations due to a disability, please contact Paul T. Wiener at least 7 days in advance.

**SUPPLEMENTARY INFORMATION:** Copies of talks can be obtained by direct request to speakers at the time of the meeting. If you need overnight accommodations, call the hotel at 609-520-1200, and request the special seminar room rate.

There is no charge for the seminar. A light breakfast will be served.

Dated: October 1, 1998.

**William K. Hubbard,**

*Associate Commissioner for Policy Coordination.*

[FR Doc. 98-26927 Filed 10-7-98; 8:45 am]

BILLING CODE 4160-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA-2012-N]

RIN 0938-A166

#### Medicaid Program; Disproportionate Share Hospital Payments-Institutions for Mental Disease

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the Federal share disproportionate share hospital (DSH) allotments for Federal fiscal years (FFYs) 1998 through 2002. This notice also describes the methodology for calculating the Federal share DSH allotments for FFY 2003 and thereafter, and announces the FFY 1998 and FFY 1999 limitations on aggregate DSH payments States may make to institutions for mental disease (IMD) and other mental health facilities. In addition, it clarifies the DSH reporting requirements required by the Balanced Budget Act of 1997 (BBA '97).

**EFFECTIVE DATE:** The Federal DSH allotments apply to FFYs beginning October 1, 1997 and thereafter. The IMD limitations published in this notice apply to Medicaid DSH payments made in FFY 1998 and 1999.

**FOR FURTHER INFORMATION CONTACT:** Miles McDermott, (410) 786-3722, Christine Hinds, (410) 786-4578.

**SUPPLEMENTARY INFORMATION:**

## I. Background

Section 4721(c) of the Balanced Budget Act of 1997 (BBA '97), Public Law 105-33, added section 1923(a)(2)(D) of the Social Security Act (the Act) to require States to submit to HCFA, by October 1, 1998, a description of the methodology used by the State to identify and make payments to DSHs, including children's hospitals, on the basis of the proportion of low-income and Medicaid patients served by such hospitals. If a title XIX State plan does not specify this methodology by October 1, 1998, it is not in compliance with section 1902(a)(13)(A)(iv) of the Act. The State is also required to submit an annual report to HCFA describing the DSH payments made to each disproportionate share hospital.

Section 4721(a) of the BBA '97 amended section 1923(f) of the Act to require that Federal Medicaid DSH expenditures be limited to statutorily defined Federal share DSH allotments. These Federal share DSH allotments are listed in the statute for FFYs 1998 through 2002. For FFY 2003 and thereafter, a State's Federal share DSH allotment will be equal to the State's prior FFY Federal share DSH allotment, if the prior FFY Federal share DSH allotment is greater than 12 percent of Federal medical assistance expenditures for the current Federal fiscal year. If the prior year Federal DSH allotment is less than 12 percent of the Federal share of medical assistance expenditures for the current year, the prior FFY Federal share DSH allotment will be increased by the Consumer Price Index for all Urban Consumers (CPI-U) for the previous FFY, capped at 12 percent of the State's current FFY Federal medical assistance expenditures.

In addition, section 4721(b) of the BBA '97 added section 1923(h) to the Act to provide that Federal financial participation (FFP) is not available for DSH payments to IMDs and other mental health facilities that are in excess of a State-specific aggregate limit. Section 1923(h) of the Act could be read to set the State-specific IMD limit at the lesser of the 1995 Federal mental health DSH payments applicable to the 1995 DSH allotment (as reported on the Form HCFA-64 as of January 1, 1997), or a percentage of 1995 Federal mental health DSH payments. This reading, which compares an amount with a decreased percentage of that amount, results in a meaningless comparison because a percentage of a number is always less than that number. We do not believe Congress intended a reading that would render the comparison meaningless. Furthermore, such an

interpretation would impose a severely restrictive limitation that does not appear to be consistent with congressional intent. This being the case, HCFA has interpreted the aggregate limit to be the lesser of a State's FFY 1995 total computable (State and Federal share) IMD and other mental health facility DSH expenditures applicable to the State's FFY 1995 DSH allotment (as reported to HCFA on the Form HCFA-64 as of January 1, 1997), or the amount equal to the product of the State's current year total computable DSH allotment and the applicable percentage.

Each State's limit on DSH payments to IMDs and other mental health facilities is calculated by first determining the State's total computable DSH expenditures attributable to the FFY 1995 DSH allotment for mental health facilities and inpatient hospitals. This is based upon the total computable DSH expenditures reported by the State on the Form HCFA-64 as mental health DSH and inpatient hospital as of January 1, 1997.

Once we determine the total computable amount of DSH expenditures applicable to the FFY 1995 DSH allotment, we then calculate the applicable percentage. The applicable percentage for FFYs 1998, 1999, and 2000 is calculated by dividing the total computable amount of IMD and mental health DSH expenditures applicable to the State's FFY 1995 DSH allotment by the total computable amount of all DSH expenditures (mental health facility plus inpatient hospital) applicable to the FFY 1995 DSH allotment. For FFY 2001 and thereafter, the applicable percentage is defined as the lesser of the applicable percentage as calculated above or 50 percent for fiscal year 2001; 40 percent for fiscal year 2002; and 33 percent for each succeeding year.

The applicable percentage is then applied to each State's total computable FFY DSH allotment for the current FFY. The State's total computable FFY DSH allotment is calculated by dividing the State's Federal share DSH allotment for the FFY by the State's Federal medical

assistance percentage (FMAP) for that FFY.

In the final step of the calculation, the State's total computable IMD DSH limit for the FFY is set at the lesser of the product of a State's current year total computable DSH allotment and the applicable percentage, or the State's FFY 1995 total computable IMD and other mental health facility DSH expenditures applicable to the State's FFY 1995 DSH allotment as reported on the Form HCFA-64.

## II. Calculation of the Annual Federal Share State DSH Allotments

Section 1923(f) of the Act contains a State specific chart which provides the annual FFY limit on the amount of Federal share DSH expenditures available for FFYs 1998 through 2002. This chart is reproduced below. In addition, section 601 and 602 of Public Law 105-78 (enacted November 11, 1997) amended the Federal share DSH allotments for FFY 1998 only for Minnesota and Wyoming. Those numbers are reflected in the chart.

### DSH ALLOTMENT

[In millions of dollars]

State or district	FY 98	FY 99	FY 00	FY 01	FY 02
Alabama .....	293	269	248	246	246
Alaska .....	10	10	10	9	9
Arizona .....	81	81	81	81	81
Arkansas .....	2	2	2	2	2
California .....	1,085	1,068	986	931	877
Colorado .....	93	85	79	74	74
Connecticut .....	200	194	164	160	160
Delaware .....	4	4	4	4	4
District of Columbia .....	23	23	23	23	23
Florida .....	207	203	197	188	160
Georgia .....	253	248	241	228	215
Hawaii .....	0	0	0	0	0
Idaho .....	1	1	1	1	1
Illinois .....	203	199	193	182	172
Indiana .....	201	197	191	181	171
Iowa .....	8	8	8	8	8
Kansas .....	51	49	42	36	33
Kentucky .....	137	134	130	123	116
Louisiana .....	880	795	713	658	631
Maine .....	103	99	84	84	84
Maryland .....	72	70	68	64	61
Massachusetts .....	288	282	273	259	244
Michigan .....	249	244	237	224	212
Minnesota .....	33	16	16	16	16
Mississippi .....	143	141	136	129	122
Missouri .....	436	423	379	379	379
Montana .....	0.2	0.2	0.2	0.2	0.2
Nebraska .....	5	5	5	5	5
Nevada .....	37	37	37	37	37
New Hampshire .....	140	136	130	130	130
New Jersey .....	600	582	515	515	515
New Mexico .....	5	5	5	5	5
New York .....	1,512	1,482	1,436	1,361	1,285
North Carolina .....	278	272	264	250	236
North Dakota .....	1	1	1	1	1
Ohio .....	382	374	363	344	325
Oklahoma .....	16	16	16	16	16
Oregon .....	20	20	20	20	20
Pennsylvania .....	529	518	502	476	449

## DSH ALLOTMENT—Continued

[In millions of dollars]

State or district	FY 98	FY 99	FY 00	FY 01	FY 02
Rhode Island .....	62	60	58	55	52
South Carolina .....	313	303	262	262	262
South Dakota .....	1	1	1	1	1
Tennessee .....	0	0	0	0	0
Texas .....	979	950	806	765	765
Utah .....	3	3	3	3	3
Vermont .....	18	18	18	18	18
Virginia .....	70	68	66	63	59
Washington .....	174	171	166	157	148
West Virginia .....	64	63	61	58	54
Wisconsin .....	7	7	7	7	7
Wyoming .....	0.067	0	0	0	0

For FFY 2003 and each succeeding fiscal year, a State's Federal share DSH allotment for the current FFY will be equal to the State's prior FFY Federal share DSH allotment, if this amount is greater than 12 percent of the State's current FFY Federal share of medical assistance expenditures. If the State's prior FFY Federal share DSH allotment is less than 12 percent of the State's current FFY Federal share of medical assistance expenditures, the State's prior FFY Federal DSH allotment will be increased by the CPI-U for the previous FFY, capped at 12 percent of the State's current FFY Federal share of medical assistance expenditures.

### III. Calculation of the FFY 1998 and 1999 IMD/DSH Limitations

Section 1923(h) of the Act specifies the methodology to be used to establish the limits on the amount of DSH payments that a State can make to IMD and other mental health facilities. FFP is not available for IMD DSH payments that exceed the lesser of the State's FFY 1995 total computable mental health DSH expenditures applicable to the State's FFY 1995 DSH allotment as reported to HCFA on the Form HCFA-64 as of January 1, 1997; or the amount equal to the product of the State's current FFY total computable DSH allotment and the applicable percentage.

For FFYs 1998 through 2000, the applicable percentage is computed as the ratio of (1) the State's FFY 1995 total computable (Federal and State share) mental health DSH payments applicable

to the State's FFY 1995 DSH allotment and as reported on the Form HCFA-64 as of January 1, 1997 to (2) the State's FFY 1995 total computable amount of all DSH expenditures (mental health facility and inpatient hospital) applicable to the State's FFY 1995 DSH allotment as reported on the Form HCFA-64 as of January 1, 1997. For FFYs 2001 and thereafter, the applicable percentage is defined as the lesser of the applicable percentage as calculated above, or 50 percent for fiscal year 2001; 40 percent for fiscal year 2002; and 33 percent for each succeeding year.

Once the applicable percentage is calculated, it is applied each FFY to the State's current FFY total computable DSH allotment. (A State's total computable FFY DSH allotment is calculated by dividing the State's Federal share DSH allotment for the applicable FFY by the State's Federal medical assistance percentage for that FFY). This result is then compared to the State's FFY 1995 total computable mental health DSH expenditures applicable to the State's FFY 1995 DSH allotment as reported on the Form HCFA-64 as of January 1, 1997. The lesser of these two amounts is the State's limitation on total computable IMD DSH expenditures for the FFY.

The following charts detail each State's IMD DSH limitation for FFY 1998 and 1999.

### Key to IMD Limitation Chart for FFY 1998

#### Columns/Description

Column A—Name of State

Column B—Total computable FFY 1995 inpatient hospital DSH expenditures as reported on the Form HCFA-64.

Column C—Total computable FFY 1995 mental health facility DSH expenditures as reported on the Form HCFA-64 as of January 1, 1997.

Column D—Total computable of all inpatient hospital DSH expenditures and mental health facility DSH expenditures for FFY 1995 as reported on the Form HCFA-64 as of January 1, 1997 (Column B + Column C)

Column E—Applicable percentage is total computable FFY 1995 mental health facility DSH expenditures divided by total computable all inpatient hospital and mental health facility DSH expenditures for FFY 1995 (Column C/Column D)

Column F—FFY 1998 Federal share DSH allotment

Column G—FFY 1998 Federal Medical Assistance Percentage (FMAP)

Column H—FFY 1998 Total Computable DSH allotment (Column F/Column G)

Column I—Applicable Percent of FFY 1998 Total computable DSH allotment (Column E \* Column H)

Column J—IMD DSH Limit = the lesser of Column I or C.

Column K—IMD DSH Limit converted to Federal share (Column J \* Column G)

A State	B Inpatient hospital services FY 95 total comp.	C IMD and mental health services FY 95 DSH total comp.	D (B + C) total inpatient mental health & IMD FY 95 DSH total comp.	E (C/D) applica- ble per- cent	F FY 98 Federal share DSH allot- ment	G FY 98 FMAP (per- cent)	H (F/G) FY 98 DSH allot- ment total comp.	I (E * H) Applicable per- cent of FY 98 DSH allotment	J (Lesser of CORI) FY 98 IMD DSH limit total comp.	K (J * G) FY 98 IMD DSH limit fed- eral share
Alabama	413,006,229	4,451,770	417,457,999	1.07	293,000,000	9.32	422,677,438	4,507,430	4,451,770	3,085,967
Alaska	2,508,827	17,611,765	20,118,592	87.54	10,000,000	59.80	16,722,408	14,638,754	14,638,754	8,753,975
Arizona	93,916,100	28,474,900	122,391,000	23.27	81,000,000	65.33	123,985,918	28,845,966	28,474,900	18,602,652
Arkansas	3,242,000	0	3,242,000	0.00	2,000,000	72.84	2,745,744	0	0	0
California	2,191,435,462	0	2,191,435,462	0.00	1,085,000,000	51.23	2,117,899,668	609,958	594,776	309,105
Colorado	173,900,441	594,776	174,495,217	0.34	93,000,000	51.97	178,949,394	103,267,503	103,267,503	51,633,752
Connecticut	303,359,275	105,573,725	408,933,000	25.82	200,000,000	50.00	400,000,000	0	0	0
Delaware	7,069,000	0	7,069,000	0.00	4,000,000	50.00	8,000,000	0	0	0
District of Columbia	39,532,234	6,545,136	46,077,370	14.20	23,000,000	70.00	32,857,143	4,667,247	4,667,247	3,267,073
Florida	184,468,014	149,714,986	334,183,000	44.80	207,000,000	55.65	371,967,655	166,642,625	149,714,986	83,316,390
Georgia	407,343,557	0	407,343,557	0.00	253,000,000	60.84	415,844,839	0	0	0
Hawaii	0	0	0	0.00	0	50.00	0	0	0	0
Idaho	2,081,429	0	2,081,429	0.00	1,000,000	69.59	1,436,988	0	0	0
Illinois	315,868,508	89,408,276	405,276,784	22.06	203,000,000	50.00	406,000,000	89,567,825	89,408,276	44,704,138
Indiana	79,960,783	153,566,302	233,527,085	65.76	201,000,000	61.41	327,308,256	215,236,355	153,566,302	94,305,066
Iowa	12,011,250	0	12,011,250	0.00	8,000,000	63.75	12,549,020	0	0	0
Kansas	11,587,208	76,663,508	88,250,716	86.87	51,000,000	59.71	85,412,829	74,198,232	74,198,232	44,303,764
Kentucky	161,480,654	34,767,327	196,247,981	17.72	137,000,000	70.37	194,685,235	34,490,471	34,490,471	24,270,944
Louisiana	1,085,314,215	126,115,103	1,211,429,318	10.41	880,000,000	70.03	1,256,604,312	130,818,018	126,115,103	88,318,407
Maine	99,957,968	60,988,342	160,916,300	37.88	103,000,000	66.04	155,966,081	59,083,099	59,083,099	39,018,479
Maryland	22,226,467	120,873,531	143,099,998	84.47	72,000,000	50.00	144,000,000	121,633,744	120,873,531	60,436,768
Massachusetts	469,653,946	105,635,054	575,289,000	18.36	288,000,000	50.00	576,000,000	105,765,608	105,635,054	52,817,527
Michigan	133,258,800	304,765,552	438,024,352	69.58	249,000,000	53.58	464,725,644	323,343,592	304,765,552	163,293,383
Minnesota	24,240,000	5,257,214	29,497,214	17.82	33,000,000	52.14	63,291,139	11,280,220	5,257,214	2,741,111
Mississippi	182,608,033	0	182,608,033	0.00	143,000,000	77.09	185,497,470	0	0	0
Missouri	521,946,524	207,234,618	729,181,142	28.42	436,000,000	60.68	718,523,401	204,205,669	204,205,669	123,912,000
Montana	237,048	0	237,048	0.00	200,000	70.56	283,447	0	0	0
Nebraska	6,449,102	1,811,337	8,260,439	21.93	5,000,000	61.17	8,173,941	1,792,370	1,792,370	1,096,393
Nevada	73,560,000	0	73,560,000	0.00	37,000,000	50.00	74,000,000	0	0	0
New Hampshire	92,675,916	94,753,948	187,424,864	50.58	140,000,000	50.00	280,000,000	141,555,954	94,753,948	47,376,974
New Jersey	842,664,980	357,370,461	1,200,035,441	29.78	600,000,000	50.00	1,200,000,000	357,359,907	357,359,907	178,679,953
New Mexico	6,744,801	0	6,744,801	0.00	5,000,000	72.61	6,886,104	0	0	0
New York	2,418,869,368	605,000,000	3,023,869,368	20.01	1,512,000,000	50.00	3,024,000,000	605,026,136	605,000,000	302,500,000
North Carolina	193,201,966	236,072,627	429,274,593	54.99	278,000,000	63.09	440,640,355	242,323,044	236,072,627	148,938,220
North Dakota	214,523	988,478	1,203,001	82.17	1,000,000	70.43	1,419,849	1,166,657	988,478	696,185
Ohio	535,731,956	93,432,758	629,164,714	14.85	382,000,000	58.14	657,034,744	97,571,537	93,432,758	54,321,806
Oklahoma	20,019,969	3,273,248	23,293,217	14.05	16,000,000	70.51	22,691,817	3,188,737	3,188,737	2,248,378
Oregon	11,437,908	19,975,092	31,413,000	63.59	20,000,000	61.46	32,541,490	20,692,683	19,975,092	12,276,692
Pennsylvania	417,946,827	556,161,443	974,108,270	57.09	529,000,000	53.39	990,822,251	565,704,193	556,161,443	296,934,594
Rhode Island	108,503,167	2,397,833	110,901,000	2.16	62,000,000	53.17	116,607,109	2,521,207	2,397,833	1,274,928
South Carolina	366,681,364	72,076,341	438,757,705	16.43	313,000,000	70.23	445,678,485	73,213,243	72,076,341	50,619,214
South Dakota	321,120	751,299	1,072,419	70.65	1,000,000	67.75	1,476,015	1,034,044	751,299	509,005
Tennessee	0	0	0	0.00	0	63.36	0	0	0	0
Texas	1,220,515,401	292,513,592	1,513,028,993	19.33	979,000,000	62.28	1,571,933,205	303,901,531	292,513,592	182,177,465
Utah	3,621,116	934,586	4,555,702	20.51	3,000,000	72.58	4,133,370	847,946	847,946	615,439
Vermont	19,979,252	9,071,297	29,050,549	31.23	18,000,000	62.18	28,948,215	9,039,342	9,039,342	5,620,663
Virginia	129,313,480	7,770,268	137,083,748	5.67	70,000,000	51.49	135,948,728	7,705,932	7,705,932	3,967,784
Washington	171,725,815	163,836,435	335,562,250	48.82	174,000,000	52.15	333,652,924	162,904,217	162,904,217	84,954,549
West Virginia	66,962,606	18,887,045	85,849,651	22.00	64,000,000	73.67	86,873,897	19,112,381	18,887,045	13,914,086
Wisconsin	6,609,524	4,492,011	11,101,535	40.46	7,000,000	58.84	11,896,669	4,813,746	4,492,011	2,643,099
Wyoming	0	0	0	0.00	67,000	63.02	106,315	0	0	0
Total	13,655,962,123	4,139,761,984	17,795,739,107	.....	10,272,267,000	.....	18,159,399,514	4,314,277,124	4,123,749,357	2,298,455,927

## Key to IMD Limitation Chart for FFY 1999

## Columns/Description

Column A—Name of State

Column B—Total computable FFY 1995 inpatient hospital DSH expenditures as reported on the Form HCFA-64.

Column C—Total computable FFY 1995 mental health facility DSH expenditures as reported on the Form HCFA-64 as of January 1, 1997.

Column D—Total computable of all inpatient hospital DSH expenditures

and mental health facility DSH expenditures for FFY 1995 as reported on the Form HCFA-64 as of January 1, 1997 (Column B + Column C)

Column E—Applicable percentage is total computable FFY 1995 mental health facility DSH expenditures divided by total computable all inpatient hospital and mental health facility DSH expenditures for FFY 1995 (Column C/Column D)

Column F—FFY 1999 Federal share DSH allotment

Column G—FFY 1999 Federal Medical Assistance Percentage (FMAP)

Column H—FFY 1999 Total Computable DSH allotment (Column F/Column G)

Column I—Applicable Percent of FFY 1999 Total computable DSH allotment (Column E \* Column H)

Column J—IMD DSH Limit = the lessor of Column I or C.

Column K—IMD DSH Limit converted to Federal share (Column J \* Column G)

A State	B Inpatient hospital FY 98 DSH total comp.	C IMD and mental health FY 95 DSH total comp.	D (B+C) total inpatient IMD & mental health FY 95 DSH total computable	E (C/D) applicable percent	F FY 99 federal share DSH allotment	G FY 99 FMAP (percent)	H FY 99 DSH allotment total comp.	I (E*H) applicable percent of FY 99 DSH allotment	J (LESSOR OF C OR I) FT 99 IMD DSH limit total comp.	K (J*G) FY 99 IMD DSH limit federal share
Alabama	413,006,229	4,451,770	417,457,999	1.07	269,000,000	69.2	388,335,499	4,141,208	4,141,208	2,868,615
Alaska	2,506,827	17,611,765	20,118,592	87.5	10,000,000	59.80	16,722,408	14,638,754	14,638,754	8,753,975
Arizona	93,916,100	28,474,900	122,391,000	23.27	81,000,000	65.50	123,664,122	28,771,098	28,474,900	18,651,060
Arkansas	3,242,000	0	3,242,000	0.00	2,000,000	72.96	2,741,228	0	0	0
California	2,191,435,462	0	2,191,435,462	0.00	1,068,000,000	51.55	2,071,774,976	0	0	0
Colorado	173,900,441	594,776	174,495,217	0.34	85,000,000	50.59	168,017,395	572,696	572,696	289,727
Connecticut	303,359,275	105,573,725	408,933,000	25.82	194,000,000	50.00	388,000,000	100,169,478	100,169,478	50,084,739
Delaware	7,069,000	0	7,069,000	0.00	4,000,000	50.00	8,000,000	0	0	0
District of Columbia	39,532,234	6,545,136	46,077,370	14.20	23,000,000	70.00	32,857,143	4,667,247	4,667,247	3,267,073
Florida	184,468,014	149,714,986	334,183,000	44.80	203,000,000	55.82	363,668,936	162,924,774	149,714,986	83,570,905
Georgia	407,343,557	0	407,343,557	0.00	248,000,000	60.47	410,120,721	0	0	0
Hawaii	0	0	0	0.00	0	50.00	0	0	0	0
Idaho	2,081,429	0	2,081,429	0.00	1,000,000	69.85	1,431,639	0	0	0
Illinois	315,868,508	89,408,276	405,276,784	22.06	199,000,000	50.00	398,000,000	87,802,942	87,802,942	43,901,471
Indiana	79,960,783	153,566,302	233,527,085	65.76	197,000,000	61.01	322,897,886	212,336,116	153,566,302	93,690,801
Iowa	12,011,250	0	12,011,250	0.00	8,000,000	63.32	12,634,239	0	0	0
Kansas	11,587,208	76,663,508	88,250,716	86.87	49,000,000	60.05	81,598,668	70,884,865	70,884,865	42,566,362
Kentucky	161,480,654	34,767,327	196,247,981	17.72	134,000,000	70.53	189,990,075	33,658,675	33,658,675	23,739,464
Louisiana	1,085,314,215	126,115,103	1,211,429,318	10.41	795,000,000	70.37	1,129,742,788	117,611,177	117,611,177	82,762,985
Maine	99,957,958	60,958,342	160,916,300	37.88	99,000,000	66.40	149,096,386	56,480,720	56,480,720	37,503,198
Maryland	22,226,467	120,873,531	143,099,998	84.47	70,000,000	50.00	140,000,000	118,255,028	118,255,028	59,127,514
Massachusetts	469,653,946	105,635,054	575,289,000	18.36	282,000,000	50.00	564,000,000	103,562,158	103,562,158	51,781,079
Michigan	133,258,800	304,765,552	438,024,352	69.58	244,000,000	52.72	462,822,458	322,019,407	304,765,552	160,672,399
Minnesota	24,240,000	5,257,214	29,497,214	17.82	16,000,000	51.50	31,067,961	5,537,164	5,257,214	2,707,465
Mississippi	182,608,033	0	182,608,033	0.00	141,000,000	76.78	183,641,573	0	0	0
Missouri	521,946,524	207,234,618	729,181,142	28.42	423,000,000	60.24	702,191,235	199,564,037	199,564,037	120,217,376
Montana	237,048	0	237,048	0.00	200,000	71.73	278,823	0	0	0
Nebraska	6,449,102	1,811,337	8,260,439	21.93	5,000,000	61.46	8,135,373	1,783,913	1,783,913	1,096,393
Nevada	73,560,000	0	73,560,000	0.00	37,000,000	50.00	74,000,000	0	0	0
New Hampshire	92,675,916	94,753,948	187,429,864	50.55	136,000,000	50.00	272,000,000	137,507,830	94,753,948	47,376,974
New Jersey	842,664,980	357,370,461	1,200,035,441	29.78	582,000,000	50.00	1,164,000,000	346,639,109	346,639,109	173,319,555
New Mexico	6,744,801	0	6,744,801	0.00	5,000,000	72.98	6,851,192	0	0	0
New York	2,418,869,368	605,000,000	3,023,869,368	20.01	1,482,000,000	50.00	2,964,000,000	593,021,649	593,021,649	296,510,825
North Carolina	193,201,966	236,072,627	429,274,593	54.99	272,000,000	63.07	431,266,846	237,168,235	236,072,627	148,891,006
North Dakota	214,523	988,478	1,203,001	82.17	1,000,000	69.94	1,429,797	1,174,831	988,478	691,342
Ohio	535,731,956	93,432,758	629,164,714	14.85	374,000,000	58.26	641,948,880	95,331,392	93,432,758	54,433,925
Oklahoma	20,019,969	3,273,248	23,293,217	14.05	16,000,000	70.84	22,586,110	3,173,883	3,173,883	2,248,378
Oregon	11,437,908	19,975,092	31,413,000	63.59	20,000,000	60.55	33,030,553	21,003,672	19,975,092	12,094,918
Pennsylvania	417,946,827	556,161,443	974,108,270	57.09	518,000,000	53.77	963,362,470	550,026,191	550,026,191	295,749,083
Rhode Island	108,503,167	2,397,833	110,901,000	2.16	60,000,000	54.05	111,008,326	2,400,154	2,397,833	1,296,029
South Carolina	366,681,364	72,076,341	438,757,705	16.43	303,000,000	69.85	433,786,686	71,259,733	71,259,733	49,774,924
South Dakota	321,120	751,299	1,072,419	70.06	1,000,000	68.16	1,467,136	1,027,824	751,299	512,085
Tennessee	0	0	0	0.00	0	63.09	0	0	0	0
Texas	1,220,515,401	292,513,592	1,513,028,993	19.33	950,000,000	62.45	1,521,216,974	294,096,573	292,513,592	182,674,738
Utah	3,621,116	934,586	4,555,702	20.51	3,000,000	71.78	4,179,437	857,397	857,397	615,439
Vermont	19,979,252	9,071,297	29,050,549	31.23	18,000,000	61.97	29,046,313	9,069,974	9,069,974	5,620,663
Virginia	129,313,480	7,770,268	137,083,748	5.67	68,000,000	51.60	131,782,946	7,469,805	7,469,805	3,854,419
Washington	171,725,815	163,836,435	335,562,250	48.82	171,000,000	52.50	325,714,286	159,028,220	159,028,220	83,489,816
West Virginia	66,962,606	18,887,045	85,849,651	22.00	63,000,000	74.47	84,597,825	18,611,641	18,611,641	13,860,089
Wisconsin	6,609,524	4,492,011	11,101,535	40.46	7,000,000	58.85	11,894,647	4,812,928	4,492,011	2,643,548
Wyoming	0	0	0	0.00	0	64.08	0	0	0	0
Total	13,655,962,123	4,139,781,984	17,795,744,107	.....	9,937,200,000	.....	17,580,602,954	4,199,062,498	4,060,107,094	2,262,910,356

## IV. Annual Reporting Requirements

Section 1923(a)(2)(D) of the Act requires the State to provide a description of the methodology it uses to identify and make payments to DSH hospitals. The methodology provided in the State plan must clarify that payments to hospitals are made on the basis of the proportion of low-income

and Medicaid patients served by such hospitals.

HCFA believes that the majority of States' current DSH methodologies contained in their State plan satisfies the methodology requirements in this section. If a State does not specify a methodology that makes payments to hospitals on the basis of the proportion of low-income and Medicaid patients

served in its State plan, the State is required to submit an amendment to its State plan by October 1, 1998 clarifying their DSH methodology.

This section of the law also requires States to submit an annual report to the Secretary describing the DSH payments made to each hospital. HCFA recommends that a State submit hospital specific data (name of hospital,

type of hospital, for example, children, psychiatric, public vs. private, and annual payment) to their HCFA regional office at the close of the first quarter of the Federal fiscal year following the fiscal year in which the DSH was paid. For example, for FFY 1998, the State submits to HCFA the hospital specific data by December 31, 1998. HCFA also recommends that this be a separate report from the Form HCFA-64, and preferably prepared using a spreadsheet application (for example Excel).

HCFA will take into consideration any public comments received regarding this notice's annual reporting requirements when drafting future DSH/IMD notices.

## V. Collection of Information Requirements

### *Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)*

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 (DHHS), has submitted to the Office of Management and Budget (OMB) the following request for Emergency review. We are requesting an emergency review because the collection of this information is needed prior to the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. The Agency cannot reasonably comply with the normal clearance procedures because of the statutory requirement to implement section 4721(c) of Balanced Budget Act of 1997.

HCFA is requesting OMB review and approval of this collection within 16 working days, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individual designated below, within 15 working days of publication of this notice in the **Federal Register**.

During this 180-day period HCFA will pursue OMB clearance of this collection as stipulated by 5 CFR 1320.5.

In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.

- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on each of these issues for the information collection requirements summarized and discussed below.

States are required by section 1923(a)(2)(D) of the Act to provide a description of the methodology it uses to identify and make payments to DSH hospitals. The methodology provided in the State plan must clarify that payments to hospitals are made on the basis of the proportion of low-income and Medicaid patients served by such hospitals. HCFA believes that the current DSH methodologies contained in most State plans will satisfy the methodology requirements in this section. As such, HCFA also believes that this requirement is exempt from the PRA, since less than ten States will have to amend their State plan.

This notice also discusses the statutory requirement for States to submit an annual report to the Secretary describing the DSH payments made to each hospital. In the annual report, HCFA recommends that a State submit hospital specific data (name of hospital, type of hospital, for example, children, psychiatric, public vs. private, and annual payment) to their HCFA regional office at the close of the first quarter of the Federal fiscal year following the fiscal year in which the DSH was paid. For example, for FY 1998, the State submits to HCFA the hospital specific data by December 31, 1998. HCFA also recommends that this be a separate report from the Form HCFA-64, and preferably prepared using a spreadsheet application (for example Excel).

The burden associated with this requirement is the time and effort to prepare and submit the annual report. It is estimated that it will take 54 States including territories, 40 hours to comply with this reporting requirement, for a total annual burden of 2,160 hours.

We have submitted a copy of this notice to OMB for its review of the information collection requirements above. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, E-mail your request, including your address, phone number and HCFA regulation identifier HCFA-2012-N, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

As noted above, comments on these information collection and record keeping requirements must be mailed or faxed to the designee referenced below, within 15 working days of publication

of this collection in the **Federal Register**:

Health Care Financing Administration,  
Office of Information Services,  
Standards and Security Group,  
Division of HCFA Enterprise  
Standards, Room N2-14-26, 7500  
Security Boulevard, Baltimore, MD  
21244-1850. Attn: John Burke HCFA-  
2012-N. Fax Number: (410) 786-0262  
and,

Office of Information and Regulatory  
Affairs, Office of Management and  
Budget, Room 10236, New Executive  
Office Building, Washington, DC  
20503, Attn: Laura Oliven, HCFA  
Desk Officer. Fax Number: (202) 395-  
6974 or (202) 395-5167.

## VI. Impact Statement

The Regulatory Flexibility Act, 5 U.S.C. 601 through 612, requires a regulatory flexibility analysis for every rule subject to proposed rulemaking procedures under the Administrative Procedure Act, 5 U.S.C. 552, unless we certify that the rule will not have a significant economic impact on a substantial number of small entities. For purposes of a RFA, States and individuals are not considered small entities. However, providers are considered small entities. Additionally, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

The BBA '97 replaces the current DSH allotment methodology with statutorily defined Federal DSH allotments. This notice announces the annual FFY limit on the amount of Federal share DSH expenditures available for FFYs 1998 through 2002. This notice also describes the methodology for calculating the Federal share DSH allotments for FFY 2003 and thereafter. We estimate the impact of the provisions of the BBA '97 will result in the following savings to the Federal Government:

### FEDERAL SAVINGS IN BILLIONS

FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
\$0.7	\$1.9	\$2.8	\$3.5	\$4.0

Based on these findings, the limits imposed by the BBA '97 will negatively impact the availability of FFP to States,

thus negatively impacting the availability of Medicaid expenditures to hospitals, especially IMDs.

While the statute mandates the reductions in DSH payments, we do not believe that this notice will have a significant economic impact on a substantial number of small entities because it reflects no new policies or procedures, and should have an overall positive impact on payments to DSHs by informing States of the extent to which DSH payments may be increased without violating statutory limitations.

The Unfunded Mandate Reform Act of 1995 requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits for any rule that may result in an annual expenditure by State, local, and tribal governments, in the aggregate, or by both the private sector, of \$100 million. The notice has no consequential effect on State, local, tribal governments, or the private sector and will not create an unfunded mandate.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

**Authority:** Section 1923(a)(2), (f), (h), and of the Social Security Act (42 U.S.C. 1396r-4(a), (f), (h), and) and Public Law 105-33. (Catalog of Federal Assistance Program No. 93.778, Medical Assistance Program)

Dated: February 24, 1998.

**Nancy-Ann Min Deparle,**  
*Administrator, Health Care Financing Administration.*

Dated: September 17, 1998.

**Donna E. Shalala,**  
*Secretary.*  
[FR Doc. 98-26930 Filed 10-7-98; 8:45 am]  
BILLING CODE 4212-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of General Medical Services; 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:** Minority Review Committee, Mbrs Subcommittee B.

**Date:** November 19-20, 1998.

**Time:** 8:30 AM to 5:00 PM.

**Agenda:** To review and evaluate grant applications.

**Place:** Holiday Inn Bethesda, 8120 Wisconsin Avenue, Bethesda, MD 20814.

**Contact Person:** Michael A. Sesma, Scientific Review Administrator, Office of Scientific Review, NIGMS, Natcher Building, Room 1AS19H, 45 Center Drive, Bethesda, MD 20892, (301) 594-2048.

(Catalog of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives, National Institutes of Health, HHS)

Dated: October 1, 1998.

**LaVerne Y. Stringfield,**

*Committee Management Officer, NIH.*

[FR Doc. 98-27042 Filed 10-7-98; 8:45 am]

BILLING CODE 4140-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; 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 Institute of Allergy and Infectious Diseases Special Emphasis Panel, Tropical Disease Research Units.

**Date:** October 28-30, 1998.

**Time:** October 28, 1998, 8:30 a.m. to recess.

**Agenda:** To review and evaluate grant applications.

**Place:** Holiday Inn, Montgomery Village Ave., Gaithersburg, MD 20879.

**Time:** October 29, 1998, 9:00 a.m. to recess.

**Agenda:** To review and evaluate grant applications.

**Place:** Holiday Inn, Montgomery Village Ave., Gaithersburg, MD 20879.

**Time:** October 30, 1998, 9:00 a.m. to adjournment.

**Agenda:** To review and evaluate grant applications.

**Place:** Holiday Inn, Montgomery Village Ave., Gaithersburg, MD 20879.

**Contact Person:** Vassil S. Georgiev, Scientific Review Program, Division of Extramural Activities, NIAID, NIH, Solar Building, Room 4C04, 6003 Executive Boulevard MSC 7610, Bethesda, MD 20892-7610, (301) 496-8206.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: October 1, 1998.

**LaVerne Y. Stringfield,**

*Committee Management Officer, NIH.*

[FR Doc. 98-27043 Filed 10-7-98; 8:45 am]

BILLING CODE 4140-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; 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 Institute of Allergy and Infectious Diseases Special Emphasis Panel PAR-97-056—Integrated Preclinical/clinical Aids Vaccine Development.

**Date:** November 12-13, 1998.

**Time:** November 12, 1998, 8:30 a.m. to recess.

**Agenda:** To review and evaluate grant applications.

**Place:** Chevy Chase Holiday Inn, Terrace Room, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

**Time:** November 13, 1998, 9:00 a.m. to adjournment.

**Agenda:** To review and evaluate grant applications.