

capable of reasonably consistent estimation or measurement using such criteria." Since no part of the Policy Statement requires a management assertion, and there are no reasonable criteria against which to evaluate the results of any of the specified auditing procedures that an independent public accountant would perform, the Policy Statement is unworkable under the AICPA's current professional standards. Accordingly, the FDIC is rescinding the Policy Statement.

Expected Proposal

For many years, the FDIC examination staff has been reviewing the internal auditing and external auditing programs of institutions because these programs enhance the ability of an institution to detect and correct any potentially serious problems that may exist. On November 16, 1988, the FDIC Board of Directors adopted its Policy Statement Regarding Independent External Auditing Programs of State Nonmember Banks (published on November 28, 1988 (53 FR 47871), and amended on June 24, 1996, (61 FR 32438)), in which the FDIC strongly encourages each state nonmember bank to adopt an adequate external auditing program. The policy statement states that any institution which has an annual audit of its financial statements by an independent public accountant will be considered to have an adequate external auditing program. However, it also provided certain acceptable alternatives, including a report on the balance sheet or an analysis of internal control, that an institution might choose should its board of directors determine that an annual audit by an independent public accountant does not best suit its needs. This policy statement remains outstanding.

For some time, the staffs of the other banking agencies have also encouraged each of their supervised institutions to adopt an appropriate annual external auditing program. Earlier this year, FDIC staff and the staffs of these agencies began preparing a proposed uniform interagency policy statement on external auditing programs for banks and thrifts. This proposal, which is expected to be published for notice and comment by the Federal Financial Institutions Examination Council (FFIEC), will encourage each institution to adopt an external auditing program that includes an annual audit of its financial statements by an independent public accountant. If an institution's board of directors or audit committee determines that an audit does not best meet the institution's needs, the proposal is expected to provide two acceptable

alternatives to an audit for banks not subject to the audit requirement in Section 36 of the Federal Deposit Insurance Act (FDI Act). The alternatives consist of a report on the institution's balance sheet or an attestation report on internal control over specified schedules of its regulatory reports. Each should be performed by an independent public accountant.

Report on the Balance Sheet Audit. As one alternative to a financial statement audit, the proposal will suggest that an institution's board of directors or its audit committee consider engaging an independent public accountant to examine the assets, liabilities, and equity of the institution under generally accepted auditing standards (GAAS) and to opine on the fairness of the presentation on the balance sheet. In these circumstances, the accountant would not be expected to provide an opinion on the fairness of the presentation of the institution's income statement, statement of changes in equity capital, or statement of cash flows.

Attestation Report on Internal Control Assertion. As the other alternative, the proposal will recommend that an institution's board or audit committee consider engaging an independent public accountant to provide a report attesting to management's assertion concerning the effectiveness of internal control over financial reporting on certain schedules of its regulatory reports, particularly those relating to loans and securities. Under this alternative, management initially would have to review its internal control over the preparation of these schedules and document this review. Management would then provide a written assertion to the independent public accountant stating whether it believes its internal control in this area is effective. The independent public accountant would examine management's assertion and provide an appropriate attestation report.

This alternative would not provide assurance that the specific dollar amounts reported on the regulatory report are accurate. However, it would provide reasonable assurance about the reliability of management's assertion concerning the establishment of an internal control structure and procedures over financial reporting on the specified report schedules and whether that control is effective.

Interim Recommendation

The FDIC suggests that, until a new policy statement regarding an annual external auditing program is adopted,

any institution which does not have an annual audit of its financial statements by an independent public accountant should consider having one of the alternatives described above performed by an independent public accountant as its external auditing program.

Nevertheless, the FDIC understands that some states have adopted the procedures from the obsolete Policy Statement on External Auditing Procedures for State Nonmember Banks as the state-required external auditing program. Until a new policy statement is effective, if an institution does not have an audit of its financial statements and is based in a state that has a state-required external auditing program (e.g., a directors' examination), the institution would not normally be expected to incur the cost of one of the alternatives in addition to its state-required program.

For the above reasons, the Policy Statement is rescinded.

By order of the Board of Directors.

Dated at Washington, D.C., this 23rd day of December, 1997.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 98-347 Filed 1-6-98; 8:45 am]

BILLING CODE 6714-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Nominations for Members of the U.S. Preventive Services Task Force

The Agency for Health Care Policy and Research (AHCPR) is reconvening the U.S. Preventive Services Task Force (the Task Force) and inviting nominations of qualified individuals to serve as members.

Background

Under Title IX of the Public Health Service Act, AHCPR is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. AHCPR accomplishes these goals through scientific research and through promotion of improvements in clinical practice, including prevention of diseases and other health conditions, and improvements in the organization, financing, and delivery of health care services (42 U.S.C. 299-299c-6).

U.S. Preventive Services Task Force

The U.S. Preventive Task Force (the Task Force) is an expert panel, first established in 1984 under the auspices

of the Office of Disease Prevention and Health Promotion of the U.S. Public Health Service. The mission of the Task Force is to rigorously evaluate the effectiveness of clinical preventive services and to formulate recommendations for primary care clinicians regarding the appropriate content of periodic health examinations. The first Task Force concluded its work in 1989 with the publication of the *Guide to Clinical Preventive Services* (the *Guide*). A second Task Force, appointed in 1990, concluded its work with the release of the second edition of the *Guide* in December 1995.

Programmatic responsibility for the Task Force was transferred to AHCPR in 1995. The 1995 edition of the *Guide*, evaluating common screening tests, counseling interventions, immunizations and chemoprophylaxis, is available on the Internet (www.ahcpr.gov/clinic) and through the U.S. Government Printing Office, (202) 512-1800 (refer to stock # 017-001-00525-8).

Members of the third Task Force will be asked to serve up to 5 years. They will meet quarterly for 1 to 2 day meetings in the Washington, DC area. The Task Force will work closely with other organizations, including the American College of Preventive Medicine, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Nurses Association, and the Canadian Task Force on the Periodic Health Examination.

Nominations for Third U.S. Preventive Services Task Force

Members of the third Task Force will be selected on the basis of: (1) clinical expertise in the primary health care of children and/or adults; (2) experience in critical evaluation of research and evidence-based methods; (3) expertise in disease prevention and health promotion; (4) national leadership within their field of expertise; (5) ability to work collaboratively with peers; and, (6) no substantial conflicts of interest that would impair the scientific integrity of the work of the Task Force. Some Task Force members without primary health care clinical experience may be selected based on their expertise in methodologic issues such as medical decision making, clinical epidemiology, health economics, and behavioral interventions. AHCPR particularly encourages nominations of women, members of minority populations, and persons with disabilities. Interested individuals and organizations may

nominate one or more qualified persons for membership on the Task Force. Nominations should include curricula vitae and should state that the nominee is willing to serve as a member of the Task Force. AHCPR will ask persons being considered for membership to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts, to permit evaluation of possibly significant conflicts of interest. It is anticipated that approximately 10-12 individuals will be invited to serve on the third Task Force.

Materials Submission and Deadline

To be considered for membership on the U.S. Preventive Services Task Force, written nominations should be submitted by March 9, 1998 to: Douglas B. Kamerow, M.D., M.P.H., Director, Center for Practice and Technology Assessment, Agency for Health Care Policy and Research, 6000 Executive Boulevard, Willco Building, Suite 310, Rockville, Maryland 20852.

Responses will be available for inspection at the Center for Practice and Technology Assessment, telephone (301) 594-4015, weekdays between 8:30 a.m. and 5:00 p.m. AHCPR will not reply to individual responses, but will consider all nominations in selecting members.

For Additional Information

Additional information about the U.S. Preventive Services Task Force may be obtained by contacting: David Atkins, M.D., M.P.H., Center for Practice and Technology Assessment, Agency for Health Care Policy and Research, 6000 Executive Boulevard, Willco Building, Suite 310, Rockville, Maryland 20852; telephone (301) 594-4015; fax (301) 594-4027; *E-mail address*: datkins@abcpr.gov.

Dated: December 29, 1997.

John M. Eisenberg,

Administrator.

[FR Doc. 98-319 Filed 1-6-98; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

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 Center for Scientific Review Special Emphasis Panel (SEP) meetings:

Purpose/Agenda: To review individual grant applications.

Name of SEP: Biological and Physiological Sciences.

Date: January 23, 1998.

Time: 4:00 p.m.

Place: NIH, Rockledge 2, Room 4148, Telephone Conference.

Contact Person: Dr. Philip Perkins, Scientific Review Administrator, 6701 Rockledge Drive, Room 4148, Bethesda, Maryland 20892, (301) 435-1718.

Name of SEP: Chemistry and Related Sciences.

Date: February 25, 1998.

Time: 12:00 p.m.

Place: NIH, Rockledge 2, Room 5152, Telephone Conference.

Contact Person: Dr. Jean D. Sipe, Scientific Review Administrator, 6701 Rockledge Drive, Room 5152, Bethesda, Maryland 20892, (301) 435-1743.

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

(Catalog of Federal Domestic Assistance Program Nos. 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: December 31, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 98-293 Filed 1-6-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer 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 National Cancer Institute Special Emphasis Panel (SEP) meeting:

Name of SEP: Efficacy of Mammography Screening Ages 40-49 Eurotrial 40 Telephone Conference Call.

Date: January 13, 1998.

Time: 1:00 p.m. to Adjournment.

Place: National Cancer Institute, Executive Plaza North, Room 636B, 6130 Executive Boulevard, Bethesda, MD 20892.

Contact Person: Ray Bramhall, Ph.D., Scientific Review Administrator, National Cancer Institute, NIH, Executive Plaza North, Room 636B, 6130 Executive Boulevard, MSC 7407, Bethesda, MD 20892-7407, Telephone 301/496-3428.