TABLE 5.—POST-INTERVENTION ROUND OF DATA COLLECTION (MAY–AUGUST 2002)

	Number of respondents	Number responses per respondent	Hrs/response	Response burden
Eligibility Screener (BSI)	7,143	1	1/60	119
Respondent informed consent	3,250	1	3/60	163
Full interview (QTI)	3,250	1	20/60	1,084

The State and Local Area Integrated Telephone Survey (SLAITS) (0920–0406)—Extension—The National Center for Health Statistics, (NCHS) is planning to expand from the short term pilot study phase to a long term integrated and coordinated survey system designed to collect needed health and welfare data at the state and local levels. Using the random-digit-dialing sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), the State and Local Area Integrated Telephone Survey (SLAITS) can quickly collect and produce data to monitor health status, child and family well-being, health care utilization, access to care, program participation, and changes in health care coverage at the state and local levels. These efforts are conducted in cooperation with state and local officials. SLAITS offers a centrally administered data collection mechanism with standardized questionnaires and quality control measures which allow comparability of estimates between states, over time, and with national data. As demonstrated in the pilot study phase, SLAITS is designed to allow for oversampling of population subdomains and to meet federal, state and local needs for subnational estimates which are compatible with national data.

Questionnaire content is drawn from existing surveys such as the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), the National Household Education Survey, and the National Survey of America's Families, as well as the three questionnaire modules that were developed for SLAITS during the pilot study phase. These modules include Health, Child Well-Being and Welfare, and Children's Health Insurance and Health Care Utilization.

The strategy of building on established survey systems provides several advantages. It is less costly than establishing a new system; the proposed questions have been thoroughly tested; and implementation can occur rapidly. Basing SLAITS on questions from the NHIS, CPS, and other national in-person surveys will allow for comparisons with national data. In addition, the quality of the estimates developed from the telephone survey can be improved with adjustments for households without telephones using health and socio-demographic information from telephone and non telephone households from the NHIS and other in-person surveys.

Funding for SLAITS is being sought through a variety of mechanisms including Foundation grants, State collaborations, and federal appropriation and evaluation monies. The level of implementation will depend on the amount of funding received and can be expanded as funding permits. Questionnaire modules will be compiled to address the data needs of interest to the federal, state or local funding agency or organization. The total annual burden hours are 30,870.

Respondents	Number of respondents	Number of responses/ respondents	Average burden/response (in hrs.)
Noninstitutionalized household population in 50 States and D.C.	102,000	1	0.30
Pretest modules	900	1	0.30

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–724 Filed 1–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Vaccines and Related Biological Products Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Vaccines and Related Biological Products Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on January 29, 1999, 8:30 a.m. to 6:30 p.m.

Location: Holiday Inn, Versailles Ballrooms III and IV, 8120 Wisconsin Ave., Bethesda, MD.

Contact Person: Nancy T. Cherry or Denise H. Royster, Center for Biologics Evaluation and Research (HFM–71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301–827–0314, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12391. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will: (1) Discuss the influenza virus vaccine formulation for 1999 and 2000, and (2) hear an update on the status of influenza A H5N1 viruses.

Procedure: On January 29, 1999, from 8:30 a.m. to 5:30 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by January 22, 1999. Oral

presentations from the public will be scheduled between approximately 8:45 a.m. and 9:15 a.m., and between 3:30 p.m. and 4 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before January 22, 1999, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed Committee Deliberations: On January 29, 1999, from 5:30 p.m. to 6:30 p.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information (5 U.S.C. 552b(c)(4)). This portion of the meeting will be closed to discuss issues relating to pending or proposed investigational new drug applications.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: January 7, 1999.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 99–740 Filed 1–12–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Solicitation of Information and Recommendations for Developing OIG Compliance Program Guidance for the Hospice Industry

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This **Federal Register** notice seeks the input and recommendations of interested parties into the OIG's development of a compliance program guidance for the hospice industry and its providers, especially those serving Medicare and Medicaid beneficiaries. Many providers and provider organizations have expressed an interest in better protecting their operations from fraud and abuse. Previously, the OIG has developed guidances for hospitals, clinical laboratories, home health agencies and third-party medical billing companies. In order to provide a clear and meaningful guidance to those segments of the health care industry involved in hospice operations, the OIG is soliciting comments, recommendations and suggestions from concerned parties and organizations on how best to develop a compliance program guidance and reduce fraud and abuse within the hospice industry.

DATES: To assure consideration, comments must be delivered to the address provided below by no later than 5 p.m. on March 15, 1999.

ADDRESSES: Please mail or deliver your written comments, recommendations and suggestions to following address: Department of Health and Human Services, Office of Inspector General, Attention: OIG–6–CPG, Room 5246, Cohen Building, 330 Independence Avenue, SW, Washington, DC 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to the file code OIG–6–CPG. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 5541 of the Office of Inspector General at 330 Independence Avenue, SW, Washington, DC 20201 on Monday through Friday of each week from 8:00 a.m. to 4:30 p.m.

FOR FURTHER INFORMATION CONTACT: Michael Shaw, Office of Counsel to the Inspector General, (202) 619–2078.

SUPPLEMENTARY INFORMATION: The development of compliance program guidances has become a major initiative of the OIG in its effort to engage the private health care community in addressing and combating fraud and abuse. Recently, the OIG has developed and issued compliance program guidance directed at various segments of the health care industry.[1] New OIG guidance under consideration will be designed to provide clear direction and assistance to Medicare and Medicaid hospice providers that are interested in reducing and eliminating fraud and abuse within their organizations.

The guidances represent the culmination of the OIG's suggestions on how providers can most effectively establish internal controls and implement monitoring procedures to identify, correct and prevent fraudulent and wasteful activities. As stated in previous guidances, these guidelines are not mandatory for providers, nor do they represent an exclusive document of advisable elements of a compliance program.

In an effort to formalize the process by which the OIG receives public comments in connection with compliance program guidances, the OIG is seeking, through this **Federal Register** notice, formal input from interested parties as the OIG begins developing the compliance program guidance directed at the hospice industry and its providers. The OIG will give consideration to all comments, recommendations and suggestions submitted and received by the time frame indicated above.

We anticipate that the hospice guidance will contain seven elements that the OIG considers necessary for a comprehensive compliance program. These seven elements have been discussed in our previous guidances and include:

- The development of written policies and procedures.
- The designation of a compliance officer and other appropriate bodies.
- The development and implementation of effective training and education programs.
- The development and maintenance of effective lines of communication.
- The enforcement of standards through well-publicized disciplinary guidelines.
- The use of audits and other evaluation techniques to monitor compliance.
- The development of procedures to respond to detected offenses and to initiate corrective action.

The OIG would appreciate specific comments, recommendations and suggestions on (1) risk areas for the hospice industry, and (2) aspects of the seven elements contained in previous guidances that may need to be modified to reflect the unique characteristics of the hospice industry. Detailed justifications and empirical data supporting suggestions would be appreciated. We are also hopeful that any comments, recommendations and input be submitted in a format that addresses the above topics in a concise manner, rather than in the form of comprehensive draft guidance that mirrors previous guidances.

Dated: January 6, 1999.

June Gibbs Brown,

Inspector General.

[FR Doc. 99–689 Filed 1–12–99; 8:45 am]

BILLING CODE 4150–04–P

[1] See 62 FR 9435 (March 3, 1997) for clinical laboratories, as amended in 63 FR 45076 (August 24, 1998); 63 FR 8987 (February 23, 1998) for hospitals; 63 FR 42410 (August 7, 1998) for home health agencies, and 63 FR 70138 (December 18, 1998) for third party medical billing companies. The guidances can also be found on the OIG web site at http://www.dhhs.gov/progorg/oig.