

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration**

[Docket No. 99F-2082]

**National Starch and Chemical Co.;
Filing of Food Additive Petition****AGENCY:** Food and Drug Administration, HHS.**ACTION:** Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that National Starch and Chemical Co. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of food starch modified by amylolytic enzymes.

FOR FURTHER INFORMATION CONTACT: Mary E. LaVecchia, Center for Food Safety and Applied Nutrition (HFS-215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3072.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 9A4674) has been filed by National Starch and Chemical Co., 10 FINDERNE AVE., BRIDGEWATER, NJ 08807-0500. The petition proposes to amend the food additive regulations in § 172.892(i) *Food starch-modified* (21 CFR 172.892(i)) to provide for the safe use of food starch modified by amylolytic enzymes.

The agency has determined under 21 CFR 25.32(k) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: June 17, 1999.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 99-16837 Filed 7-1-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration**

[Docket No. 99F-2081]

Troy Corp.; Filing of Food Additive Petition**AGENCY:** Food and Drug Administration, HHS.**ACTION:** Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Troy Corp. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of butanedioic acid, sulfo-1,4-diisodecyl ester, ammonium salt as a surface active agent in pressure sensitive adhesives.

FOR FURTHER INFORMATION CONTACT: Mark A. Hepp, Center for Food Safety and Applied Nutrition, HFS-215, Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3098.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 9B4678) has been filed by Troy Corp., c/o S. L. Graham & Associates, 1801 Peachtree Lane, Bowie, MD 20721. The petition proposes to amend the food additive regulations in § 175.125 Pressure-sensitive adhesives (21 CFR 175.125) to provide for the safe use of butanedioic acid, sulfo-1,4-diisodecyl ester, ammonium salt as a surface active agent in pressure sensitive adhesives.

The agency has determined under 21 CFR 25.32(l) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

Dated: June 17, 1999.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 99-16834 Filed 7-1-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**

[HCFA-3019-N]

Medicare Program; July 19, 1999 Open Town Hall Meeting To Discuss the Implementation of the Peer Review Organizations' (PROs) Sixth Round Contract Activities**AGENCY:** Health Care Financing Administration (HCFA), HHS.**ACTION:** Notice of meeting.

SUMMARY: This notice announces a Town Hall meeting to provide an opportunity for national health care organizations, beneficiary advocates, and other interested parties to ask questions and raise issues regarding the August 1999 implementation of the Peer

Review Organizations' (PROs) Sixth Round Contract activities. The meeting will also explore how the entire health care community can identify ways to collaborate on quality improvement projects that will raise the quality of care provided to Medicare beneficiaries. The agency views this new round of contracts as an opportunity to develop partnerships with the provider, practitioner, plan, purchaser and beneficiary communities. The meeting will address how PROs, health care organizations and Medicare beneficiaries can form partnerships in the following areas:

- National quality improvement projects;
- Local quality improvement projects;
- Quality improvement projects in conjunction with Medicare+Choice plans; and
- Inclusion of disadvantaged populations within each of the quality improvement projects.

The meeting will also address the Payment Error Prevention Program, which deals with reducing the occurrence of provider billing errors and consequent payment errors, including both over- and under-payment.

DATES: The meeting is scheduled for Monday, July 19, 1999 from 9 a.m. until 3 p.m., E.D.T.

ADDRESSES: The meeting will be held in the Health Care Financing Administration Main Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

FOR FURTHER INFORMATION CONTACT: Donald Forgione, (410) 786-3504, Yvette Williams, (410) 786-6844.

SUPPLEMENTARY INFORMATION:**Background**

The Town Hall meeting will provide an opportunity for organizations representing practitioners, providers, health plans, other purchasers, beneficiaries and other interested parties to ask questions and raise issues regarding the activities of the PRO Sixth Round Contract and how they can partner with PROs in achieving quality improvements for Medicare beneficiaries and improved payment accuracy. This Town Hall meeting provides an opportunity for information exchange concerning Request For Proposals (RFP) and the Payment Error Prevention Program (Task 4). RFP No. HCFA-99-00/ELM (March 1, 1999) Sec. C (3.1-3.4, pp. 17-30).

Task 1 concerns National Quality Improvement Projects and focuses on specific national health improvement clinical topics, acute myocardial infarction, heart failure, pneumonia,

stroke/transient ischemic attack/atrial fibrillation, diabetes, and breast cancer. The PROs, in conjunction with their partners, will use standardized sets of quality indicators to identify the greatest opportunities to improve the care of Medicare beneficiaries.

Task 2 on Local Quality Improvement Projects directs each PRO to initiate local projects within its State in response to local interests, needs, and opportunities. HCFA is interested in broadening the PROs' experience in collaborating with providers, practitioners, plans, purchasers, and beneficiaries to improve the quality of care they deliver. We are also interested in the testing of quality indicators and intervention strategies that reflect care in settings other than acute-care hospitals and Medicare+Choice plans.

Task 3 on Quality Improvement Projects conducted in conjunction with Medicare+Choice Plans, requires the plans to implement quality improvement projects as part of the Quality Improvement System for Managed Care standards. Each Medicare+Choice plan must initiate two performance improvement projects annually. The Balanced Budget Act of 1997 (BBA) requires most M+C plans to have an agreement with the PRO to carry out all required review activities.

Task 4 on the Payment Error Prevention Program is a modified review activity that strives to identify opportunities for improvement in the billing process to reduce the occurrence of incorrect payments resulting from provider billing errors. Errors may include both over-billings and under-billings. The error rate would be the total dollars paid in error, either above or below the correct amount. PROs will conduct the Payment Error Prevention Program in two areas: unnecessary admissions and miscoded diagnosis-related group assignments.

While the meeting is open to the public, attendance is limited to space available. Individuals must register in advance as described below.

Registration

The Office of Clinical Standards and Quality will handle registration for the meeting. Individuals may register by sending a fax to the attention of Don Forgiione, Yvette Williams, or Ida Sarsitis, in the Division of Contract

Policy and Performance. Please provide your name, address, telephone number, e-mail, and fax number on your registration request.

Receipt of your fax will constitute confirmation of your registration. You will be provided with meeting materials at the time of the meeting. If there is no available seating for the Town Meeting, you will receive a notice that the meeting is at capacity.

For fax registration, the number is (410) 786-4005.

If you have questions regarding registration, please contact Don Forgiione at (410) 786-3504 or Yvette Williams at (410) 786-6844. Inquiries via e-mail should be sent to DForgione@hcfa.gov or to YWilliams@hcfa.gov.

The agency will accept written questions or other statements (not to exceed four single-spaced, typed pages), preferably before the meeting, or up to 14 days after the meeting. Written submissions must be sent to: Health Care Financing Administration, ATTN: Steven Jencks, M.D., Director, Quality Improvement Group, Office of Clinical Standards and Quality, S3-01-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Authority: Section 1102 of the Social Security Act (42 U.S.C. 1302) (42 CFR 462.167).

Dated: June 29, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 99-17025 Filed 7-1-99; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day; Proposed Collection: IHS Registered Nurses Recruitment and Retention Survey

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) provided an opportunity for public comment on the proposed agency information collection project. A notice was previously published in the **Federal Register** on

December 24, 1998 (63 FR 71297), and 60 days were allowed for public comment. No public comment was received in response to the notice. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to the OMB.

PROPOSED COLLECTION: Title: 09-17-0000, "IHS Registered Nurses Recruitment and Retention Survey." *Type of Information Collection Request:* New collection. *Form Number:* No reporting forms required. *Need and Use of Information Collection:* The information collected in the proposed survey will be used to determine which improvements made since 1984 have worked and what additional changes need to be made to continue to attract and retain registered nurses in the IHS, tribal, and urban (I/T/U) programs. The information collected in the survey will help to determine (1) the factors that lead to the initial decision to work in the Indian health program; (2) what aspects of the job do/did these employees like or dislike and why; (3) how environmental and personal factors, such as living on or near reservations, local or government housing, distance to shopping, schools (pre-school, elementary, and high school), social activities, child care facilities, location and size of non-Indian community, sex and race differences, etc., affect their decision to continue with or terminate IHS employment; and (4) how work-related issues and current changes, such as Indian preference, quality of other health care staff, local health care management practices, managed care, tribal self-governance and self-determination, etc., affect their decision to stay with or leave IHS employment. *Affected Public:* Individuals. *Type of Respondents:* Current I/T/U registered nurses.

Table 1 below provides the following information: types of data collection instruments, estimated number of respondents, number of responses per respondent, average burden hour per response, and total annual burden hour.