

acceptance of the product, identify mass production problems, and assess commercial feasibility, in support of a petition to amend the standard of identity for parmesan cheese.

**DATES:** This permit is effective for 15 months, beginning on the date the food is introduced or caused to be introduced into interstate commerce, but not later than February 7, 2000.

**FOR FURTHER INFORMATION CONTACT:** Loretta A. Carey, Center for Food Safety and Applied Nutrition (HFS-158), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-205-5099.

**SUPPLEMENTARY INFORMATION:** In accordance with 21 CFR 130.17 concerning temporary permits to facilitate market testing of foods deviating from the requirements of the standards of identity issued under section 401 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 341), FDA is giving notice that it has issued a temporary permit to Sartori Foods Corp., 107 Pleasant View Rd., P.O. Box 258, Plymouth, WI 53073.

The permit covers 28 million pounds of interstate marketing test products identified as "grated parmesan cheese" that deviate from the U.S. standard of identity for parmesan cheese (21 CFR 133.165) and grated cheeses (21 CFR 133.146) in that the product is formulated by using a different enzyme technology that fully cures the cheese in 6 months rather than 10 months. The test product meets all the requirements of the standards with the exception of this deviation. Because test preferences vary by area, along with social and environmental differences, the purpose of this permit is to test the product throughout the United States. Under this temporary permit, the parmesan cheese will be test marketed as grated parmesan cheese. The test product will bear the name "Grated Parmesan Cheese."

This permit provides for the temporary marketing of 28 million pounds of grated parmesan cheese in 2, 3, 5, 6, 10, 15, 18, 20, and 50-pound sizes. The test product will be manufactured at 12 West Main, Plymouth, WI 53073, 2 East Main, Plymouth, WI 53703, and 9001 North Lander Ave., Hilmar, CA 95324. The product will be aged, grated, and packaged for distribution at 12 West Main, Plymouth, WI 53073, and 2 East Main, Plymouth, WI 53703. The product will be distributed throughout the United States.

The information panel of the labels will bear nutrition labeling in accordance with 21 CFR 101.9. Each of the ingredients used in the food must be

declared on the labels as required by the applicable sections of 21 CFR part 101.

This permit is effective for 15 months, beginning on the date the food is introduced or caused to be introduced into interstate commerce, but not later than February 7, 2000.

Dated: November 2, 1999.

**Gerard L. McGowin,**

*Acting Director, Office of Food Labeling,  
Center for Food Safety and Applied Nutrition.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration [HCFA-1093-N]

#### Medicare Program; Request for Nominations for the Practicing Physicians Advisory Council

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

**ACTION:** Notice.

**SUMMARY:** This notice requests nominations from medical organizations representing physicians for individuals to serve on the Practicing Physicians Advisory Council (the Council).

Section 4112 of the Omnibus Budget Reconciliation Act of 1990 established the Council to advise the Secretary of the Department of Health and Human Services on proposed regulations and manual issuances related to physicians' services. There will be four Council vacancies on February 28, 2000.

**EFFECTIVE DATE:** Nominations will be considered if they are received no later than December 15, 1999, at 5 p.m., e.s.t.

**ADDRESSES:** Mail or deliver nominations to Paul Rudolf, MD, JD, Executive Director, Practicing Physicians Advisory Council, Center for Health Plans and Providers, Office of Professional Relations, Health Care Financing Administration, Room 435 H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-7418.

**FOR FURTHER INFORMATION CONTACT:** Paul Rudolf, MD, JD, Executive Director, Practicing Physicians Advisory Council, (202) 690-7418.

**SUPPLEMENTARY INFORMATION:** Section 4112 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508) added a new section 1868 to the Social Security Act (the Act), which established the Practicing Physicians Advisory Council (the Council). The Council advises the Secretary of the

Department of Health and Human Services (the Secretary) on proposed regulations and manual issuances related to physicians' services. An advisory committee created by the Congress, such as this one, is subject to the provisions of the Federal Advisory Committee Act (5 U.S.C. App. 2).

Section 1868(a) of the Act requires that the Council consist of 15 physicians, each of whom must have submitted at least 250 claims for physicians' services under Medicare in the previous year. At least 11 Council members must be physicians as defined in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The other four Council members may include dentists, podiatrists, optometrists, and chiropractors.

The Council must include both participating and nonparticipating physicians, as well as physicians practicing in rural and underserved urban areas. In addition, section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

This notice is an invitation to all organizations representing physicians to submit nominees for membership on the Council. Current members whose terms expire in year 2000 will be considered for reappointment if they are renominated. The Secretary will appoint new members to the Council from among those candidates determined to have the expertise required to meet specific agency needs and in a manner to ensure appropriate balance of membership.

Each nomination must state that the nominee has expressed a willingness to serve as a Council member and must be accompanied by a short resume or description of the nominee's experience. To permit an evaluation of possible sources of conflict of interest, potential candidates will be asked to provide detailed information concerning financial holdings, consultant positions, research grants, and contracts.

Section 1868(b) of the Act provides that the Council meet once each calendar quarter to discuss proposed changes in regulations and manual issuances that relate to physicians' services identified by the Secretary. Council members are expected to participate in all meetings.

Section 1868(c) of the Act provides for payment of expenses and a per diem allowance for Council members at a rate equal to payment provided members of other advisory committees. In addition to making these payments, the Department of Health and Human

Services provides management and support services to the Council.

**Authority:** Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App.2, section 10(a)); 45 CFR part 11.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: November 2, 1999.

**Michael M. Hash,**

*Deputy Administrator, Health Care Financing Administration.*

[FR Doc. 99-29150 Filed 11-5-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of December 1999.

**Name:** Council on Graduate Medical Education (COGME)

**Date and Time:** December 1, 1999; 8:30 a.m.–5:30 p.m., December 2, 1999; 8:30 a.m.–12:00 p.m.

**Place:** The Latham Hotel, Georgetown—Presidential Ballroom, 3000 M Street, N.W., Washington, D.C. 20007.

The meeting is open to the public.

**Agenda:** The agenda will include:

Welcome and opening comments from the Administrator, Health Resources and Services Administration, the Associate Administrator for Health Professions, and the Acting Executive Secretary of COGME. There will be presentations on a Specialty Supply and Requirements Study, and the National Health Service Corps. There will be a panel on State Centers for Health Workforce Studies. There will also be presentations on Medicare Teaching Physician Payment Issues; Osteopathic Medical Education Issues; and the Department of Defense GME Issues. An update will be given on the Advisory Committee on Training in Primary Care Medicine and Dentistry. The Council will hear the reports of its work groups on Ambulatory Programs and Financing, and Physician Workforce.

Anyone requiring information regarding the subject should contact Stanford M. Bastacky, D.M.D., M.H.S.A., Executive Secretary, Council on Graduate Medical Education, Division of Medicine, Bureau of Health Professions, Room 9A-27, Parklawn

Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-6326.

Dated: November 2, 1999.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**Proposed Project.**—Use of Treatment Improvement Protocols (TIPs) and Technical Assistance Publications (TAPs) by Faculty and Curriculum Developers Associated with the Addiction Technology Transfer Centers (ATTCs)—New—The ATTC Study is a special study under the ongoing TIPs Evaluation Project. Since 1992, SAMHSA's Center for Substance Abuse Treatment (CSAT) has published 33 Treatment Improvement Protocols, or TIPs, which provide administrative and clinical practice guidance to the substance abuse treatment field; and 23 Technical Assistance Publications

(TAPs), which are publications, manuals, and guides developed by experts with first-hand experience to offer practical responses to emerging issues and concerns in the substance abuse treatment field.

Configured as a mixed methodologies, multi-site case study, the ATTC study will elicit process and descriptive data related to assessing both actual use, and usefulness, of TIPs and TAPs in developing curricula and other knowledge application products for ATTCs. Data will be collected through on-site activities at six of the 13 ATTCs. Those activities will include intensive, on-site interviews with both ATTC curriculum developers and faculty/trainers identified by directors of the selected ATTC sites and through "snowball" sampling techniques; additional, brief interviews with curriculum developers and faculty/trainers identified by directors of the selected sites and through snowball sampling techniques; a brief demographic survey form to be filled out by all respondents; list-building/ranking and other special techniques, to be incorporated into the more intensive interviews; and small group discussions. Measures will be primarily descriptive and process, for example, whether, and if so, which, TIPs and TAPs have been or are being used in development of ATTC curricula; how and to what extent TIPs and TAPs are used; faculty/trainers' and curriculum developers' perceptions regarding the advantages and disadvantages of using TIPs and TAPs; and their impressions and suggestions concerning the content and format of TIPs and TAPs.

Burden for faculty/trainers and curriculum developers includes written responses to a brief demographic questionnaire, including faxing or mailing it back (est. 10–15 minutes); subsequent participation in a brief (½ hour) or longer one-on-one, semi-structured interview (est. 1–1½ hours), or in a small group discussion on site (1 hour); and round-trip travel to the interview/group discussion site. Burden attributed to Facility Directors for the 13 ATTCs includes time spent assisting the study team before and during the site visit, including identifying and discussing possible participants for interviews and group discussions. Burden for the National ATTC involves time spent assisting the study team in tracking ATTCs' replies to a request for information and sample products.