

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration****Gastrointestinal Drugs Advisory Committee; Cancellation**

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is canceling the meeting of the Gastrointestinal Drugs Advisory Committee scheduled for April 12, 2000. This meeting was announced in the **Federal Register** of February 17, 2000 (65 FR 8180).

FOR FURTHER INFORMATION CONTACT: Karen M. Templeton-Somers, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-7001, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12538.

Dated: March 28, 2000.

Linda A. Suydam,

Senior Associate Commissioner.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Healthcare Integrity and Protection Data Bank for Final Adverse Information on Health Care Providers, Suppliers, and Practitioners—(OMB 0915-0239)—**EXTENSION**

Section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 specifically directs the Secretary to establish a national health care fraud and abuse data collection program for the reporting and disclosure

of certain final adverse actions taken against health care providers, suppliers, and practitioners. A final rule was published October 26, 1999 in the **Federal Register** to implement the statutory requirements of section 1128E of the Social Security Act (The Act) as added by Section 221(a) of HIPAA. The Act requires the Secretary to implement the national health care fraud and abuse data collection program. This data bank is known as the Healthcare Integrity and Protection Data Bank (HIPDB). It contains the following types of information: (1) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service; (2) Federal or State criminal convictions against a health care provider, supplier, or practitioner related to the delivery of a health care item or service; (3) Actions by Federal or State agencies responsible for the licensing and certification of health care providers, suppliers, or practitioners; (4) Exclusion of a health care provider, supplier, or practitioner from participation in Federal or State health care programs; and (5) Any other adjudicated actions or decisions that the Secretary shall establish by regulations. Access to this data bank is limited to Federal and State Government agencies and health plans.

The Estimated Response Burden Is As Follows

Regulation citation	Number of re- spond.	Respon. per re- spond.	Total respon.	Hrs. per respon.	Total burden hours
61.6 Errors & Omissions	1,200	1	1,200	25 min	500
61.6 Revisions/appeal status	1,000	1	1,000	75 min	1,250
61.7 Licensure actions:					
Disclosure by State licensing boards	1,836	22	40,400	75 min	50,500
Reporting by State Licensing Authorities	216	187	40,400	15 min	10,100
61.8 Reporting of State criminal convictions	54	13	700	75 min	875
61.9 Reporting of Civil Judgments	62	8	500	75 min	625
61.11 Reporting of adjudicated actions/decisions.	66	12	800	75 min	1,000
61.12 Access to data (queries/self queries):					
State licensure Boards	1,000	75	75,000	5 min	6,250
State certification agencies	54	3	162	5 min.	14
States/district attorneys & law enforcement	2,000	25	50,000	5 min	4,166
State Medicaid fraud units	47	50	2,350	5 min	196
Health plans	2,500	400	1,000,000	5 min	83,333
Health care providers, suppliers and practitioners (self query).	60,000	1	60,000	25 min	25,000
Entity registration	5,000	1	5,000	30 min	2,500
Entity registration update	250	1	250	15 min.	62
Authorized agent designation	100	1	100	10 min.	16
Authorized agent designation update	5	1	5	5 min	0.42
61.15 Disputed reports/secretarial review.					
Initial request	750	1	750	10 min	125
Request for secretarial review	37	1	37	480 min	296
Total	76,177	1,278,654	186,808