

Dated: March 6, 2000.
William K. Hubbard,
*Senior Associate Commissioner for Policy,
 Planning, and Legislation.*
 [FR Doc. 00-5969 Filed 3-10-00; 8:45 am]
BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Medwatch/MDR/FDA Website Navigation; Public Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.

The Food and Drug Administration (FDA) is announcing the following public meeting: Medwatch/Medical Device Reporting (MDR)/FDA Website Navigation. The topics to be discussed are the Medwatch Program, medical device reporting, and the navigation of the FDA website. This public meeting is intended to familiarize the attendees with the Medwatch Program, provide information on the regulations associated with the mandatory medical device reporting system, and furnish training on the navigation of the FDA website.

Date and Time: The public meeting will be held on April 7, 2000, from 9 a.m. to 12 noon.

Location: The public meeting will be held at the Mercy Medical Center Auditorium, 2175 Rosaline Ave., Redding, CA 96049.

Contact: Mary E. Taylor, Food and Drug Administration, 1431 Harbor Bay Pkwy., Alameda, CA 94502-7070, 510-337-6888, FAX 510-337-6708, e-mail: mtaylor1@ora.fda.gov.

Registration: Send registration information (including name, title, firm name, address, telephone, and fax number) to the contact person by March 30, 2000.

If you need special accommodations due to a disability, please contact Mary E. Taylor at least 7 days in advance.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources And Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is 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: Children's Hospital Graduate Medical Education Program—New

Public Law Number 106-129 amended the Public Health Service Act to establish a new program to support graduate medical education (GME) in children's hospitals. The provision authorizes payments in FY 2000 and FY 2001 for direct and indirect expenses associated with operating approved GME programs. Section 340E(c)(1) states that the amount determined under this subsection for payments for direct medical expenses for a fiscal year is equal to the product of: (A) The updated per resident amount as determined, and (B) the average number of FTE residents in the hospital's approved graduate medical residency training programs as determined under section 1886(h)(4) of the Social Security Act during the fiscal year. The statute directs the Secretary to take into account factors identified in section 340E(b)(1)(B) and 340E(d)(2)—case mix, number of FTE residents, treatment of more severely ill patients and the additional costs related to teaching residents.

Administration of the Children's Hospital Graduate Medical Education Program relies on the reporting of the number of full-time equivalent residents in applicant children's hospital training programs to determine the amount of direct and indirect expense payments to participating children's hospitals. Indirect expense payments will also be derived from a formula that requires the reporting of case mix index information from participating children's hospitals.

Hospitals will be requested to submit such information in an annual application. The statute also requires reconciliation of the estimated numbers of residents with the actual number determined after the close of the fiscal year. Participating children's hospitals would be required to complete an adjusted report to correct such information on an annual basis.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Form name	No. of respondents	Responses per respondent	Total responses	Hrs. per response	Total hour burden
Form A	48	1	48	28	1,344