

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration**
[HCFA-3054-N]**Medicare Program; Renewal of the Medicare Coverage Advisory Committee (MCAC)**

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

ACTION: Notice.

SUMMARY: This notice announces the renewal of the Medicare Coverage Advisory Committee (MCAC). The MCAC advises the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Health Care Financing Administration, as requested by the Secretary, whether medical items and services are reasonable and necessary under Title XVIII of the Social Security Act. This notice announces the signing of the MCAC charter renewal by the Secretary on November 24, 2000. The charter will terminate on November 24, 2002, unless renewed by the Secretary.

FOR FURTHER INFORMATION CONTACT: Patricia Brocato-Simons, Office of Clinical Standards and Quality, HCFA, 7500 Security Boulevard, Mail Stop S3-02-01, Baltimore, MD 21244, 410-786-0261, or E-mail pbrocato-simons@hcfa.gov.

SUPPLEMENTARY INFORMATION:**I. Background**

On December 14, 1998, we published a notice in the **Federal Register** (63 FR 68780) announcing the establishment of the Medicare Coverage Advisory Committee (MCAC). The charter for the MCAC was signed by the Secretary on November 24, 1998.

The MCAC, chartered under 42 U.S.C. 217(a), section 222 of the Public Health Service Act, as amended, is governed by the provisions of the Federal Advisory Committee Act (FACA) (Public Law 92-463 as amended (5 U.S.C. Appendix 2)), which sets forth standards for the formulation and use of advisory committees.

The MCAC consists of 6 specialty panels and an executive committee (EC), with a total of 120 appointed members from authorities in clinical and administrative medicine, biologic and

physical sciences, public health administration, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. The MCAC, functioning on its panel basis, reviews and evaluates medical literature, reviews technical assessments, and examines data and information on the effectiveness and appropriateness of medical items and services that are covered or eligible for coverage under Medicare. The panels work from an agenda provided by the MCAC that lists specific issues. The panels develop technical advice to be reviewed and ratified by the EC to assist us in determining reasonable and necessary applications of medical services and technology.

II. Provisions of This Notice

This notice announces the signing of the MCAC charter renewal by the Secretary on November 24, 2000. The charter will terminate on November 24, 2002, unless renewed by the Secretary.

III. Copies of the Charter

You may obtain a copy of the Secretary's Charter for the MCAC by submitting a request to Maria Ellis, Office of Clinical Standards and Quality, Health Care Financing Administration, 7500 Security Blvd., Mail Stop S3-02-01, Baltimore, MD 21244, 410-786-0309, or E-mail the request to mellis@hcfa.gov.

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

Dated: January 29, 2001.

Michael McMullan,

Acting Deputy Administrator, Health Care Financing Administration.

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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: The Nursing Education Loan Repayment Program Application (OMB No. 0915-0140)—Revision

This is a request for revision of the application form for the Nursing Education Loan Repayment Program (NELRP). The NELRP was originally authorized by 42 U.S.C. 297b(h) (section 836(h) of the Public Health Service Act) as amended by Pub. L. 100-607, November 4, 1988. The NELRP is currently authorized by 42 U.S.C. 297(n) (section 846 of the Public Health Service Act) as amended by Pub. L. 102-408, October 13, 1992.

Under the NELRP, registered nurses are offered the opportunity to enter into a contractual agreement with the Secretary, under which the Public Health Service agrees to repay the nurses' indebtedness for nursing education. In exchange, the nurses agree to serve for a specified period of time in certain types of health facilities identified in the statute.

Nurse educational loan repayment contracts will be approved by the Secretary for eligible nurses who have incurred previous monetary indebtedness by accepting a loan for nursing education costs from a bank, credit union, savings and loan association, Government agency or program, school, or other lender that meets NELRP criteria. Approval is requested for the application form. The application form requires information from two types of respondents:

a. Applicants must provide information on the proposed service site and on all nursing education loans for which reimbursement is requested, and

b. For those applicants accepted into the NELRP, lenders must provide information on loan status for all loans accepted for repayment.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Form/regulatory requirement	Number of respondents	Responses per respondents	Hours per response	Total burden hours
NELRP Application	1,000	1	1	1,000
Loan Verification Form	50	4	.25	50