already received PMA-approval (generational changes).

- (4) Class III devices that are comparable to a PMA-approved device but are under investigation for a new indication for use. For purposes of studying the new indication, no significant modification to the device were required.
- (5) Pre-amendments Class III devices that become the subject of an investigational device exemption after the Food and Drug Administration requires premarket approval, that is, no PMA application was submitted or the PMA application was denied.
- (6) Nonsignificant risk device investigations for which the Food and Drug Administration required the submission of an investigational device exemption.

The following information presents the device number, category (in this case, B), and criterion code.

G950165 B3

G950167 B2

G950169 B3

G950170 B4

G950172 B3

G950173 B1

G950174 B4

G950174 B4

G950180 B1

G950181 B1

G950183 B3

G930103 D3

G950184 B1

G950187 B2

G950188 B1

G950189 B1

G950190 B4

G950191 B4

G950192 B6

G950193 B4

G950195 B1

G950196 B4

G950197 B3 G950198 B1

G950201 B1

G950202 B4

G950206 B1

G950208 B3

G950209 B4

Note: Some investigational devices may exhibit unique characteristics or raise safety concerns that make additional consideration necessary. For these devices, HCFA and the Food and Drug Administration will agree on the additional criteria to be used. The Food and Drug Administration will use these criteria to assign the device(s) to a category. As experience is gained in the categorization process, this addendum may be modified.

[FR Doc. 96–16217 Filed 6–25–96; 8:45 am] BILLING CODE 4120–01–P

[BPD-873-N]

Medicare Program; Announcement of Collaborative Effort With the National Institutes of Health to Study the Effectiveness of Lung Volume Reduction Surgery

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

ACTION: Notice.

We are announcing our participation in a collaborative effort with the National Heart, Lung and Blood Institute of the National Institutes of Health to study the effectiveness of lung volume reduction surgery. The purpose of this multi-centered randomized study, which will include a prospective registry examining the role of lung volume reduction surgery, is to evaluate the long-term outcome of the procedure on function, morbidity, and mortality as well as to define appropriate patient selection criteria. We are issuing this announcement so that interested facilities and providers who monitor the Federal Register are aware of this collaborative effort. The National Heart, Lung and Blood Institute announced in the May 9 and 10, 1996 issues of the Commerce Business Daily the qualifications and experience required for the clinical centers and the clinical coordinating center to participate in the program. It also described the patient population who will be included in the study and how the study will be conducted.

On June 3, 1996, the National Heart, Lung and Blood Institute made available a formal request for proposals for clinical centers and a clinical coordinating center interested in participating in the study through the National Institutes of Health (NIH) Request for Proposals (RFP) Gopher. Users have access via the NIH Home Page (World Wide Web) at http:// www.nih.gov. Once users are at the NIH Home Page, they should select "Grants & Contracts," then select "R&D Requests for Proposals (RFP)." Offerors that have access to the NIH Gopher Server but not the Internet can access the RFP by pointing their gopher clients to GOPHER.NIH.GOVPORT70. They should select "Grant and Research Information," then select "R&D Requests for Proposals (RFP).

FOR FURTHER INFORMATION CONTACT: Karen McVearry, (410) 786–4643.

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395bb)

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare— Supplementary Medical Insurance Program) Dated: June 9, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing

Administration.

[FR Doc. 96–16216 Filed 6–25–96; 8:45 am]

BILLING CODE 4120-01-P

National Institutes of Health

National Cancer Institute; Notice of Meeting of the National Cancer Advisory Board

Pursusant to Section 10(d) of the Federal Advisory Committee act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the meeting of the National Cancer Advisory Board, National Cancer Institute on July 18, 1996. The meeting will be open to the public and attendance by the public will be limited to space available.

The Committee Management Office, National Cancer Institute, National Institutes of Health, Executive Plaza North, Room 630E, 9000 Rockville Pike, Bethesda, Maryland 20892 (301/496– 5708), will provide summaries of the meetings and rosters of the Board members, upon request.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Carole Frank, Committee Management Specialist, at 301/496–5708 in advance of the meeting.

Name of Committee: National Cancer Advisory Board.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600A, 6130 Executive Blvd., Bethesda, MD 20892–7405; (301) 496– 5147.

Date of Meeting: July 18, 1996. Place of Meeting: National Cancer Institute via telephone conference, National Institutes of Health, Room 640, 6130 Executive Blvd., Rockville, MD 20852

Open: 1 pm to approximately 2 pm. Agenda: To discuss the NCAB resolution for the 25th Anniversity of the National Cancer Act.

Dated: June 21, 1996. Susan K. Feldman,

Committee Management Officer, NIH. [FR Doc.96–16323 Filed 6–25–96; 8:45 am] BILLING CODE 4140–01–M

Office of Extramural Research; Notice of Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Peer Review Oversight Group (PROG) to be held July 18 and 19, 1996 in Conference Room 6, C–Wing, 6th Floor, Building 31, 9000 Rockville Pike, Bethesda, Maryland 20892. The meeting will be held from 3:00 p.m. to 5:00 p.m. on July 18 and from 8:30 a.m. to 5:00 p.m. on July 19. The meeting is open to the public, with attendance limited to space available.

The agenda for this initial meeting of the Committee will include an update on NIH extramural reinvention activities and a discussion of the NIH peer review system.

Peggy McCardle, Ph.D., Executive Secretary, PROG, and Special Assistant to the Deputy Director for Extramural Research, OD, NIH, Building 1, Room 150, Bethesda, Maryland 20892, (301) 402–2246, will furnish the meeting agenda and roster of committee members upon request. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other special accommodations, should contact Dr. McCardle by July 11, 1996.

Dated: June 21, 1996. Susan K. Feldman, Committee Management Officer, NIH. [FR Doc. 96–16324 Filed 6–25–96; 8:45 am] BILLING CODE 4140–01–M

Indian Health Service

Reimbursement Rates for Calendar Year 1996

Notice is given that the Director of Indian Health Service, under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248(a) and 249(b)) and section 601 of the Indian Health Care Improvement Act (25 U.S.C. 1601), has approved the following reimbursement rates for inpatient and outpatient medical care in facilities operated by the Indian Health Service for Ĉalendar Year 1996: Medicare, and Medicaid Beneficiaries and Beneficiaries of other Federal Agencies. Alternatively, with respect to Medicaid rates, Indian Health Service Facilities may elect to receive payments as set forth under an approved State Medicaid plan.

Inpatient Hospital Per Diem Rate (Medicaid Only)

\$736 (Lower 48) \$930 (Alaska)

Part B Inpatient Ancillary Per Diem (Medicare Only)

\$405 (Lower 48) \$512 (Alaska) Outpatient Per Visit Rate (Medicare and Medicaid)

\$147 (Lower 48) \$233 (Alaska)

Outpatient Surgery (Medicare Only)

Established rates for freestanding Ambulatory Surgery Centers

Consistent with previous annual rate revisions, these rates will be effective for services provided on/or after January 1, 1996.

Dated: March 25, 1996. Michael H. Trujillo,

Assistant Surgeon General, Director. [FR Doc. 96–16279 Filed 6–25–96; 8:45 am] BILLING CODE 4160–16–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4097-D-01]

Office of the Assistant Secretary for Housing—Federal Housing Commissioner; Revocation and Redelegation of Authority; Amendment to Field Reorganization

AGENCY: Office of the Assistant Secretary for Housing—Federal Housing Commissioner, HUD.

ACTION: Amendment to field reorganization redelegation of authority.

SUMMARY: This notice amends the redelegation portion of the field reorganization Revocation and Redelegation of Authority for the Office of Housing, published in the Federal Register on December 6, 1994, at 59 FR 62739.

This amendment revokes authority over both single family and multifamily housing matters previously redelegated to the Director, Single Family Housing Division, and to the Director, Multifamily Housing Division, respectively, in the Anchorage, AK; Charleston, WV; Grand Rapids, MI; Manchester, NH; and Milwaukee WI field offices; it then redelegates the authority to the Director, Housing Division, in each of the affected offices.

Prior to this amendment, the field reorganization document redelegated authority to both Directors of Single Family Housing and Directors of Multifamily Housing, in A and B field offices. With this amendment, in certain A and B field offices, authority is still delegated to both the Director, Single Family Housing Division, and Director, Multifamily Housing Division. However, in other A and B field offices, authority is now redelegated to the Director, Housing Division, who

handles both single family and multifamily housing matters.

This amendment also revokes authority over single family housing matters previously redelegated to the Director of the Single Family Housing Division in the Dallas, Texas field office; it then redelegates this authority to the Office of Housing Director in the Fort Worth, Texas field office. As a result of this portion of the amendment, field office authority regarding single family housing matters is transferred from the Director of the Single Family Housing Division in the Dallas, Texas field office to the Director of Housing in the Fort Worth, Texas field office. Employees of the Dallas office will continue to perform single family housing functions but field office decisionmaking authority will rest in the Fort Worth office.

EFFECTIVE DATE: June 17, 1996.

FOR FURTHER INFORMATION CONTACT: Robert G. Hunt, Director, Management Services Division, or Charles E. Patterson, Chief, Program Analysis Branch, Management Services Division, Department of Housing and Urban Development, 451 7th Street, SW., Room 9116, Washington, DC 20410, (202) 708–0826. A telecommunications device for the hearing-impaired ("TDD") is available at (202) 708–1455. These are not toll-free numbers.

SUPPLEMENTARY INFORMATION: In November of 1993, the Secretary announced the reorganization of HUD's field structure to improve performance and provide HUD's customersmembers of the public and program beneficiaries—more efficient service and less bureaucracy by empowering HUD's employees to more effectively serve these customers. As part of that ongoing process, on December 6, 1994 at 59 FR 62739, the Department published a Notice of Revocation and Redelegation of Authority pertaining to authority in the field over Office of Housing programs. This document makes certain organizational changes to the December 6, 1994 redelegation, regarding to whom authority is delegated.

As the Department strives to provide increasingly efficient service, the ability to do more with less is of crucial importance. Through this Amendment to the field reorganization Revocation and Redelegation of Authority, the Department seeks to shift certain powers and authorities in order to best utilize its finite resources to the benefit of the customer.

Accordingly, the Assistant Secretary for Housing—Federal Housing Commissioner amends the Revocation and Redelegation of Authority at 59 FR