

To provide an additional opportunity for public input and to solicit additional views and advice on implementation of the administrative simplification provisions of Public Law 104-191, the Executive Subcommittee of the NCVHS, with support from the California Office of Statewide Health Planning and Development, is sponsoring a public meeting on June 3-4, 1997 in San Francisco. The meeting is open to the public and will take place from 9:00 to 5:30 p.m. at the Federal Building, 450 Golden Gate Avenue.

For the meeting, the Committee is inviting specific organizations representing consumer groups, plans, providers, insurers, researchers and the public health community, as well as other interested parties to describe their perspectives and offer advice on the implementation of the law. Presenters are being asked to respond to the questions outlined below in writing, to make a brief oral presentation, and to respond to additional questions from the Committee.

#### Questions To Be Addressed

1. What does your organization expect to be the impact of the administrative simplification requirements in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)? These standards include: Administrative transactions, coding sets and medical classifications, privacy, confidentiality, security and unique personal health identification numbers for providers, plans, employers, and individuals for use in the health care system. Please describe how each of these issues could affect the members of your organization or the persons you represent.

2. Are any of these standards currently priority areas for your organization or members of your organization? How are you addressing or planning to address these standards?

3. Do members of your organization have any concerns about the type of transactions specified under HIPAA? For producers of the data, how available is the information that you need to report in the transactions? For organizations and individuals that use these data, is the information useful for bill payment, managing the care process, and health policy analysis and assessments? Do you have comments regarding the quality of these data?

4. How can administrative simplification best be achieved while balancing clinical and payment needs with maintaining privacy protection for individuals?

5. Recognizing the intent of the administrative simplification provisions of P.L. 104-191, what coding approach would best meet your needs? Please suggest how administrative simplification could be achieved while reducing administrative burden and obtaining clinically useful information.

6. What medical and clinical codes and classifications do you use in administrative transactions now? What do you perceive as the main strengths and weaknesses of the current methods for coding and classification of encounter and enrollment data?

7. What medical procedure classification system would you recommend as the initial

standard for outpatient transactions? Is it practical to move to a single procedure classification on the schedule required for the implementation of administrative standards? Should the standards continue the current practice of requiring different procedure coding systems for the ambulatory and inpatient sectors?

8. Before the passage of HIPAA, the National Center for Health Statistics initiated the development of a clinical modification of the International Classification of Diseases, Tenth Edition (ICD-10-CM) to replace ICD-9-CM. In addition, the Health Care Financing Administration undertook the development of a new procedure coding system for inpatient services, entitled ICD-10-PCS (Procedure Classification System). A plan exists to implement these systems simultaneously in the year 2000. On the pre-HIPAA schedule, they will be released to the field for evaluation and testing by 1998. Should ICD be used for administrative transactions? If so, which version do you advocate and why?

9. Do you have any advice or recommendations for NCVHS or the U.S. Department of Health and Human Services related to the implementation of the standards and privacy provisions of the HIPAA? Do you have any concerns?

#### Contact Person for More Information:

Substantive program information as well as summaries of the meeting and a roster of committee members may be obtained from James Scanlon, NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 440-D, Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201, telephone (202) 690-7100, or Marjorie S. Greenberg, Acting Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 436-7050. Information also is available on the NCVHS home page of the HHS website: <http://aspe.os.dhhs.gov/ncvhs>.

Dated: May 5, 1997.

**James Scanlon,**

*Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Statement of Organization, Functions and Delegations of Authority; Program Support Center

Part P, (Program Support Center) of the Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (60 FR 51480, October 2, 1995 as amended most recently at 62

FR 5010, February 3, 1997) is amended to reflect changes in Chapter PF within Part P, Program Support Center, Department of Health and Human Services (HHS). The Information Technology Service (ITS) is realigning its functions and developing skills in new information technology service areas, primarily in the Internet/Intranet area. This organizational change will maximize ITS' ability to properly focus on this new technology area.

### Program Support Center

Under Part P, Section P-20, Functions, change the following:

*Chapter PF, Information Technology Service (PF)* is amended as follows:

Under the heading *Division of Human Resources Information Management (PFG)*, delete the title and functional statement in its entirety.

Establish the *Division of Information Systems and Technology (PFH)* and enter the functional statement as follows:

*Division of Information Systems and Technology (PFH)* (1) Provides fee-for-service information technology (IT) support to HHS OPDIVs and other Government agencies. Services include providing information from the HHS personnel/payroll system and providing technological support in utilizing evolving IT areas, such as the Internet and other new IT developments; (2) provides analysis, design, development, implementation and ongoing support of information reporting in various areas, such as personnel and payroll; and (3) provides analysis, design, development, implementation and ongoing support in utilizing evolving technology, such as the Internet.

Dated: May 2, 1997.

**Lynnda M. Regan,**

*Director, Program Support Center.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 DAY-9-97]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

### Proposed Project

1. **Childhood Lead Poisoning Prevention Program Quarterly Report (0902-0282)—Extension—Lead poisoning** is the most common and societal devastating environmental disease of young children in the United States. Severe lead exposure can cause coma, convulsions, and even death. Lower levels of lead, which rarely cause symptoms, can result in decreased intelligence, developmental disabilities, and behavioral disturbances. State and community health agencies are the principal delivery points for childhood lead screening and related medical and environmental management activities. In FY 1996, CDC awarded 40 grants to fund childhood lead poisoning prevention programs. The primary purpose of these grants is for the initiation or expansion of state- and community-based childhood lead poisoning prevention programs that do the following: (1) Screen infants and children for elevated blood lead levels, (2) assure referral for treatment of, and environmental intervention for, infants and children with elevated blood lead levels, and (3) to provide education about childhood lead poisoning. The purpose of the quarterly report is to report data collected by CDC's grantees. The report consists of narrative and data sections. The purpose of the narrative section is to provide the following: (1) Highlights of quarterly activities, (2) discuss issues and activities that have significant impact on the program, (3) list objectives and discuss progress towards meeting those objectives. The purpose of the data section is to provide the following: (1) Screening and case confirmation activities, (2) environmental inspection and hazard remediation activities, and (3) medical case management activities. The total annual burden hours are 320.

Respondents	Number of respondents	Avg. burden/response (in hrs.)	No. of responses/respondent
Grantees	40	2	4

Dated: May 5, 1997.

**Wilma G. Johnson,**

*Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).*

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

#### Hospital Infection Control Practices Advisory Committee; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

*Name:* Hospital Infection Control Practices Advisory Committee (HICPAC).

*Times and Dates:* 8:30 a.m.-5 p.m., June 2, 1997; 8:30 a.m.-1:30 p.m., June 3, 1997.

*Place:* CDC, Building 16, Room 1111/1111A, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Committee is charged with providing advice and guidance to the Secretary; the Assistant Secretary for Health; the Director, CDC; and the Director, National Center for Infectious Diseases (NCID), regarding (1) The practice of hospital infection control; (2) strategies for surveillance, prevention, and control of nosocomial infections in U.S. hospitals; and (3) updating guidelines and other policy statements regarding prevention of nosocomial infections.

*Matters to be Discussed:* Agenda items will include recommendations for healthcare workers infected with bloodborne pathogens; a review of the fourth draft of the Guideline for Infection Control in Hospital Personnel; review of the first draft of the Guideline for Prevention of Surgical Site Infections; and a review of CDC activities of interest to the Committee.

Agenda items are subject to change as priorities dictate.

#### CONTACT PERSON FOR MORE INFORMATION:

Michele S. Pearson, M.D., Medical Epidemiologist, Investigation and Prevention Branch, Hospital Infections Program, NCID, CDC, 1600 Clifton Road, NE, M/S E-69, Atlanta, Georgia 30333, telephone 404/639-6413.

Dated: May 6, 1997.

**Joseph E. Salter,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

#### ICD-9-CM Coordination and Maintenance Committee Meeting

National Center for Health Statistics (NCHS), of the Centers for Disease Control and Prevention (CDC), announces the following meeting.

*Name:* ICD-9-CM Coordination and Maintenance Committee meeting.

*Time and Date:* 9 a.m.-5 p.m., June 5, 1997.

*Place:* The Health Care Financing Administration Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

*Status:* Open to the public. (In the interest of security, non-government employees must show a photo I.D., and sign-in to gain entrance to the building.)

*Purpose:* The NCHS Data Policy and Standards Staff will hold the first of two meetings of the 1997 cycle for the ICD-9-CM Coordination and Maintenance (C&M) Committee. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

*Matters to be Discussed:* Agenda items will include:

ICD-10-CM overview  
Autonomic Dysreflexia  
Injury aftercare  
Neurogenic Bowel  
Malignant Hypertension  
Complications of peritoneal dialysis  
Testing update on ICD-10 Procedure Coding System  
Transmural revascularization  
Minimally invasive coronary artery bypass graft  
Addenda.

Agenda items are subject to change as priorities dictate.

**CONTACT PERSON FOR ADDITIONAL INFORMATION:** Amy L. Blum, NCHS, CDC, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, e-mail, alb8@nch11a.em.cdc.gov, telephone, 301/436-7050.

Dated: May 6, 1997.

**Joseph E. Salter,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

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