

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary
Secretary's Private/Public Sector Advisory Committee on Catastrophic Illness; Advisory Committee Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet in 1986:

Name: Secretary's Private/Public Sector, Advisory Committee on Catastrophic Illness.

Date: June 19, 1986, 7:00 p.m. until 9:00 p.m.

Place: Humphrey Auditorium, 200 Independence Ave., SW., Washington, DC 20201.

Purpose: The purpose of the Private/Public Sector Advisory Committee on Catastrophic Illness will be to: (1) Solicit input from all interested parties regarding how government and the private sector can work together to address the problems of affordable insurance for catastrophic illness; and (2) Reflect periodically the views of the interested parties as well as the constituencies represented on the Committee regarding the report on catastrophic health care which the Secretary of Health and Human Services must submit to the President by the end of the year.

Agenda: The meeting of the Private/Public Sector Advisory Committee and the Health and Human Services Executive Advisory Committee will be an interim Report Session. The Private/Public Sector Advisory Committee will discuss major points and private sector inputs enunciated in the public forums. The Executive Advisory Committee will present a status report of what has been accomplished by midstudy. The Agenda will consist of: a welcome and opening remarks by James Balog, Chairman of the Private-Public Sector Advisory Committee; remarks from the Chairman of the Executive Advisory Committee and the Technical Work Groups; a review of purpose, scope and membership of the catastrophic illness study and discussion.

Anyone wishing to obtain a roster of members or other relevant information should write to or call Ms. Jean-Craft Comolli, Staff Director, Private/Public Sector Advisory Committee on Catastrophic Illness, or Ms. Nancy Hobbs, Public Forum Coordinator, 602E, Humphrey Building, 200 Independence

Ave., SW., Washington, DC, (202) 245-2641.

Joseph Antos,
Vice Chairman, Executive Advisory Committee.

[FR Doc. 86-12561 Filed 6-3-86; 8:45 am]

BILLING CODE 4150-04-M

Secretary's Private/Public Sector Advisory Committee on Catastrophic Illness; Advisory Committee Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet in 1986:

Name: Secretary's Private/Public Sector, Advisory Committee on Catastrophic Illness.

Date: June 20, 1986, 9:00 a.m. until 4:00 p.m.

Place: Humphrey Auditorium, 200 Independence Ave., SW., Washington, DC 20201.

Purpose: The purpose of the Private/Public Sector Advisory Committee on Catastrophic Illness will be to: (1) Solicit input from all interested parties regarding how government and the private sector can work together to address the problems of affordable insurance for catastrophic illness; and (2) to reflect periodically the views of the interested parties as well as the constituencies represented on the Committee regarding the report on catastrophic health care which the Secretary of Health and Human Services must submit to the President by the end of the year.

Agenda: The forum of the Private/Public Sector Advisory Committee on Catastrophic Illness will consist of a welcome and opening remarks by Chairman James Balog and members of the Committee. Presenters will include:

The Honorable French Slaughter, Jr.,
U.S. House of Representatives
The Honorable David Dreier, U.S. House of Representatives
The Honorable Tarky Lombardi, New York State Senate
National Federation of Independent Businesses
Group Health Association
Peter Ferrara
National Association of Manufacturers
National Foundation for Long Term Care, National Medical Directors Association
American Association of Homes for the Aging
American Academy of Pediatrics
American Society of Internal Medicine
Oley Foundation
National Association of Children's Hospitals

Health Services, Inc.
American Nurses' Association
National Association of Rehabilitation Facilities
National Association of Social Workers
Maryland Office on Aging
Central Arkansas Area Agency on Aging
National Mental Health Association
Cancer Care, Inc.
Older Women's League
National Alliance for the Mentally Ill.

Anyone wishing to obtain information, a roster of members, or other relevant information should write to or call Ms. Jean-Craft Comolli, Staff Director, Private/Public Sector Advisory Committee on Catastrophic Illness, or Ms. Nancy Hobbs, Public Forum Coordinator, 602 E, Humphrey Building, 200 Independence Ave., SW., Washington, DC 20201, (202) 245-2641.

Joseph Antos,
Vice Chairman, Executive Advisory Committee.

[FR Doc. 86-12562 Filed 6-3-86 8:45 am]

BILLING CODE 4150-04-M

Centers for Disease Control
Grants for Centers for Research and Demonstration of Health Promotion and Disease Prevention
Program Announcement and Notice of Availability of Funds for Fiscal Year 1986

The Centers for Disease Control (CDC) announces that competitive grant applications are being accepted for centers for research and demonstration of health promotion and disease prevention, hereinafter referred to as "Prevention Centers." The Catalog of Federal Domestic Assistance number is 13.135.

Objectives

Recent biomedical and behavioral research has demonstrated new leads toward the causation and prevention of health problems. This new knowledge has emphasized the need for a broadened approach, utilizing many disciplines heretofore not part of the prevention team. There are also important evaluation questions and methodological issues affecting disease prevention and health promotion programs. The specific objectives are:

1. To stimulate and support academic-based centers for research and demonstration of health promotion and disease prevention.
2. To establish linkages, where applicable, between ongoing basic research in a wide array of fields and

applied research in disease prevention and health promotion.

3. To bring the knowledge and expertise of academic health centers to bear on practical public health problems.

4. To field test and rigorously evaluate for cost-effectiveness various methods and strategies for preventing unnecessary illness and promoting good health.

5. To shorten the time lag between the development of new and proven effective disease prevention and health promotion techniques and their widespread application.

Type of Assistance

The award instrument to be used resulting from this announcement will be grants.

Availability of Funds

In Fiscal Year 1986, \$1,400,000 is available to fund two to four awards. The awards will range from approximately \$250,000 to \$700,000 with the average award being approximately \$450,000.

Authority

This program is authorized under Section 1706 of the Public Health Service Act (42 U.S.C. 300u-5).

The grant administration policies of the Department of Health and Human Services and the Public Health Service are applicable to the Prevention Centers Program.

Eligibility Requirements

Eligible applicants are schools of medicine, schools of osteopathy, and schools of public health. Eligible applicants may enter into contracts, including consortia agreements (as described in the PHS Grants Policy Statement), as necessary to meet the essential requirements of this program, and to strengthen the overall application.

Essential Requirements:

Section 1706 of the PHS Act stipulates that a Prevention Center shall:

1. Be located in an academic health center with—

a. A multidisciplinary faculty with expertise in public health and which has working relationships with relevant groups in such fields as medicine, psychology, nursing, social work, education and business;

b. Graduate training programs relevant to disease prevention;

c. A core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences, and health administration;

d. A demonstrated curriculum in disease prevention;

e. A capability for residency training in public health or preventive medicine.

2. Conduct—

a. Health promotion and disease prevention research, including retrospective studies and longitudinal prospective studies in population groups and communities;

b. Demonstration projects for the delivery of services relating to health promotion and disease prevention to defined population groups using, as appropriate, community outreach and organization techniques and other methods of educating and motivating communities; and

c. Evaluation studies on the efficacy of demonstration projects conducted under 2.b. above.

Other Characteristics:

A number of other characteristics, which are not specified by law, are desirable and will also be used in the evaluation of applications:

1. The availability of highly qualified professional staff to perform proposed activities with relevant experience in such fields as infectious and chronic diseases, injuries, occupational safety and health, environmental health, maternal and child health, international health, and health promotion and risk reduction;

2. The designation of a Director who is a recognized leader in health promotion and disease prevention, who has well-defined authorities and responsibilities, and who will devote sufficient time to accomplish the Prevention Center's objectives;

3. A continuing base of peer-reviewed projects or activities funded from other sources relevant to the goals of the prevention center and its central theme;

4. Demonstrated experience in successfully conducting and evaluating research, demonstration, and/or special projects relating to health promotion and disease prevention;

5. Commitment of the parent institution to the prevention center, so that the center will be recognized as a major element within the organizational structure; and manifested by various combinations of personnel, facilities, and activities funded from other sources;

6. Facilities and organizational arrangements that promote and foster collaboration among the staff and components of the prevention center;

7. A history of successful intramural cooperation among a variety of disciplines and, as appropriate, involving staff who will be part of the prevention center;

8. Effective working relationships with State and local health departments and other organizations (e.g., care providers, voluntary organizations, etc.) whose active support and participation are essential to successful implementation of proposed activities.

9. Effective mechanisms for linking prevention center activities with public health and biomedical and behavioral researchers and with recognized experts in proposed areas of emphasis;

10. Relevant data and experience for rigorously evaluating the efficacy and cost benefits of demonstrations and other center activities requiring rigorous evaluation; and

11. Plans for the establishment of a health promotion and disease prevention advisory committee or other suitable mechanisms for obtaining input from a variety of perspectives on the major aspects of the prevention center program.

12. Plans to become self-sustaining.

Applications

1. Copies—Place of Submission

Applications should be submitted on Form PHS-398 (revised May 1982). Applications should also adhere to the Errata to the Instruction Sheet for PHS-398 contained in the Grant Application Kit. The original and two copies of the application must be submitted on or before July 14, 1986, to the: Grants Management Officer, Procurement and Grants Office, Centers for Disease Control, 255 E. Paces Ferry Road, NE., Room 321, Atlanta, Georgia 30305.

Application kits are available from the CDC Grants Management Officer.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application that are made available to outside reviewing groups. If the applicant elects to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom salaries and fringe benefits are being requested; the subtotals must still be shown.

In addition, submit an additional copy of page four of Form PHS-398, completed in full with the asterisks replaced by the amount of the salary and fringe benefits requested for each individual listed. This budget page will be reserved for internal CDC staff use only.

2. Deadlines

Applications shall be considered as meeting the deadline if they are either:

a. Received at the above address on, or before, the deadline date, or
 b. Sent on, or before, the deadline date and received in time for submission to the peer review committee.
 (Applicants should request a legibly-dated U.S. Postal Service postmark or obtain a legibly-dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing).

3. Late Applications

Applications which do not meet the criteria in either paragraph 2. a. or b. immediately above are considered late applications and will not be considered in the current competition and will be returned to the applicant.

4. Reviews

Applications are not subject to the review requirements of the National Health Planning and Resource Development Act of 1974 as amended (42 CFR parts 122 and 123), and are not subject to Inter-Governmental Review pursuant to Executive Order 12372.

5. Content of Application

Applications must include a narrative which details the following information:

a. The proposed theme for the center. Whether the proposed theme is broadly conceived or narrowly focused on one or a few closely related areas, activities to be conducted in conjunction with the center's theme should be clearly explained in terms of overall thrust, areas of emphasis, need, scientific basis, expertise, expected interactions, and anticipated outcomes.

While creativity and flexibility in selecting a theme are essential to stimulating innovative approaches and interactions, the center's proposed theme should be consistent with the Nation's health priorities or emerging health needs as defined by, "Promoting Health/Preventing Disease: Objectives For the Nation" (Department of Health and Human Services, 1980). In selecting a theme, applicants should also consider:

(1) The leading causes of preventable illness/injuries, premature death, and medical expenditures in the nation as a whole, as well as identified target populations; and/or

(2) Major cross-cutting issues affecting current or future health promotion and disease prevention efforts in the United States. The proposed theme should also reflect the interests and capabilities of the applicant and the health needs of community groups involved.

b. Clearly defined and measurable objectives consistent with the

applicant's proposed theme and activities and the goals of the National program outlined under the Objectives section of this document. The center's proposed theme and objectives should likewise promote clarity of purpose and facilitate integration of center activities into a conceptual whole.

c. A detailed program plan describing the means by which the center's objectives will be achieved. The program plan must include a description of multidisciplinary interactions, developmental research, formal studies, community demonstrations, and shared expertise. For this purpose of this announcement, these terms are defined as:

(1) "Multidisciplinary interactions" means such investigations, surveys, literature searches, dialogues, assessments, initiatives, and other intramural or extramural activities as the applicant may propose in order to clearly explain, nurture, and further delineate specific needs and opportunities for furthering the aims of the prevention center program. The need for such interactions and how they will contribute to the center's objectives must be clearly defined.

(2) "Developmental research" means that series of steps leading to the development of specific studies or research projects. In addition to determining the need for further scientific research and methods development, developmental research includes identifying and synthesizing available scientific evidence or data about a specific health problem, population group, or health care setting. Applicants must clearly define the areas to be investigated and the methods to be used. The need for developmental research and how it will contribute to the center's objectives must be clearly defined.

(3) "Formal study" means an identified research project which is intended and designed to establish, discover, develop, clarify, or confirm information on the underlying mechanisms relating to a specific health problem, population group or health care setting. In the context of this program, formal studies include research on methods, retrospective studies and longitudinal prospective studies in defined populations, and controlled intervention trials. Proposed studies must adhere to the scientific method and fall within the framework of the Public Health Service's definition of "prevention research" as defined in (6) below. Grant funds cannot be used to support "prevention-relevant research" as defined in (7) below. The need for new studies, their contribution to the

center's objectives, and the relevancy of ongoing studies conducted by core faculty must be clearly defined.

(4) "Community demonstration" means a time-limited project aimed at testing the public health impact of an unproven intervention in remedying or reducing the underlying causes and/or influencing factors of one or more preventable health problems in a well-defined community or target population. Testing the public health impact of a trial intervention, method, or approach on a community basis requires rigorous evaluation as well as quality control. The scientific basis and projected cost benefit of the intervention must be clearly delineated in the application along with a clear statement of the problem and methodology. Such demonstrations must also be consistent with the Public Health Service definition of "prevention research" as defined in (6) below. The need for each identified community demonstration and how it will contribute to the center's objectives must be clearly defined.

(5) "Shared expertise" means consultation to government public health agencies and other organizations in planning and evaluating health promotion and disease prevention activities matching the center's capabilities and theme. The mechanisms for offering such assistance, particularly as it relates to designing and/or conducting formal evaluations, and how it will enhance the center's objectives must be clearly defined.

(6) "Prevention research" includes only that research designed to yield results directly applicable to interventions to prevent occurrence of disease or disability, or progression of detectable but asymptomatic disease.

(a) Pre-intervention:
 —Identification of risk factors for disease or disability.
 —Development of methods for identification of disease controllable in the asymptomatic stage.
 —Refinement of methodological and statistical procedures for quantitatively assessing risk and measuring the effects of preventive interventions.

(b) Intervention:
 —Development of biologic interventions to prevent occurrence of disease or disability, or progression of asymptomatic disease.
 —Development of environmental interventions to prevent occurrence of disease or disability, or progression of asymptomatic disease.
 —Development of behavioral interventions to prevent occurrence of disease or disability, or progression of asymptomatic disease.

—Conduct of clinical and community trials and demonstrations to assess preventive interventions and to encourage their adoption.

Some interventions may be applicable to primary prevention as well as to disease treatment (e.g., diet and exercise as components of rehabilitation for coronary heart disease). Research into such intervention is considered prevention research.

(7) "Prevention-relevant research" includes that research which has a high probability of yielding results which will likely be applicable to disease prevention. Included are studies aimed at clearly explaining the chain of causation—the etiology and mechanism—of acute and chronic diseases. Such basic research efforts generate the fundamental knowledge which contributes to the development of future preventive interventions.

Applicants have broad flexibility in determining the appropriateness, scope and blend of these and other proposed activities, but at least twenty-five (25) percent of the center's resources must be allocated to defined formal studies/research projects and community demonstration as defined in parts c.(3) and c.(4) above. The need for such "other activities" that the applicant may consider necessary to accomplish its stated objectives must also be clearly defined along with expected outcomes.

d. A method of evaluation aimed at monitoring progress in meeting the center's objectives.

e. A description of the center director's role and authority relative to staffing the prevention center, coordination of effort, and control over center space and equipment.

f. A description of the core faculty and its role in implementing and evaluating the proposed program. Whether paid from the grant or other sources, the core faculty must include full or part-time faculty in epidemiology, biostatistics, social sciences, behavioral sciences, environmental health sciences, and one of the health disciplines which addresses the administration of health programs. The applicant may also include as a part of the core faculty other disciplines (e.g., health economics, biomedical ethics, occupational safety and health, health law, health education, medicine, and nursing) as needed to achieve the center's proposed objectives.

g. A list of staff, including the center director and core faculty, who are expected to participate in the center, including titles, tenure status, areas of expertise, and the amount of time devoted to each component of the

proposed program, and whether paid from the grant or other sources.

h. A list of relevant current funded and/or pending grants and/or contracts for the core faculty (PHS 398, "Other Support") under part e. above. For each grant or contract include:

- (1) Source of funds;
- (2) Amount of funding;
- (3) Identifying numbers;
- (4) Whether funded or pending;
- (5) Date of funding, initiation, and termination; and

(6) Relationship to the center's proposed theme, objectives and implementation plan.

i. Documentation of the involvement of appropriate public health agencies, care providers, community organizations, and other interested parties, including letters of support and a clear statement of their role, if applicable.

j. A description of how the applicant plans to obtain continuing input and advice from a variety of perspectives (e.g. scientists, public health officials, primary care providers, voluntary health organizations, and consumers) as counsel is needed, to maximize participation and "ownership" in prevention center activities and to obtain resources from other sources. Toward this end, applicants may establish an advisory committee or use other mechanisms suitable to their needs.

k. Documentation of the source, allocation and planned full use of State, local government, foundation, or institutional funds made available to the center and an indication of the discretion which the center has with these funds.

l. Charts showing the proposed organizational structure of the center and its relationship to the applicant institution and, where applicable, to affiliated institutions or collaborating organizations.

m. A detailed budget for the prevention center.

n. In regard to the Research Plan, instructions apply to community demonstration projects as well as formal research studies.

o. In citing preliminary studies or prior findings, the six phases of prevention research and demonstrations are:

- (1) Hypothesis development;
- (2) Methods development;
- (3) Controlled intervention trials;
- (4) Defined population studies;
- (5) Demonstrations; and
- (6) Wide-scale application of successful results.

The phase(s) to be conducted should be clearly delineated.

p. For community demonstration projects, also describe the scientific strength of the proposed interventions; the target population; projected cost benefits; data gathering activities and evaluations procedures; and possible future strategies for wide-scale application of the results if the specific aims of the project are accomplished.

q. Plans to become self-sustaining.

6. Review Criteria

Applications will be reviewed and evaluated by a dual review process.

a. A *peer review* will be conducted on all applications. The review process may include a site visit. Applications will be reviewed and evaluated in the peer review based on the evidence submitted which specifically describes the applicant's ability to meet the following criteria:

(1) The degree to which the applicant satisfies the essential requirements described under Eligibility Requirements section of this document.

(2) The degree to which the applicant possesses Other Characteristics described under Eligibility Requirements section of this document.

(3) The quality of the program's measurable objectives and the overall match between the applicant's proposed theme, activities, and objectives and the goals of the National program.

(4) The scientific merit of the overall application relative to the types of research, demonstration, and other activities proposed.

(5) The need for, significance of, proposed studies and demonstrations, such that at least 25 percent of the grant award will be directed toward the conduct of defined formal studies/research projects and community demonstrations.

(6) The adequacy of the methods for coordinating the overall program and its components and the consistency of proposed activities with the Public Health Service's definition of "prevention research."

(7) The adequacy of the methods for evaluating achievement of the program's measurable objectives.

(8) Overall qualifications, adequacy, and appropriateness of personnel to accomplish proposed activities.

(9) The degree of commitment by the parent institution as manifested by the organizational status of the prevention center and combinations of center personnel, facilities and activities funded from other sources, and the likelihood that this commitment will be sustained or expanded in future years.

(10) The degree of commitment and cooperation manifested by other

interested parties, including State and local health departments, and community organizations where applicable. The degree of this commitment will also be measured by the likelihood that it will be sustained or expanded in future years.

(11) The reasonableness of the proposed budget in relation to the proposed program.

b. A *secondary review* of all applications will be conducted by a CDC committee based on:

- (1) The results of the peer review.
- (2) The significance of proposed prevention center activities, including areas of emphasis for research and demonstration.
- (3) National needs and geographic balance.
- (4) Balance between multi-disciplinary interactions, research projects, community demonstrations, and other proposed activities.
- (5) Budgetary considerations.
- (6) Plans to become self-sustaining.

7. Awards

Awards will be made based on priority score ranking, secondary review, availability of funds, and such other significant factors deemed necessary and appropriate by the Director, CDC.

Information

Information on application procedures, copies of application forms, and other material may be obtained from Betty Feeley, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control, 255 East Paces Ferry Road, NE., Room 321, Atlanta, Georgia 30305, or by calling (404) 262-6575 or FTS 236-6575.

Technical assistance may be obtained from Tom G. Ortiz, Acting Director, Center for Professional Development and Training, Centers for Disease Control, Atlanta, Georgia 30333, or by calling (404) 262-6671 or FTS 236-6671.

Dated: May 30, 1986.

Donald R. Hopkins,

Deputy Director, Center for Disease Control.

[FR Doc. 86-12614 Filed 6-3-86; 8:45am]

BILLING CODE 4160-18-M

Food and Drug Administration

Blood Products Advisory Committee; Notice of Renewal

AGENCY: Food and Drug Administration.
ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) announces the

renewal of the Blood Products Advisory Committee by the Secretary of Health and Human Services. This notice is issued under the Federal Advisory Committee Act of October 6, 1972 (Pub. L. 92-463, 86 Stat. 770-776 (5 U.S.C. App. I)).

DATE: Authority for this committee will expire on May 13, 1988, unless the Secretary formally determines that renewal is in the public interest.

FOR FURTHER INFORMATION CONTACT: Richard L. Schmidt, Committee Management Office (HFA-306), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-2765.

Dated: May 29, 1986.

John M. Taylor,

Acting Associate Commissioner for Regulatory Affairs.

[FR Doc. 86-12491 Filed 6-3-86; 8:45 am]

BILLING CODE 4160-01-M

[Docket No. 86G-0086]

Gattefosse Etablissements; Filing of Petition for Affirmation of Grasp Status

AGENCY: Food and Drug Administration.
ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a petition (GRASP 6G0308) has been filed on behalf of Gattefosse Etablissements proposing to affirm that glyceryl behenate is generally recognized as safe (GRAS) as an excipient in food prepared as tablets.

DATE: Comments by August 4, 1986.

ADDRESS: Written comments to the Dockets Management Branch (HFA-305), Food and Drug Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Lawrence J. Lin, Center for Food Safety and Applied Nutrition (HFF-334), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-426-8950.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5), 72 Stat. 1786 (21 U.S.C. 348(b)(5))) and the regulations for affirmation of GRAS status in § 170.35 (21 CFR 170.35), notice is given that a petition (GRASP 6G0308) has been filed on behalf of Gattefosse Etablissements, 36 Chemin de Genas, Saint Priest, France, proposing to affirm that glyceryl behenate is GRAS for use as an excipient in food prepared as tablets.

The petition has been placed on display at the Dockets Management Branch (address above).

Any petition that meets the format requirements outlined in § 170.35 is filed by the agency. There is no pre-filing review of the adequacy of data to support a GRAS conclusion. Thus, the filing of a petition for GRAS affirmation should not be interpreted as a preliminary indication of suitability for GRAS affirmation.

The potential environmental impact of this action is being reviewed. If the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the *Federal Register* in accordance with 21 CFR 25.40(c), as published in the *Federal Register* of April 26, 1985 (50 FR 16636).

Interested persons may, on or before August 4, 1986, review the petition and/or file comments (two copies, identified with the Docket number found in brackets in the heading of this document) with the Dockets Management Branch (address above). Comments should include any available information that would be helpful in determining whether the substance is, or is not, GRAS. A copy of the petition and received comments may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: May 15, 1986.

Richard J. Ronk,

Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 86-12488 Filed 6-3-86; 8:45 am]

BILLING CODE 4160-01-M

Social Security Administration

Issuance of Social Security Acquiescence Rulings

AGENCY: Social Security Administration, HHS.

ACTION: Notice.

SUMMARY: As of April 30, 1986, the Social Security Administration (SSA) had issued 14 Social Security Acquiescence Rulings which are available to the public. Social Security Acquiescence Rulings are published under the authority of the Commissioner of Social Security. They are effective upon the date of publication. As additional Social Security Acquiescence Rulings are issued, we will periodically publish a notice to that effect in the *Federal Register*.

These rulings explain the manner in which SSA applies decisions of the United States Courts of Appeals, which

conflict with SSA policy, in adjudicating claims under title II and title XVI of the Social Security Act and Part B of the Black Lung Benefits Act.

Included in this notice are the following rulings which are available to the public.

AR 86-1(9)

Effective Date: January 23, 1986.

Summy v. Schweiker, 688 F.2d 1233 (9th Cir. 1982); Third party payments for medical care or services—Title XVI of the Social Security Act.

Issue

Whether the payment adjustment made by the Veterans Administration (VA) under its pension program in recognition of past unusual medical expenses qualifies as a third-party payment for medical care or services, and therefore, does not constitute income under the Supplement Security Income (SSI) program.

Explanation of How SSA Will Apply the Decision Within the Circuit

The ruling applies only to cases where the individual resides in Washington, Idaho, Montana, California, Oregon, Nevada, Arizona, Alaska Hawaii, or the Northern Mariana Islands at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

When a case involves an individual who has received an additional pension or compensation payment from the VA as a result of unreimbursed medical expenses, the additional pension or compensation payment from the VA is not income for SSI purposes.

AR 86-2(2)

Effective Date: January 23, 1986.

Rosenberg v. Richardson, 538 F.2d 487 (2d Cir. 1976);

Capitano v. Secretary of HHS, 732 F. 2d 1066 (2d Cir. 1984) Entitlement of a Deemed Widow When a Legal Widow is Entitled on the Same Earning Record Title II of the Social Security Act.

Issue

Whether a "deemed widow" may be found entitled to Title II survivor Social Security benefits when a legal widow is entitled to Title II survivor Social Security benefits on the same deceased person's Social Security earnings record and, if so, what is the appropriate amount of the "deemed widow's" benefits? This ruling also applies to widowers.

Explanation of How SSA Will Apply the Decision Within the Circuit

The ruling applies only to cases where the deemed widow resides in Connecticut, New York or Vermont at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

When a case involves a legal widow and a deemed widow as defined in 20 CFR 404.345 and 404.346(a), both have filed widow's claims on the same worker's earnings record and the legal widow is found entitled to receive less than a "full" widow's benefit, for whatever reason, the difference between the benefit amount the legal widow is entitled to receive and the amount of the full benefit will be paid to the deemed widow, subject to any reductions applicable to the deemed widow. As in any case involving auxiliary benefits, the family maximum cannot be exceeded.

AR 86-3(5)

Effective Date: January 23, 1986.

Martinez v. Heckler, 735 F.2d 795 (5th Cir. 1984) Disability Program—Individuals Who Are Illiterate and Unable to Communicate in English—Titles II and XVI of the Social Security Act.

Issue

Whether the Social Security disability vocational rules applicable to individuals who are illiterate or unable to communicate in English are applicable to individuals who are illiterate and unable to communicate in English.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only to cases in which the individual resides in Texas, Mississippi or Louisiana at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review. For such individuals seeking disability benefits or continuation of disability benefits under title II or title XVI, when illiteracy and inability to communicate in English are alleged or appear to be in question, findings with respect to both issues must be made. Where individuals limited to sedentary work, age 18 to 44 with unskilled or no work history are found to be both illiterate and unable to communicate in English, the lowest category of the grid regulations [20 CFR Part 404 Subpart P, Appendix 2] which might be applied to such individuals, namely Rule 201.23, cannot be applied under the holding of

the *Martinez* decision. The grid regulations may be used only as guidance for decisionmaking. (See Appx. 2, 200.00(a))

In addition, under the court's decision, Rule 202.18 can also no longer be applied. Rule 202.16 applies to individuals limited to light work who are younger with unskilled or no work history and illiterate or unable to communicate in English. Following the court's rationale, Rule 202.16 cannot be applied to individuals who are both illiterate and unable to communicate in English. Again, the grid regulations may be used only as guidance for decisionmaking.

AR 86-4(3)

Effective Date: March 24, 1986.

Paskel v. Heckler, 768 F.2d 540 (3d Cir. 1985) Necessity of a Determination under Sections 225(b) and/or 1631(a)(6) of the Social Security Act for Disability Benefits Recipient Engaged in an Approved Vocational Rehabilitation Program Prior to Cessation of His/Her Benefits Based on Medical Recovery—Titles II and XVI of the Social Security Act.

Issue

Whether a disability benefits recipient, who was expected to recover and despite evidence that his/her medical condition was no longer disabling, is entitled to a determination under Sections 225(b) and/or 1631(a)(6) of the Social Security Act prior to cessation of his/her benefits, when the recipient is engaged in an approved vocational rehabilitation program.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only to cases involving the suspension or termination of disability benefits to an individual whose disability has ceased and who was, at the time of the suspension or termination, or who is participating in an approved VR program and who resides in Delaware, New Jersey, Pennsylvania or the Virgin Islands at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review. Since there is no SSI program in the Virgin Islands, this Ruling will apply only to Social Security disability claims there.

Disability benefits to such an individual cannot be terminated or suspended if the individual is participating in an approved VR program and the Commissioner of Social Security determines that specified continuation or completion of such programs will increase the likelihood

that such individual may be permanently removed from the disability benefit rolls. Such a "likelihood determination" must be made for the above described individual regardless of whether at the time he/she began the VR program his/her medical recovery was expected prior to the completion date.

AR 86-5(9)

Effective Date: March 24, 1986.

Leschniok v. Heckler, 713 F.2d 520 (9th Cir. 1983) Necessity of a Determination under Sections 225(b) and/or 1631(a)(6) of the Social Security Act for a Disability Benefits Recipient Engaged in an Approved Vocational Rehabilitation Program Prior to Cessation of His/Her Benefits Based on Medical Recovery—Titles II and XVI of the Social Security Act.

Issue

Whether a disability benefits recipient, who was expected to recover and despite evidence that his/her medical condition was no longer disabling, is entitled to a determination under Sections 225(b) and/or 1631(a)(6) of the Social Security Act prior to cessation of his/her benefits, when the recipient is engaged in an approved vocational rehabilitation program.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only to cases involving the suspension or termination of disability benefits to an individual whose disability has ceased and who was, at the time of the suspension or termination, or who is participating in an approved VR program and who resides in Alaska, Arizona, California, Guam, Hawaii, Idaho, Montana, Nevada, Northern Mariana Islands, Oregon or Washington at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review. Since there is no SSI program in Guam, this Ruling will apply to Social Security disability claims there.

Disability benefits to such an individual cannot be terminated or suspended if the individual is participating in an approved VR program and the Commissioner of Social Security determines that specified continuation or completion of such program will increase the likelihood that such individual may be permanently removed from the disability benefit rolls. Such a "likelihood determination" must be made for the above described individual regardless of whether at the time he/she began the VR program his/

her medical recovery was expected prior to the completion date.

AR 86-6(3)

Effective Date: April 2, 1986.

Aubrey v. Richardson, 462 F.2d 782 (3rd Cir. 1972);

Shelnutt v. Heckler, 723 F.2d 1131 (3rd Cir. 1983)—Interpretation of the Secretary's Regulation Regarding Presumption of Death—Title II of the Social Security Act.

Issue

Whether a presumption of death which must be rebutted by SSA arises under 20 CFR 404.721(b) once a claimant shows that an individual has been absent from his or her residence and has not been heard from for 7 years or whether the presumption only arises if the claimant also proves there is no apparent reason for the absence.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only in cases in which the claimant resides in Delaware, New Jersey, Pennsylvania or the Virgin Islands at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

In cases which involve 20 CFR 404.721(b), the presumption of death arises if the claimant presents evidence that the individual has been absent from his or her residence and not heard from for 7 years. The agency then must bear the burden of rebutting the presumption either by presenting evidence that the missing individual is alive or by providing an explanation, other than death, to account for the individual's absence in a manner consistent with continued life rather than death.

AR 86-7(5)

Effective Date: April 2, 1986.

Autrey v. Harris, 639 F.2d 1233 (5th Cir. 1981);

Wages v. Schweiker, 659 F.2d 59 (5th Cir. 1981)—Interpretation of the Secretary's Regulation Regarding Presumption of Death—Title II of the Social Security Act.

Issue

Whether a presumption of death which must be rebutted by SSA arises under 20 CFR 404.721(b) once a claimant shows that an individual has been absent from his or her residence and has not been heard from for 7 years or whether the presumption only arises if the claimant also proves there is no apparent reason for the absence.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only in cases in which the claimant resides in Texas, Louisiana or Mississippi at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

In cases which involve 20 CFR 404.721(b), the presumption of death arises if the claimant presents evidence that the individual has been absent from his or her residence and not heard from for 7 years. The agency then must bear the burden under the *Autrey* and *Wages* holdings of rebutting the presumption, either by presenting evidence that the missing individual is alive or by providing an explanation, other than death, to account for the individual's absence in a manner consistent with continued life rather than death.

AR 86-8(6)

Effective Date: April 2, 1986.

Johnson v. Califano, 607 F.2d 1178 (6th Cir. 1979)—Interpretation of the Secretary's Regulation Regarding Presumption of Death—Title II of the Social Security Act.

Issue

Whether a presumption of death which must be rebutted by SSA arises under 20 CFR 404.721(b) once a claimant shows that an individual has been absent from his or her residence and has not been heard from for 7 years or whether the presumption only arises if the claimant also proves there is no apparent reason for the absence.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only in cases in which the claimant resides in Michigan, Ohio, Kentucky or Tennessee at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

In cases which involve 20 CFR 404.72(b), the presumption of death arises if the claimant presents evidence that the individual has been absent from his or her residence and not heard from for 7 years. The agency then must bear the burden of rebutting the presumption, either by presenting evidence that the missing individual is alive or by providing an explanation, other than death, to account for the individual's absence in a manner consistent with continued life rather than death.

AR 86-8(9)

Effective Date: April 2, 1986.

Secretary of Health, Education and Welfare v. Meza, 368 F.2d 389 (9th Cir. 1966); *Gardner v. Wilcox*, 370 F.2d (9th Cir. 1966)—Interpretation of the Secretary's Regulation Regarding Presumption of Death—Title II of the Social Security Act.

Issue

Whether a presumption of death which must be rebutted by SSA arises under 20 CFR 404.721(b) once a claimant shows that an individual has been absent from his or her residence and has not been heard from for 7 years or whether the presumption only arises if the claimant also proves there is no apparent reason for the absence.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies to cases where the claimant resides in Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington, Guam, or the Northern Mariana Islands at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

In cases which involve 20 CFR 404.721(b), the presumption of death arises if the claimant presents evidence that the individual has been absent from his or her residence and not heard from for 7 years. The agency then must bear the burden of rebutting the presumption, either by presenting evidence that the missing individual is alive or by providing an explanation, other than death, to account for the individual's absence in a manner consistent with continued life rather than death.

AR 86-10(10)

Effective Date: April 2, 1986.

Edwards v. Califano, 1619 F.2d (10th Cir. 1980)—Interpretation of the Secretary's Regulation Regarding Presumption of Death—Title II of the Social Security Act.

Issue

Whether a presumption of death which must be rebutted by SSA arises under 20 CFR 404.721(b) once a claimant shows that an individual has been absent from his or her residence and has not been heard from for 7 years or whether the presumption only arises if the claimant also proves there is no apparent reason for the absence.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only in cases in

which the claimant resides in Colorado, Kansas, New Mexico, Oklahoma, Utah or Wyoming, at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.

In cases which involve 20 CFR 404.721(b), the presumption of death arises if the claimant presents evidence that the individual has been absent from his or her residence and not heard from for 7 years. The agency then must bear the burden of rebutting the presumption, either by presenting evidence that the missing individual is alive or by an explanation, other than death, to account for the individual's absence in a manner consistent with continued life rather than death.

AR 86-11(11)

Effective Date: April 2, 1986.

Autrey v. Harris, 639 F.2d 1233 (5th Cir. 1981)—Interpretation of the Secretary's Regulation Regarding Presumption of Death—Title II of the Social Security Act.

Issue

Whether a presumption of death which must be rebutted by SSA arises under 20 CFR 404.721(b) once a claimant shows that an individual has been absent from his or her residence and has not been heard from for 7 years or whether the presumption only arises if the claimant also proves there is no apparent reason for the absence.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only in cases in which the claimant resides in Alabama, Florida, or Georgia at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council review.*

In cases which involve 20 CFR 404.721(b), the presumption of death arises if the claimant presents evidence that the individual has been absent from his or her residence and not heard from for 7 years. The agency then must bear the burden under the *Autrey* holding of rebutting the presumption, either by presenting evidence that the missing individual is alive or by providing an explanation, other than death, to

**Autrey* is a Fifth Circuit Case. However, the Eleventh Circuit formerly was part of the Fifth Circuit and Fifth Circuit decisions issued before October 1, 1981, which *Autrey* was, are precedent for the Eleventh Circuit. See *Bonner v. City of Prichard, Alabama*, 661 F.2d 1206 (11th Cir. 1981).

account for the individual's absence in a manner consistent with continued life rather than death.

AR 86-12(9)

Effective Date: April 8, 1986.

Hutcheson v. Califano, 638 F.2d 96 (9th Cir. 1981)—Determination of Stepchild and Resulting Entitlement to Auxiliary Benefits—Title II of the Social Security Act.

Issue

Definition of stepchild for purposes of entitlement to child's insurance benefits on the earnings record of a recipient of old-age insurance benefits.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only to cases in which the child resides in California, Arizona, Nevada, Oregon, Washington, Idaho, Montana, the Northern Mariana Islands, Alaska, Hawaii, or Guam at the time of the determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council. SSA will apply the State law of the insured wage earner's domicile at the time the application is filed, or, if the wage earner is dead, the wage earner's domicile at the time of death.

When a case involves the issue of whether or not a person is a stepchild of an insured individual for purposes of section 202(d)(1) of the Social Security Act, 42 U.S.C. 402(d)(1), the definition of "stepchild" as provided by State law rather than the Social Security regulation will be controlling, consistent with the *Hutcheson* decision.

AR 86-13(3)

Effective Date: April 8, 1986.

McNeal v. Schweiker, 711 F.2d 18 (3d Cir. 1983)—Child's Benefits—Contributions for Support—Title II of the Social Security Act.

Issue

Whether the Secretary must, in his evaluation of the worker's "contributions to the support" of an illegitimate child, consider the worker's means and the income of the family in which the child resided.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only to cases where the child resides in Pennsylvania, New Jersey, Delaware, or the U.S. Virgin Islands at the time of determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council.

In a claim for surviving child's benefits under section 202(d)(3) and 216(h)(3)(C)(ii) of the Social Security Act (42 U.S.C. 402(d)(3) and 416(b)(3)(C)(ii)) where the worker's income had been irregular or insubstantial, the substantiality and regularity of the worker's contributions to the child's support must be evaluated in light of the financial resources of both the worker and the household in which the child resides.

AR 86-14(4)

Effective Date: April 8, 1986.

Jones v. Secretary of Health, Education and Welfare, 629 F.2d 334 (4th Cir. 1980)—Child's Benefits—Contributions for Support—Title II of the Social Security Act.

Issue

Whether the Secretary must, in his evaluation of the worker's "contributions to the support" of an illegitimate child, consider the worker's means and the income of the family in which the child resided.

Explanation of How SSA Will Apply the Decision Within the Circuit

This ruling applies only to cases where the child resides in North Carolina, South Carolina, Virginia, West Virginia or Maryland at the time of determination or decision at any level of administrative review, i.e., initial, reconsideration, administrative law judge hearing or Appeals Council.

In a claim for surviving child's benefits under section 216(h)(3)(C)(ii) of the Social Security Act (42 U.S.C. 416(h)(3)(C)(ii)) where the worker's income had been irregular or insubstantial, the substantiality and regularity of the worker's contributions to the applicant's support must be evaluated in light of the financial resources of both the worker and the household in which the child resides.

FOR FURTHER INFORMATION CONTACT: Philip Berge, Legal Assistant, 3-B-4 Operations Building, 6401 Security Boulevard, Baltimore, Maryland 21235, (301) 594-7452.

Paperwork Reduction Act

This notice does not impose recordkeeping or reporting requirements on the public.

Dated: May 28, 1986.

Martha A. McSteen,

Acting Commissioner of Social Security.

[FR Doc. 86-12550 Filed 6-3-86; 8:45 am]

BILLING CODE 4190-11-M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AA-6664-B]

Alaska Native Claims Selection; The English Bay Corporation

In accordance with Departmental regulation 43 CFR 2650.7(d), notice is hereby given that a decision to issue conveyance under the provisions of sec. 14(a) of the Alaska Native Claims Settlement Act of December 18, 1971 (ANCSA), 43 U.S.C. 1601, 1613(a), will be issued to The English Bay Corporation for 2.77 acres. The lands involved are in the vicinity of English Bay, Alaska.

U.S. Survey No. 4780, Alaska.

A notice of the decision will be published once a week for four (4) consecutive weeks, in the ANCHORAGE TIMES. Copies of the decision may be obtained by contacting the Bureau of Land Management, Alaska State Office, 701 C Street, Box 13, Anchorage, Alaska 99513. ((907) 271-5960).

Any party claiming a property interest which is adversely affected by the decision shall have until July 7, 1986 to file an appeal. However, parties receiving service by certified mail shall have 30 days from the date of receipt to file an appeal. Appeals must be filed in the Bureau of Land Management, Division of Conveyance Management (960), address identified above, where the requirements for filing an appeal can be obtained. Parties who do not file an appeal in accordance with the requirements of 43 CFR Part 4, Subpart E shall be deemed to have waived their rights.

Joe J. Labay,

Section Chief, Branch of ANCSA Adjudication.

[FR Doc. 86-12518 Filed 6-3-86; 8:45 am]

BILLING CODE 4310-JA-M

[C-6-86]

California; Filing of Plat of Survey

May 21, 1986.

1. This supplemental plat of the following described land will be officially filed in the California State Office, Sacramento, California immediately:

Mount Diablo Meridian, Mono County

T. 4 S., R. 28 E.

2. This supplemental plat of the SE $\frac{1}{4}$ section 2, Township 4 South, Range 28 East, Mount Diablo Meridian, California, is based upon the plat approved January

28, 1857 and the plat accepted January 22, 1986, was accepted May 12, 1986.

3. This supplemental plat will immediately become the basic record of describing the land for all authorized purposes. This supplemental plat has been placed in the open files and is available to the public for information only.

4. This supplemental plat was executed to meet certain administrative needs of the Bureau of Land Management.

5. All inquiries relating to this land should be sent to the California State Office, Bureau of Land Management, Federal Office Building, 2800 Cottage Way, Room E-2841, Sacramento, California 95825.

Herman J. Lyttge,

Chief, Records & Information Section.

[FR Doc. 86-12524 Filed 6-3-86; 8:45 am]

BILLING CODE 4310-40-M

[Group 942]

California; Filing of Plat of Survey

May 21, 1986.

1. This plat of the following described land will be officially filed in the California State Office, Sacramento, California immediately:

San Bernardino Meridian, Imperial County
T. 13 S., R. 19 E.

2. This plat, representing the dependent resurvey of the west boundary of section 16, and the independent resurvey of a portion of the subdivisional lines, and the survey of the withdrawal boundary for the U.S. Navy in sections 5 and 6, T. 13 S., R. 19 E., San Bernardino Meridian, California, under Group No. 942 California, was accepted May 15, 1986.

The subdivisional lines shown on this plat are independent of and supersede corresponding lines depicted on the plat approved January 25, 1857. The plat approved January 25, 1857 will be cancelled upon approval of this plat (See File 9800 (C-942), Group 942), and the remaining affected lands (except any valid existing rights) have the status of unsurveyed public lands.

3. This plat will immediately become the basic record of describing the land for all authorized purposes. This plat has been placed in the open files and is available to the public for information only.

4. This plat was executed to meet certain administrative needs of the Bureau of Land Management.

5. All inquiries relating to this land should be sent to the California State