

Meetings of advisory committees shall be conducted, insofar as is practical, in accordance with the agenda published in this *Federal Register* notice. Changes in the agenda will be announced at the beginning of the open portion of a meeting.

Any interested person who wishes to be assured of the right to make an oral presentation at the open public hearing portion of a meeting shall inform the contact person listed above, either orally or in writing, prior to the meeting. Any person attending the hearing who does not in advance of the meeting request an opportunity to speak will be allowed to make an oral presentation at the hearing's conclusion, if time permits, at the chairperson's discretion.

Persons interested in specific agenda items to be discussed in open session may ascertain from the contact person the approximate time of discussion.

Details on the agenda, questions to be addressed by the committee, and a current list of committee members are available from the contact person before and after the meeting. Transcripts of the open portion of the meeting will be available from the Freedom of Information Office (HFI-35), Food and Drug Administration, Rm. 12A-16, 5600 Fishers Lane, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA-305), Food and Drug Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting will be available from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

This notice is issued under section 10(a) (1) and (2) of the Federal Advisory Committee Act (Pub. L. 92-463, 86 Stat. 770-776 (5 U.S.C. App. I)), and FDA's regulations (21 CFR Part 14) on advisory committees.

Dated: October 22, 1987.

Ronald G. Chesemore,
Acting Associate Commissioner for
Regulatory Affairs.

[FR Doc. 87-24990 Filed 10-28-87; 8:45 am]

BILLING CODE 4160-01-M

Health Care Financing Administration

Medicaid Program, Hearing to Reconsider Disapproval of a Pennsylvania State Plan Amendment

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

ACTION: Notice of Hearing.

SUMMARY: This notice announces an administrative hearing on December 17, 1987 in Philadelphia, Pennsylvania to reconsider our decision to partially disapprove Pennsylvania State Plan Amendment 86-14.

CLOSING DATE: Requests to participate in the hearing as a party must be received by the Docket Clerk November 13, 1987.

FOR FURTHER INFORMATION CONTACT: Docket Clerk, Hearing Staff, Bureau of Eligibility, Reimbursement and Coverage, 300 East High Rise, 6325 Security Boulevard, Baltimore, Maryland 21207, Telephone: (301) 594-8261.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to partially disapprove Pennsylvania State Plan Amendment 86-14.

Section 1116 of the Social Security Act and 45 CFR Parts 201 and 213 establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. HCFA is required to publish a copy of the notice to a State Medicaid Agency that informs the agency of the time and place of the hearing and the issues to be considered. (If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.)

Any individual or group that wants to participate in the hearing as a party must petition the Hearing Officer within 15 days after publication of this notice, in accordance with the requirements contained in 45 CFR 213.15(b)(2). Any interested person or organization that wants to participate as *amicus curiae* must petition the Hearing Officer before the hearing begins in accordance with the requirements contained in 45 CFR 213.15(c)(1).

If the hearing is later rescheduled, the Hearing Officer will notify all participants.

The issue in this matter is whether portions of Pennsylvania SPA 86-14 violate section 1902(a)(10) (A) and (C) of the Social Security Act and regulations at 42 CFR 435.711 and 435.721.

Pennsylvania submitted SPA 86-14 which updates the Pennsylvania Medicaid State plan with the requirements of the Tax Equity and Fiscal Responsibility Act of 1982 and the Deficit Reduction Act of 1984.

HCFA disapproved Attachment to Attachment 2.6-A, page 13 of SPA 86-14 because it determined that the page contains financial eligibility rules that are in some respects more liberal and in

other respects more restrictive than permitted by law and regulations. On August 18, 1987 Pub. L. 100-93 amended the moratorium established by section 2373(c) of the Deficit Reduction Act of 1984. Among other things, the amendment makes clear that the moratorium affords protection to State plan amendments (whether or not approved) as well as to existing approved State plans. The moratorium is limited to the medically needy and the optional categorically needy groups described in sections 1902(a)(10)(A)(ii) (IV), (V), and (VI). It also applies only to provisions which do not make any individual ineligible who would be eligible except for that provision. Thus, provisions which are more restrictive in any respect than the cash assistance rules are not protected. However, the moratorium does not preclude HHS from disapproving State plan submissions which do not satisfy the requirements of the Medicaid statute, but prevents HHS from penalizing States for adhering to the terms of the material protected by the moratorium. Thus, although certain portions of Pennsylvania's amendment may be covered under the amended moratorium, the disapproval of these provisions remains proper. The State may, however, implement those provisions covered by the moratorium during the period in which the moratorium remains in effect. The moratorium does not relieve the State of its obligations to adhere to the income caps established by section 1903(f) of the Social Security Act.

The following describes each provision of Attachment to Attachment 2.6-A, page 13.

A. Provisions proposed for AFDC-related individuals

1. The State indicates it does not apply the AFDC treatment of lump-sum income policy in determining eligibility for medical assistance. Under AFDC when the family's income exceeds the need standard because of receipt of nonrecurring lump-sum income the family will be ineligible for aid for the full number of months derived by dividing the sum of the lump-sum income and any other income by the applicable monthly need standard. (See 45 CFR 233.20(a)(3)(ii)(F).) HCFA has determined that Pennsylvania's proposal to not apply AFDC lump-sum rules is more liberal than AFDC policy because the lump sum payment is counted as income only in the month received which results in potentially no more than 1 month of ineligibility rather than up to several months as may be the case under the AFDC rule. Additionally,

HCFA believes the Pennsylvania proposal to not apply the AFDC lump-sum income policy can have the result of treating families in a more restrictive manner, depending on the individual family circumstances. For example, application of the AFDC lump-sum policy may still permit families with low recurring monthly income to establish medically needy eligibility through spenddown. However, as Pennsylvania proposes to count the entire lump-sum amount in 1 month (or budget period), the entire lump-sum amount could raise the family's income (and thus the family's spenddown liability) so far above the monthly need standard that the family would be unable to spenddown enough to attain medically needy eligibility. Therefore, HCFA has determined it is in violation of section 1902(a)(10)(A) and regulations at 42 CFR 435.711 with regard to categorically needy and section 1902(a)(10)(C) with regard to the medically needy. Because the proposed treatment of lump-sum income could result in some individuals being made ineligible, who would otherwise be eligible for Medicaid, we do not believe it is protected under the amended moratorium provision.

2. The State indicates medically needy individuals are permitted a deduction (disregard) for actual amounts for work and personal expenses. Under AFDC a \$75 work expense disregard is applied. (See 45 CFR 233.90(a)(11)(i)(B).) HCFA has determined the Pennsylvania proposal is more liberal than AFDC policy because it permits disregard of actual amounts for work and personal expenses rather than limit the disregard to \$75 as required under AFDC. HCFA believes the Pennsylvania proposal is also more restrictive than AFDC policy. In cases where the individual's actual work expenses are less than \$75, Pennsylvania would disregard the actual amount rather than apply the required \$75 disregard. HCFA has determined the State's proposal violates section 1902(a)(10)(C)(i)(III) because the work expense disregard applies to the medically needy is not the same as the disregard applied under the AFDC program. Because the use of the lesser of actual work expenses or \$75 as a disregard from income could result in some individuals being made ineligible who would otherwise be eligible for Medicaid, we do not believe it is protected under the amended moratorium provision.

3. The State indicates the AFDC gross income test is not applied for categorically needy. Under AFDC no assistance unit is eligible for aid in any month in which the unit's (family's)

income exceeds 185 percent of the State's need standard. (See 45 CFR 233.20(a)(3)(xiii).) Certain categorically needy groups under Medicaid are defined as individuals who would be eligible for payments under AFDC. (See 1902(a)(10)(A).) Since the 185 percent test is a necessary component of determining eligibility for an AFDC payment, it must also apply to categorically needy individuals who are eligible for Medicaid by virtue of being individuals "who would be eligible for an AFDC payment." HCFA has determined Pennsylvania's proposal to not apply the 185 percent gross income test to categorically needy individuals is more liberal than AFDC policy because under Pennsylvania's proposal eligibility could be established even though the family's income exceeds the 185 percent amount. Therefore, HCFA has determined it violates section 1902(a)(10)(A)(ii) of the Act and regulations at 42 CFR 435.711. Because the failure to use the 185 percent gross income rule applies only to categorically needy groups not covered under the revised moratorium, we do not believe it is protected under the amended moratorium provision.

4. The State indicates the medically needy will be allowed a deduction from self-employment income for depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, and payment on principal of loans for capital assets or durable goods. Under AFDC, earned income from self-employment means the total profit resulting from the comparison of gross receipts with the "business expenses" i.e., expenses directly related to producing the goods or services and without which the goods or services could not be produced. However, such items as depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, and payment on the principal of loans for capital assets or durable goods are not business expenses (45 CFR 233.20(a)(6)(v)(B)). HCFA has determined the Pennsylvania proposal which disregards amounts defined as business expenses is more liberal than AFDC which does not include such expenses as business expenses that may be deducted in determining AFDC eligibility. HCFA has determined this more liberal proposal violates section 1902(a)(10)(C)(i)(III) of the Act which requires States in determining medically needy eligibility of AFDC-related individuals to apply the financial methods of the AFDC program. This provision may be protected by the

revised moratorium for those groups covered under the moratorium, to the extent that the State establishes a mechanism to ensure that it does not submit claims for Federal financial participation for Medicaid services provided to individuals whose family income exceed the cap established by section 1903(f) of the Act.

B. Provisions proposed for aged, blind, or disabled individuals

1. The State's proposed plan provides that SSI support and maintenance in-kind rules are not being applied to categorically and medically needy individuals. Under SSI one type of unearned income which is counted in determining eligibility for an SSI payment is in-kind support and maintenance (food, clothing, and shelter). The way SSI values (i.e., the amount it counts) in-kind support depends on the individual's living arrangement. (See 20 CFR 416.1120 through 416.1124.) HCFA has determined the Pennsylvania proposal which does not count support and maintenance in-kind as income is more liberal, therefore, than SSI criteria which require that in-kind support and maintenance count as income in determining eligibility. HCFA has determined the proposed provision violates section 1902(a)(10)(A) and (C) of the Act and regulations at 42 CFR 435.721 because it is more liberal than SSI rules. This provision may be protected by the revised moratorium for those groups covered under the moratorium, to the extent that the State establishes a mechanism to ensure that it does not submit claims for Federal financial participation for Medicaid services provided to individuals whose family incomes exceed the cap established by section 1902(f) of the Act.

2. The State's proposed plan indicates that the SSI life insurance provisions are not being applied to categorically and medically needy individuals. Rather, Pennsylvania disregards the cash value of life insurance if the face value of all policies on the individual does not exceed \$1,500. Additionally, where the face value of all policies on the individual exceeds \$1,500, Pennsylvania counts the cash value over \$1,000. (Effectively, where the face value exceeds \$1,500 Pennsylvania disregards the first \$1,000 of cash value of the policies.) HCFA believes this policy is more liberal than SSI policy which requires that if the face value of all life insurance policies on the individual exceeds \$1,500, all cash value of the policies will be counted in determining eligibility. (See 20 CFR 416.1230.) HCFA

has determined the Pennsylvania proposal violates section 1902(a)(10) (A) and (C) of the Act and regulations at 42 CFR 435.721. This provision may be protected under the revised moratorium for those groups covered under the moratorium.

In addition, Pennsylvania believes that the proposed State plan amendment is protected by the Deficit Reduction Act of 1984 and by the recently enacted Medicare and Medicaid Patient and Program Protection Act of 1987.

The notice to Pennsylvania announcing an administrative hearing to reconsider our partial disapproval of its State plan amendment reads as follows: Mr. John F. White, Jr., Secretary of Public Welfare, Harrisburg, PA 17105.

Dear Mr. White: This is to advise you that your request for reconsideration of the decision to disapprove Pennsylvania State Plan Amendment 86-14 was received on September 25, 1987.

Pennsylvania SPA 86-14 updates your Medicaid State plan with the requirements of the Tax Equity and Fiscal Responsibility Act of 1982 and the Deficit Reduction Act of 1984. You have requested a reconsideration of whether this plan amendment conforms to the requirements for approval under the Social Security Act and pertinent Federal regulations.

There are two issues in this matter. The first issue concerns the need to determine whether section 1902(a)(10) (A) and (C) of the Social Security Act and Federal regulations at 42 CFR 435.711 and 435.721 permit the use of financial eligibility rules like those proposed by Pennsylvania which are more liberal and more restrictive than the rules applied under the appropriate cash assistance programs. The second issue is whether Pennsylvania's proposed rules are protected by the moratorium provisions of the Deficit Reduction Act of 1984 and as amended by the recently enacted Medicare and Medicaid Patient and Program Protection Act of 1987.

In view of the amendment to the moratorium, several of the disapproved provisions of the State plan amendment may now qualify for protection under the moratorium. However, the moratorium does not make these provisions approvable parts of the State plan, although Pennsylvania would be protected from HHS sanction for complying with provisions covered by the moratorium during the moratorium period. Moreover, the moratorium does not relieve the State of its obligation to comply with the caps established under section 1903(f) of the Social Security Act. The Federal Register notice announcing this hearing identifies those provisions which may be subject to protection under the moratorium. Please contact the regional office for additional information.

I am scheduling a hearing on your request to be held on December 17, 1987 at 10:00 a.m. in the 4th Floor Conference Room, 3535 Market Street, Philadelphia, Pennsylvania. If this date is not acceptable, we would be glad

to set another date that is mutually agreeable to the parties.

I am designating Mr. Stanley Krostar as the presiding officer. If these arrangements present any problems, please contact the Docket Clerk. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the Docket Clerk of the names of the individuals who will represent the State at the hearing. The Docket Clerk can be reached at (301) 594-8261.

Sincerely,

William L. Roper,
Administrator.

(Section 1116 of the Social Security Act (42 U.S.C. 1316))

(Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: October 22, 1987.

William L. Roper,

Administrator, Health Care Financing Administration.

[FR Doc. 87-25064 Filed 10-28-87; 8:45 am]

BILLING CODE 4120-03-M

National Institutes of Health

Division of Research Resources; Biomedical Research Technology Review Committee; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Biomedical Research Technology Review Committee (BTRTC), Division of Research Resources (DRR), November 9, 1987, Building 31, Conference Room 9, C Wing, National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892.

This meeting will be open to the public on November 9, from 9:00 a.m. to 11:30 a.m., during which time there will be comments by the Director, DRR; report of the Director, BTRTC; and a discussion of "Opportunities and Challenges in Distributed Computing." Attendance by the public will be limited to space available.

In accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, the meeting will be closed to the public from approximately 11:30 a.m. on November 9 until 5:00 p.m. for the review, discussion, and evaluation of individual grant applications. The applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. Mr. James Augustine, Information Officer, Division of Research Resources, Bldg. 31, Rm. 5B-10, National Institutes of Health,

Bethesda, MD 20892, (301) 496-5545, will provide a summary of the meeting and a roster of committee members upon request. Dr. Caroline Holloway, Executive Secretary, Biomedical Research Technology Review Committee, Division of Research Resources, Bldg. 31, Rm. 5B-41, National Institutes of Health, Bethesda, MD 20892, (301) 496-5411, will furnish substantive program information upon request.

(Catalog of Federal Domestic Assistance Program No. 13.371, Biotechnology Research, National Institutes of Health.)

Dated: October 16, 1987.

Betty J. Beveridge,

Committee Management Officer, NIH.

[FR Doc. 87-25019 Filed 10-28-87; 8:45 am]

BILLING CODE 4140-01-M

National Cancer Institute; Cancer Clinical Investigation Review Committee; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Cancer Clinical Investigation Review Committee, National Cancer Institute, December 3-4, 1987, at the Omni Shoreham Hotel, 2500 Calvert Street, NW., Washington, DC 20008.

This meeting will be open to the public on December 3 from 8:30 a.m. to 9 a.m. for reports by the Executive Secretary and Chairman of the Cancer Clinical Investigation Review Committee. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, the meeting will be closed to the public on December 3 from approximately 9 a.m. until recess and on December 4 from 8:30 a.m. to adjournment for the review, discussion and evaluation of individual grant applications and cooperative agreements. These grant applications and cooperative agreements and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with these applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Mrs. Winifred Lumsden, the Committee Management Officer, National Cancer Institute, Building 31, Room 10A06, National Institutes of Health, Bethesda, Maryland 20892 (301/496-5708) will provide summaries of the meeting and rosters of committee members upon request.

Dr. Mary Ann Sestili, Executive Secretary, Cancer Clinical Investigation Review Committee, National Cancer Institute, Westwood Building, Room 836, National Institutes of Health, Bethesda, Maryland 20892, (301/496-7481) will provide substantive program information upon request.

Dated: October 16, 1987.

Betty J. Beveridge,

Committee Management Officer, NIH.

[FR Doc. 87-25021 Filed 10-28-87; 8:45 am]

BILLING CODE 4140-01-M

National Cancer Institute; Cancer Preclinical Program Project Review Committee; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Cancer Preclinical Program Project Review Committee, National Cancer Institute, National Institutes of Health, December 3, 1987, Holiday Inn—Bethesda, 8120 Wisconsin Avenue, Bethesda, Maryland 20814.

This meeting will be open to the public on December 3 from 8:30 a.m. to 8:45 a.m. to discuss administrative details. Attendance by the public will be limited to space available.

In accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, the meeting will be closed to the public on December 3 from 8:45 a.m. to adjournment for the review, discussion and evaluation of individual grant applications. These applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Mrs. Winifred Lumsden, Committee Management Officer, National Cancer Institute, Building 31, Room 10A06, National Institutes of Health, Bethesda, Maryland 20892 (301/496-5708) will provide summaries of the meeting and rosters of committee members, upon request.

Dr. Edwin M. Bartos, Executive Secretary, Cancer Preclinical Program Project Review Committee, National Cancer Institute, Westwood Building, Room 826, National Institutes of Health, Bethesda, Maryland 20892 (301/496-7565) will furnish substantive program information, upon request.

Dated: October 16, 1987.

Betty J. Beveridge,

Committee Management Officer, NIH.

[FR Doc. 87-25022 Filed 10-28-87; 8:45 am]

BILLING CODE 4140-01-M

National Eye Institute; Board of Scientific Counselors; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Board of Scientific Counselors, National Eye Institute, November 19-20, 1987, Building 31, NEI Conference Room 6A35, National Institutes of Health, Bethesda, Maryland.

This meeting will be open to the public on November 19 from 8:30 a.m. until approximately 4 p.m. for general remarks by the Institute's Scientific Director on matters concerning the intramural programs of the National Eye Institute. Attendance by the public will be limited to space available.

In accordance with provisions set forth in sec. 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, the meeting will be closed to the public on November 19 from approximately 4 p.m. until recess and on November 20 from 8:30 a.m. until adjournment for the review, discussion, and evaluation of individual projects conducted by the Laboratory of Mechanisms of Ocular Diseases. These evaluations and discussions could reveal personal information concerning individuals associated with the projects, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. Consequently, this meeting is concerned with matters exempt from mandatory disclosure.

Ms. Lois DeNinno, Acting Committee Management Officer, National Eye Institute, Building 31, Room 6A51, National Institutes of Health, Bethesda, Maryland 20892, (301) 496-5983, will provide a summary of the meeting, roster of committee members, and substantive program information upon request.

Dated: October 16, 1987.

Betty J. Beveridge,

Committee Management Officer, NIH.

[FR Doc. 87-25020 Filed 10-28-87; 8:45 am]

BILLING CODE 4140-01-M

National Eye Institute; Vision Research Review Committee; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Vision Research Review Committee,

National Eye Institute, November 19-20, 1987, Conference Room 8, Building 31, National Institutes of Health, Bethesda, Maryland.

This meeting will be open to the public on November 19 from 8:30 a.m. to 9:30 a.m. for opening remarks and discussion of program guidelines. Attendance by the public will be limited to space available.

In accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, the meeting will be closed to the public from 9:30 a.m. on November 19 until recess and on November 20 from 8:30 a.m. until adjournment for the review, discussion and evaluation of individual grant applications. These applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Ms. Lois DeNinno, Acting Committee Management Officer, National Eye Institute, Building 31, Room 6A-03, National Institutes of Health, Bethesda, Maryland 20892, (301) 496-5983, will provide summaries of the meeting, rosters of committee members, and substantive program information upon request.

(Catalog of Federal Domestic Assistance Program Nos. 13.867, Retinal and Choroidal Diseases Research; 13.868, Corneal Diseases Research; 13.869, Cataract Research; 13.870, Glaucoma Research; and 13.871, Sensory and Motor Disorders of Visual Research; National Institutes of Health)

Dated: October 16, 1987.

Betty J. Beveridge,

Committee Management Officer, NIH.

[FR Doc. 87-25025 Filed 10-28-87; 8:45 am]

BILLING CODE 4140-01-M

National Heart, Lung, and Blood Institute; Clinical Applications and Prevention Advisory Committee; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Clinical Applications and Prevention Advisory Committee, Division of Epidemiology and Clinical Applications, National Heart, Lung, and Blood Institute, National Institutes of Health, on December 7-8, 1987, in Building 31, Conference Room 4, 9000 Rockville Pike, Bethesda, Maryland 20892.

This meeting will be open to the public on December 7 from 9:00 a.m. to recess and from 8:30 a.m. to