

Texas, also has applied to acquire First National Bank of Dayton, Dayton, Texas.

Board of Governors of the Federal Reserve System, May 15, 1995.

**Jennifer J. Johnson,**

*Deputy Secretary of the Board.*

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#### **401(k) Plan and ESOP of United States Trust Company of New York; Change in Bank Control Notice**

#### **Acquisition of Shares of Banks or Bank Holding Companies**

The notificant listed below has applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notice is available for immediate inspection at the Federal Reserve Bank indicated. Once the notice has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for the notice or to the offices of the Board of Governors. Comments must be received not later than June 2, 1995.

**A. Federal Reserve Bank of New York** (William L. Rutledge, Senior Vice President) 33 Liberty Street, New York, New York 10045:

1. *401(k) Plan and ESOP of United States Trust Company of New York*, New York, New York; to acquire 24.9 percent of the voting shares of New USTC Holdings Corporation, New York, New York, and thereby indirectly acquire New U.S. Trust Company of New York, New York, New York; U.S. Trust Company of California, Los Angeles, California; U.S. Trust Company of Texas, Dallas, Texas; and U.S. Trust Company of Florida Savings Bank, Palm Beach, Florida.

Board of Governors of the Federal Reserve System, May 15, 1995.

**Jennifer J. Johnson,**

*Deputy Secretary of the Board.*

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#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

#### **Agency for Health Care Policy and Research**

#### **Nominations of Clinical Practice Guideline Topics**

The Agency for Health Care Policy and Research (AHCPR) is inviting recommendations of health topics, with supporting rationale, for consideration by AHCPR in selecting topics for development of clinical practice guidelines. The process AHCPR employs in establishing priorities and selecting topics for guidelines, based on statutory criteria, is described below.

#### **Background**

The Agency for Health Care Policy and Research (AHCPR) is charged, under Title IX of the Public Health Service Act (PHS Act), with enhancing the quality, appropriateness, and effectiveness of health care services, and access to such services. The AHCPR accomplishes its goals through the establishment of a broad base of scientific research and through the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services. (42 U.S.C. 299-299c-6 and 1320b-12.)

As part of its charge, under section 912 of the PHS Act, the Administrator of AHCPR arranges for the development, periodic review, and updating of clinically relevant guidelines that may be used by physicians, other health care practitioners, providers, educators, and health care consumers to assist in determining how diseases, disorders, and other health conditions can most effectively and appropriately be prevented, diagnosed, treated, and clinically managed. (See 42 U.S.C. 299b-1(a).)

The guidelines are required to:

1. Be based on the best available research and professional judgment;
2. Be presented in formats appropriate for use by physicians, other health care practitioners, providers, medical educators, medical review organizations, and consumers;
3. Be presented in treatment-specific or condition-specific forms appropriate for use in clinical practice, educational programs, and review of quality and appropriateness of medical care;
4. Include information on the risks and benefits of alternative strategies for prevention, diagnosis, treatment, and management of the particular health condition(s); and
5. Include information on the costs of alternative strategies for prevention,

diagnosis, treatment, and management of the particular health condition(s), where cost information is available and reliable.

Section 914(a) of the PHS Act (42 U.S.C. 299b-3(a)) identifies factors to be considered in establishing priorities for guidelines, including the extent to which the guidelines would:

1. Improve methods for disease prevention;
2. Improve methods of diagnosis, treatment, and clinical management for the benefit of a significant number of individuals;
3. Reduce clinically significant variations among clinicians in the particular services and procedures utilized in making diagnoses and providing treatments; and
4. Reduce clinically significant variations in the outcomes of health care services and procedures.

Section 914 also provides that the methodology may include the considerations under section 904 of the PHS Act, relevant to establishing priorities for technology assessments, and other considerations determined by the Administrator to be appropriate.

The criteria for determining priorities for technology assessments include: The prevalence of a particular health condition; variations in current practice; the economic burden posed by the prevention, diagnosis, treatment, and clinical management of a health condition, including the impact on publicly funded programs; aggregate cost of the use of the technology(ies) involved; the morbidity and mortality associated with the health condition; and the potential to improve health outcomes or affect costs associated with the prevention, diagnosis, or treatment of the condition.

Consistent with several Title IX provisions, such as sections 912(e) and 914(a)(2)(B) of the PHS Act, and with section 1142 of the Social Security Act, the Administrator assures that the needs and priorities of the Medicare program are reflected appropriately in the agenda and priorities for development of guidelines. In the future, the Administrator will also give special consideration to topics which are not likely to be addressed by the private sector, and to those which are likely to be implemented by organized systems of care.

In response to section 914(a)(2)(C), which requires the Administrator to publish a methodology for establishing priorities for guideline topics and a **Federal Register** notice of topics under consideration annually, a notice was published on September 1993, entitled "Criteria for Selection of Clinical

Practice Guidelines and Topics under Consideration for Development of Clinical Practice Guidelines" (58 FR 49308). This solicitation of topics is a further step in determining priorities for future guideline development.

#### Process for Selection of Guideline Topics

The AHCPR's method for setting priorities and selecting guideline topics consists of the process outlined below:

1. Inviting suggestions for guideline topics with supporting information through published notice in the **Federal Register** and from HCFA, PHS agencies, professional organizations, managed care organizations, and professional review and other health care organizations;

2. Determining what consensus statements, practice parameters, and evidence-based guidelines have been recently developed or are under development by other organizations in order to avoid unnecessary duplication of effort;

3. Studying the topics proposed and the supporting documentation to determine compliance with AHCPR criteria and legislative requirements;

4. Determining compliance with the legislation by assessing, among other factors, the adequacy of the available scientific evidence; the prevalence and cost of the particular topic/condition, with particular concern for the Medicare and Medicaid populations; the potential for improvement in health outcomes; the potential for reducing clinically significant and unexplained variations in the prevention, diagnosis, treatment, management, and outcomes of health services; and the potential for improvement of methods of prevention;

5. Seeking advice of public and private sector experts on setting priorities for proposed topics;

6. Determining resource availability from AHCPR and other sources to develop the priority guidelines for the current and upcoming fiscal years; and

7. Considering recommendations from the National Advisory Council on Health Care Policy, Research, and Evaluation.

#### Clinical Practice Guidelines Completed and Under Development

The following guidelines have been released and disseminated:

1. Acute Pain Management: Operative or Medical Procedures and Trauma
2. Urinary Incontinence in Adults
3. Pressure Ulcers in Adults: Prediction and Prevention
4. Cataract in Adults: Management of Functional Impairment

5. Depression in Primary Care: Volume I: Detection and Diagnosis, and Volume II: Treatment of Major Depression
6. Sickle Cell Disease: Screening, Diagnosis, Management, and Counseling in Newborns and Infants
7. Evaluation and Management of Early HIV Infection
8. Benign Prostatic Hyperplasia: Diagnosis and Treatment
9. Management of Cancer Pain
10. Unstable Angina: Diagnosis and Management
11. Heart Failure: Evaluation and Care of Patients with Left Ventricular Systolic Dysfunction
12. Otitis Media With Effusion in Young Children
13. Treatment of Pressure Ulcers in Adults
14. Acute Low Back Problems in Adults
15. Quality Determinants of Mammography

The following guidelines and one guideline update are under development:

1. Post Stroke Rehabilitation
2. Cardiac Rehabilitation
3. Recognition and Initial Assessment of Alzheimer's and Related Dementias
4. Smoking Prevention and Cessation
5. Screening for Colorectal Cancer
6. Chronic Pain: Headache
7. Urinary Incontinence in Adults (Update)

Nominations of new guideline topics with supporting rationale, including specific evidence and other data, must be received by July 18, 1995 at the following address: Douglas B. Kamerow, M.D., M.P.H., Director, Office of the Forum for Quality and Effectiveness in Health Care, Agency for Health Care Policy and Research, 6000 Executive Boulevard, Suite 310, Rockville, Maryland 20852.

Dated: May 15, 1995.

**Clifton R. Gaus,**  
*Administrator.*

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#### Centers for Disease Control and Prevention

#### National Institute for Occupational Safety and Health

[Announcement 554]

#### Enhancing Young Workers' Occupational Health and Safety Through Community Education Efforts

##### Introduction

The Centers for Disease Control and Prevention (CDC) announces the

availability of fiscal year (FY) 1995 funds for a cooperative agreement program for enhancing young workers' occupational health and safety through community education efforts. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Health and Safety. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

##### Authority

This program is authorized under Section 21(a) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(a)).

##### Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

##### Eligible Applicants

Applications may be submitted by public and private, non-profit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, agencies whose principal interest is the welfare of youth, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations and small, minority- and/or women-owned businesses are eligible to apply.

##### Availability of Funds

Approximately \$200,000 is available in FY 1995 to fund one to two awards. It is expected that the award(s) will begin on or about September 30, 1995, and that the award(s) will be made for a 12-month budget period within a project period up to 2 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.