

Promotion, Office of Public Health and Science, Office of the Secretary.

At its first meeting, the membership will establish procedures for conducting the business of the Council and for reporting the results of its meetings to the Secretary. Other items on the agenda include consideration of reports from Healthy People 2000 Consortium focus groups, discussion of data developments relevant to Healthy People 2010, and strategies for engaging the business community in the Department's prevention efforts. During its tenure, the Council will oversee the development of Healthy People 2010, the third generation of a national initiative to prevent disease and promote the health of the American people. It is anticipated that a call for submission by the public of health promotion/disease prevention objectives for 2010 will be published in the fall of 1997. At a second meeting proposed for spring of 1998, the Council will consider the resulting submissions as the basis for a draft of the 2010 objectives to be published in the fall of 1998.

If time permits at the conclusion of the formal agenda of the Council, the Chair may allow brief oral statements from interested parties and persons in attendance. The meeting is open to the public; however, seating is limited. If you will require a sign language interpreter, please call Gloria Robledo (202) 401-7736 by 4:30 p.m. E.S.T on April 7, 1997.

Dated: March 27, 1997.

Susanne A. Stoiber,

Acting Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).

[FR Doc. 97-8598 Filed 4-3-97; 8:45 am]

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Notice of a Meeting of the National Bioethics Advisory Commission (NBAC); Human Subjects Subcommittee

On Saturday, April 12, 1997, in conjunction with National Bioethics Advisory Commission's April 13 meeting, the Human Subjects Subcommittee is now scheduled to meet from 2:00 to 5:00 p.m. at the Crystal City Marriott, Salon E, Jefferson Davis Highway, Arlington, VA. 22202. The meeting is open to the public. For public statements, please contact the person listed below.

For Further Information Contact: Ms. Henrietta D. Hyatt-Knorr, National Bioethics Advisory Commission, MSC-7508, 6100 Executive Boulevard, Suite 3C01, Rockville, Maryland 20892-7508,

telephone 301-402-4242, fax number 301-480-6900.

Dated: March 31, 1997.

Henrietta D. Hyatt-Knorr,

Deputy Executive Director (Acting), National Bioethics Advisory Commission.

[FR Doc. 97-8596 Filed 4-3-97; 8:45 am]

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National Committee on Vital and Health Statistics; Meetings

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meetings.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Health Data Needs, Standards, and Security.

Times and Dates: 9:30 a.m.-6 p.m., April 15, 1997; 9 a.m.-5:30 p.m., April 16, 1997.

Place: Room 503A, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

Status: Open.

Purpose: Under the Administrative Simplification provisions of Pub. L. 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of Health and Human Services is required to adopt standards for specified transactions to enable health information to be exchanged electronically. The law requires that, within 24 months of adoption, all health plans, health care clearinghouses, and health care providers who choose to conduct these transactions electronically must comply with these standards. The law also requires the Secretary to adopt a number of supporting standards including standards for code sets and classifications systems. The Secretary is required to consult with the National Committee on Vital and Health Statistics (NCVHS) in complying with these provisions. The NCVHS is the Department's federal advisory committee on health data, privacy and health information policy.

To assist in the development of the NCVHS recommendations to HHS, the NCVHS Subcommittee on Health Data Needs, Standards, and Security has been holding a series of public meetings to obtain the views, perspectives and concerns of interested and affected parties. On the morning of April 15, the Subcommittee's Working Group on Data Standards and Security will hold a public meeting at which they will be briefed by HHS on the status of and plans for unique identifiers for providers and payers.

On the afternoon of April 15th and all day on April 16th, the full Subcommittee will consider and discuss perspectives on medical and clinical coding and classification issues in the implementation of Pub. L. 104-191.

For the meeting, the Subcommittee is inviting specific organizations representing both the users and developers of medical and clinical classification systems to address the following questions in writing, to make brief oral presentations of their answers, and to answer further questions from the Subcommittee. Other organizations that

would also like to submit written statements on these issues are invited to do so.

Questions to be Addressed:

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

2. What medical/clinical codes and classifications do you recommend as initial standards for administrative transactions, given the time frames in the HIPAA? What specific suggestions would you like to see implemented regarding coding and classification?

3. Prior to the passage of HIPAA, the National Center for Health Statistics initiated development of a clinical modification of ICD-10 (ICD-10-CM) and the Health Care Financing Administration undertook development of a new procedure coding system for inpatient procedures (called ICD-10-PCS), with a plan to implement them simultaneously in the year 2000. On the pre-HIPAA schedule, they will be released to the field for evaluation and testing by 1998. If some version of ICD is to be used for administrative transactions, do you think it should be ICD-9-CM or ICD-10-CM and ICD-10-PCS, assuming that field evaluations are generally positive?

4. Recognizing that the goal of Pub. L. 104-191 is administrative simplification, how, from your perspective, would you deal with the current coding environment to improve simplification and reduce administrative burden, but also obtain medically meaningful information?

5. How should the ongoing maintenance of medical/clinical code sets and the responsibility, intellectual input and funding for maintenance be addressed for the classification systems included in the standards? What are the arguments for having these systems in the public domain versus in the private sector, with or without copyright?

6. What would the resource implications be of changing from the coding and classification systems that you currently are using in administrative transactions to other systems?

7. A Coding and Classification Implementation Team has been established within the Department of Health and Human Services to address the requirements of Pub. L. 104-191. Does your organization have any concerns about the process being undertaken by the Department to carry out the requirements of the law in regard to coding and classification issues? If so, what are those concerns and what suggestions do you have for improvements?

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey building by non-government employees. Thus, persons without a government identification card will need to have the guard call for an escort to the meeting.

Contact Person for More Information: Substantive program information as well as summaries of the meeting and a roster of committee members may be obtained from James Scanlon, NCVHS Executive Staff