question whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices.'' Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 7, 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 become a bank holding company by acquiring between 25 and 35 percent of the voting shares of New USTC Holdings Corporation, New York, New York (''New Holdings''), and thereby indirectly acquire New U.S. Trust Company of New York, New York, New York; U.S. Trust Company of Texas, N.A., Dallas, Texas; and U.S. Trust Company of California, N.A., Los Angeles, California.

In connection with this application, Applicant also has applied to acquire U.S. Trust Company of Florida Savings Bank, Palm Beach, Florida, and thereby engage in trust company, investment and financial advisory, community development, and savings association operations activities, pursuant to §§ 225.25(b)(3), (4), (6), and (9), of the Board's Regulation Y; [2] through CTMC Holding Company and its wholly-owned subsidiaries, U.S. Trust Company of the Pacific Northwest, and CTC Consulting, all of Portland, Oregon, in trust company, and investment and financial advisory activities pursuant to §§ 225.25(b)(3) and (4) of the Board's Regulation Y, respectively, [3] through Campbell, Cowperthwait & Co., Inc., New York, New York, in investment or financial advice pursuant to § 225.25(b)(4) of the Board's Regulation Y, [4] through U.S. Trust Company of New Jersey and its wholly-owned subsidiary, U.S.T. Securities Corp., both of Princeton, New Jersey, in trust company, investment and financial advisory, securities brokerage, and riskless principal activities pursuant to §§ 225.25(b)(3), (4), (15) of the Board's Regulation Y and previous Board order (U.S. Trust Corporation, 78 *Federal Reserve Bulletin* 336, (1992)), respectively, and [5] through U.S. Trust Company of Connecticut, Stamford, Connecticut, in trust company and investment and financial advisory activities pursuant to §§ 225.25(b)(3) and (4) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, August 8, 1995.

William W. Wiles,

Secretary of the Board.

[FR Doc. 95–19985 Filed 8–11–95; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Notice of Evaluation of Medical Technology

The Agency for Health Care Policy and Research (AHCPR), through the Center or Health Care Technology (CHCT) (formerly OHTA), announces that it is conducting an evaluation of the safety, effectiveness, and clinical utility of positron emission tomography (PET), using fluorine 18 labelled 2-deoxy-2-fluoro-D-glucose (FDG), as a diagnostic and management tool for use in patients with focal or partial epilepsy.

This evaluation will be concerned with the use of FDG–PET in the localization of seizure focus for possible surgical excision and seeks to answer the following questions: (1) Does FDG–PET provide information of value to a clinician that is not otherwise available? (2) What is the extent of any incremental benefit obtained from the use of FDG–PET when the information obtained is comparable to that available from other diagnostic modalities? (3) How does the sensitivity and specificity of FDG–PET compare with other diagnostic modalities currently in use? (4) Where does FDG–PET fit in the overall scheme of diagnostic testing? Should it be used in lieu of, or in addition to other diagnostic modalities? (5) What patient selection criteria should be applied?

AHCPR is interested in receiving information based on review and assessment of past, current, and planned research related to this technology, as well as a bibliography of published, controlled clinical trials and other well-designed clinical studies. Also requested is information related to the characteristics of the patient population most likely to benefit from the use of FDG–PET as well as information on the clinical acceptability, effectiveness, and the extent of use of this technology. Information relevant to this review should be submitted in writing to CHCT at the address below.

To enable the interested scientific community to evaluate the information included in this review, AHCPR will discuss in the review only those data and analyses for which a source(s) can be cited. Respondents are therefore encouraged to include with their submission a written consent permitting AHCPR to cite the source of the data and comments provided. Otherwise, in accordance with the confidentiality statute governing information collected by AHCPR, 42 U.S.C. 299a–1(c), no information received will be published or disclosed which could identify an individual or entity described in the information or could identify an entity or individual supplying the information.

Dependent upon the quality and quantity of the scientific data, CHCT will prepare an assessment, review, or other evaluation of the technology under consideration. (The AHCPR Technology Assessment process was described in the December 3, 1993 **Federal Register** (58 FR 63988)).

Written material should be submitted to: Thomas V. Holohan, M.D., Acting Director, Center for Health Care Technology, Agency for Health Care Policy and Research, 6000 Executive Boulevard, Suite 309, Rockville, MD 20852, Phone: (301) 594–4023, Fax: (301) 594–4030.

Dated: August 8, 1995.

Clifton R. Gaus,

Administrator.

[FR Doc. 95–19991 Filed 8–11–95; 8:45 am]

BILLING CODE 4160–90–M

Food and Drug Administration

[Docket No. 95N–0228]

Pharmaceutical Marketing and Information Exchange in Managed Care Environments; Public Hearing

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public hearing; request for comments.

SUMMARY: The Food and Drug Administration (FDA) is announcing a public hearing regarding pharmaceutical marketing and information exchange in managed care environments. FDA is seeking information and views concerning the potential impact of