assist in promoting the objectives of titles IV–A and D of the Social Security Act.

Respondents: State governments.

Title	No. of respondents	No. of responses per respondent	Average burden per response	Burden
Form	54	1	0.75	40.5

Estimated total annual burden hours: 40.5.

Additional Information

ACF is requesting that OMB grant a 90 day approval for this information collection under procedures for emergency processing. The time period for this request is one day.

Dated: August 15, 1995.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 95–20965 Filed 8–23–95; 8:45 am]

BILLING CODE 4184–01–M

Agency for Health Care Policy and Research

Public Meeting on the Development of Chronic Pain: Headache; Clinical Practice Guideline

The Agency for Health Care Policy and Research (AHCPR) announces a public meeting to receive comments and information pertaining to the development of the AHCPR-sponsored clinical practice guideline on Chronic Pain: Headache. The guideline is being developed for AHCPR by Duke University (Durham, North Carolina) with the assistance of a panel of health care experts and consumers.

A notice announcing that AHCPR was arranging for the development of this clinical practice guideline was published in the **Federal Register** on December 27, 1993 (Vol. 58, No. 246). That notice invited nominations for experts and consumers to serve on the panel that is developing the guideline.

A public meeting to provide an opportunity for interested parties to contribute relevant information and comments, including research findings in areas relevant to the guideline, will be held as follows:

Meeting: Chronic Pain: Headache.
Date: October 31, 1995.
From: 9:00 a.m.—12:00 p.m.
Location: Doubletree Hotel, 300 Army Navy Drive, Arlington, VA 22202–9903.
Phone: (703) 416–4100.
Fax: (703) 416–4126.

Background

The AHCPR is charged, under Title IX of the Public Health Service (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. (See 42 U.S.C. 299–299c–6 and 1320–12.)

In keeping with its legislative mandates, AHCPR arranges for the development, periodic review, and update of clinically relevant guidelines that may be used by physicians, nurses, other health care providers, educators, and consumers to assist in determining how diseases, disorders, and other health care conditions can most effectively and appropriately be prevented, diagnosed, treated, and clinically managed. Medical review criteria, standards of quality, and performance measures are then developed based on the guidelines produced.

Section 912 of the Act (42 U.S.C. 299b–1(b)), as amended, requires that the guidelines:

1. Be based on the best available research and professional judgment;
2. Be presented in formats appropriate for use by physicians, nurses, other health care providers, medical educators, medical review organizations, and consumers;
3. Be presented in treatment-specific or condition-specific forms appropriate for use in clinical practice, education programs, and reviewing 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 of the Act (42 U.S.C. 299b–3(a)), as amended, 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, and thereby benefit a significant number of individuals;
3. Reduce clinically significant variations among clinicians in the particular services and procedures utilized in making diagnoses and providing treatment; and
4. Reduce clinically significant variations in the outcomes of health care services and procedures.

Also, in accordance with Title IX of the PHS Act and section 1142 of the Social Security Act, the AHCPR Administrator is to assure that the needs and priorities of the Medicare program are reflected appropriately in the agenda and priorities for development of guidelines and guideline updates.

Arrangements for the October 31, 1995 Public Meeting on Chronic Pain: Headache

Representatives of organizations and other individuals are invited to provide relevant written comments and information, and make a brief (5 minutes or less) oral statement to the panel. Individuals and representatives who would like to attend must register with Ms. Becky Gray, Duke University, at the address set out below by October 10, 1995, and indicate whether they plan to make an oral statement. A written copy of the oral statement, comments, and information should be submitted to Ms. Gray by October 10, 1995. If more requests to make oral statements are received than can be accommodated between 9:00 a.m. and 12:00 p.m. on October 31, 1995, the chairperson will allocate speaking time in a manner that ensures, to the extent possible, that a range of views of health care professionals, consumers, and pharmaceutical and product manufacturers are presented. Those who cannot be granted their requested speaking time because of time constraints are assured that their written comments will be considered when

decisions regarding the AHCPR-sponsored guideline are made.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Ms. Gray by October 10, 1995, at the address below.

Registration should be made with, and written materials submitted to: Becky Gray, Duke University, First Union Tower, 2200 West Main Street, Suite 230, Durham, North Carolina 27705, Phone: (919) 286–3399, Fax: (919) 286–5601.

For Additional Information

Additional information on the guideline development process is contained in the AHCPR Program Note, ''Clinical Practice Guideline Development,'' dated August 1993. This document describes AHCPR's activities with respect to clinical practice guidelines including the process and criteria for selecting panels. This document may be obtained from the AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907; or call Toll-Free: 1–800–358–9295.

Also, information can be obtained by contacting 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, Willco Building, 6000 Executive Boulevard, Suite 310, Rockville, MD 20852, Phone 301–594–4015, Fax: 301–594–4027.

Dated: August 18, 1995.

Clifton R. Gaus,

Administrator.

[FR Doc. 95–21000 Filed 8–23–95; 8:45 am]

BILLING CODE 4160–90–M

Centers for Disease Control and Prevention (CDC)

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC), Announces the Following Meeting

Name: Annual Meeting of CDC-Funded Childhood Blood Lead Surveillance Cooperative Agreement and Grant Recipients.

Times and Dates: 8:30 a.m.–5 p.m., September 6, 1995; 8:30 a.m.–5 p.m., September 7, 1995; 8:30 a.m.–3 p.m., September 8, 1995.

Place: Terrace Garden Inn-Buckhead, 3405 Lenox Road, NE, Atlanta, Georgia 30326.

Status: Open to the public, limited only by space available.

Purpose: The primary purpose of this meeting is to provide a forum for the recipients of CDC-Funded Childhood Blood Lead Surveillance Cooperative Agreement and Grant funds to review program progress and discuss surveillance issues and concerns.

Matters to be Discussed: Topics will include discussions on CDC childhood lead surveillance activities, CDC Lead Poisoning Prevention Branch and laboratory activities, core variables for laboratory reporting, data use by State health departments to direct prevention activities, data mapping, software demonstrations, and use of bar coding technology to transfer data.

Agenda items are subject to change as priorities dictate.

CONTACT PERSON FOR MORE INFORMATION: Carol A. Pertowski, M.D., Medical Epidemiologist, Surveillance and Programs Branch, Division of Environmental Hazards and Health Effects (F42), NCEH, CDC, 4770 Buford Highway, NE, Atlanta, Georgia 30341–3724, telephone 404/488–7330, FAX 404/488–7330.

Written comments are welcome and should be received by August 31, 1995. Persons wishing to make oral comments at the meeting should notify the contact person in writing or by telephone no later than close of business on August 31, 1995. All requests to make oral comments should contain the name, address, telephone number, and organizational affiliation of the presenter. Depending on the time available and the number of requests to make oral comments, it may be necessary to limit each presenter.

Dated: August 17, 1995.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–20992 Filed 8–23–95; 8:45 am]

BILLING CODE 4163–18–M

Food and Drug Administration

[Docket No. 95N–0264]

Drug Export; Bulk Codeine Contin® Granulation (100 milligrams (mg), 150 mg, 200 mg)

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the Purdue Frederick Co. has filed an application requesting approval for the export of the human drug Bulk Codeine Contin® granulation to Canada for tablet compression, labeling, and packaging into 100–, 150–, and 200–milligram (mg) controlled release tablets.

ADDRESSES: Relevant information on this application may be directed to the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857, and to the contact person identified below. Any future inquiries concerning the export of human drugs under the Drug Export Amendments Act of 1986 should also be directed to the contact person.

FOR FURTHER INFORMATION CONTACT: James E. Hamilton, Center for Drug Evaluation and Research (HFD–310), Food and Drug Administration, 7520 Standish Pl., Rockville, MD 20855, 301–594–3150.

SUPPLEMENTARY INFORMATION: The drug export provisions in section 802 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 382) provide that FDA may approve applications for the export of drugs that are not currently approved in the United States. Section 802(b)(3)(B) of the act sets forth the requirements that must be met in an application for approval. Section 802(b)(3)(C) of the act requires that the agency review the application within 30 days of its filing to determine whether the requirements of section 802(b)(3)(B) have been satisfied. Section 802(b)(3)(A) of the act requires that the agency publish a notice in the **Federal Register** within 10 days of the filing of an application for export to facilitate public participation in its review of the application. To meet this requirement, the agency is providing notice that The Purdue Frederick Co., 100 Connecticut Ave., Norwalk, CT 06850, has filed an application requesting approval for the export of the human drug Bulk Codeine Contin® granulation to Canada for tablet compression, labeling, and packaging into 100–, 150–, and 200–mg controlled release tablets. Bulk Codeine Contin® granulation is used for the relief of mild to moderate pain requiring the prolonged use of an opioid analgesic preparation. The application was received and filed in the Center for Drug Evaluation and Research on August 2, 1995, which shall be considered the filing date for purposes of the act.

Interested persons may submit relevant information on the application to the Dockets Management Branch (address above) in two copies (except that individuals may submit single copies) and identified with the docket number found in brackets in the heading of this document. These submissions may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

The agency encourages any person who submits relevant information on the application to do so by September 5, 1995, and to provide an additional copy of the submission directly to the contact person identified above, to facilitate consideration of the