

only placement" objective for children who are unable to remain with their parent(s).

Oregon proposes to waive those provisions of title IV-E: that require a State to make foster care maintenance payments; that require that foster care maintenance payments be made only on behalf of a child who resides in a foster family home or a child care institution; and that concern the conditions for federal reimbursement for voluntary placements.

CONTACT PERSON: Richard Schoonover, State Office of Services for Children and Families, Oregon Department of Human Resources, 500 Summer Street, NE, Salem, OR 98310-1017, (503) 945-6882, (503) 328-3800 (FAX).

STATE: WEST VIRGINIA.

DESCRIPTION: West Virginia will create a comprehensive, decentralized, specialized system to determine a child's potential eligibility for all funding resources for child welfare programs.

The proposed system would maximize the State's child welfare funds by identifying and accessing additional financial resources available to children in care. The new system would emphasize parental obligation and encourage parental participation.

A resource development unit will be created to identify, pursue and produce accurate claims for all sources of funds to which a child in care may be entitled, e.g., child support, SSI, Black Lung, Railroad Retirement, third party medical, SSA, Veterans's Benefits and titles IV-A, IV-B and IV-E.

West Virginia is requesting a waiver of the title IV-E limit of fifty percent for Federal Financial Participation in a State's administrative costs.

CONTACT PERSON: Mary Jarrett, West Virginia Department of Health and Human Resources, Office of Social Services, Bldg. 6, Room B-850, State Capitol Complex, Charleston, WV 25305, (304) 558-7980, (304) 558-8800 (FAX).

III. Requests for Copies of a Proposal

Requests for copies of a Child Welfare Waiver Demonstration Project proposal should be directed to the appropriate State at the telephone number given above. Questions concerning the content of a proposal should be directed to the State contact listed for the proposal.

(Catalog of Federal Domestic Assistance Program, No. 93.645, Child Services—State Grants; 93.658, Foster Care Maintenance; 93.659, Adoption Assistance)

Dated: August 31, 1995.

Joseph A. Mottola,

Acting Commissioner, Administration on Children, Youth and Families.

[FR Doc. 95-22230 Filed 9-6-95; 8:45 am]

BILLING CODE 4184-01-P

Agency for Health Care Policy and Research

Meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation

AGENCY: Agency for Health Care Policy and Research.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation.

DATES: The meeting will be on Thursday, September 28, from 8:30 a.m. to 5:30 p.m.

ADDRESSES: The meeting will be held at the DoubleTree Hotel, 300 Army-Navy Drive, Arlington, VA 22202.

FOR FURTHER INFORMATION CONTACT: Deborah L. Queenan, Executive Secretary of the Advisory Council at the Agency for Health Care Policy and Research, 2101 East Jefferson Street, suite 603, Rockville, Maryland 20852, (301) 594-1459.

In addition, if sign language interpretation or other reasonable accommodation for a disability is needed, please contact Linda Reeves, the Assistant Administrator for Equal Opportunity, AHCP, on (301) 594-6665 no later than September 20.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) establishes the National Advisory Council for Health Care Policy, Research, and Evaluation. The Council provides advice to the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCP), on matters related to AHCP activities to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of public members appointed by the Secretary. These members are: Robert A. Berenson, M.D.; F. Marian Bishop, Ph.D.; Linda

Burnes Bolton, Dr.P.H.; John W. Danaher, M.D.; Helen Darling, M.A.; Nancy J. Kaufman, M.S.; William S. Kiser, M.D.; Robert M. Krughoff; Risa J. Lavizzo-Mourey, M.D.; W. David Leak, M.D.; Harold S. Luft, Ph.D.; Barbara J. McNeil, M.D.; Walter J. McNerney, M.H.A.; Edward B. Perrin, Ph.D.; Louis F. Rossiter, Ph.D.; Albert L. Siu, M.D.; and Ellen B. White, M.B.A.

There also are Federal ex officio members. These members are: Administrator, Substance Abuse and Mental Health Services Administration; Director, National Institutes of Health; Director, Centers for Disease Control and Prevention; Administrator, Health Care Financing Administration; Commissioner, Food and Drug Administration; Assistant Secretary of Defense (Health Affairs); and Chief Medical Director, Department of Veterans Affairs.

II. Agenda

On Thursday, September 28, 1995, the meeting will begin at 8:30 a.m. with the call to order by the Council Chairman. The Administrator, AHCP, will update the status of current Agency issues and program initiatives followed by Council discussion. The meeting will adjourn at 5:30 p.m.

Agenda items are subject to change as priorities dictate.

Dated: August 30, 1995.

Clifton R. Gaus, D. Sc.,

Administrator.

[FR Doc. 95-22220 Filed 9-6-95; 8:45 am]

BILLING CODE 4160-90-M

National Institutes of Health

Technology Assessment Conference on Integration of Behavioral and Relaxation Approaches Into the Treatment of Chronic Pain and Insomnia

Notice is hereby given of the NIH Technology Assessment Conference on "Integration of Behavioral and Relaxation Approaches Into the Treatment of Chronic Pain and Insomnia," which will be held October 16-18, 1995, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on October 16, at 8 a.m. on October 17, and at 9 a.m. on October 18.

Millions of Americans are afflicted with persistent medical disorders that involve behavioral and psychological components. Chronic pain and insomnia are two of the more common disorders with such involvement. Despite the acknowledged importance

of psychological and behavioral factors in these disorders, treatment strategies have tended to focus on medical interventions such as drugs and surgery. The purpose of this conference is to examine the benefits of more consistently integrating behavioral and relaxation approaches with biomedical interventions in clinical settings using chronic pain and insomnia as examples.

More consistent and effective integration of behavioral and relaxation approaches requires the development of precise definitions of the most frequently used techniques, which include hypnosis, meditation, biofeedback, and cognitive therapy. It is also necessary to examine how these interventions have been previously used with somatic therapies in the treatment of chronic pain and insomnia and to evaluate the efficacy of such integration to date. The conference will review the relative merits of specific behavioral and relaxation interventions as well as identify biophysical and psychological factors that might predict the outcome of applying these techniques. Finally, the conference will examine the mechanisms by which behavioral and relaxation approaches could lead to greater clinical efficacy.

The conference will bring together experts in behavioral medicine, pain medicine, insomnia, psychology, neurology, and behavioral and neurosciences as well as representatives from the public.

After 1½ days of presentations and audience discussion, an independent, non-Federal panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day. The statement will address the following key questions:

- What behavioral and relaxation approaches are used for conditions such as chronic pain and insomnia?
- How successful are these approaches?
- How do these approaches work?
- Are there barriers to the appropriate integration of these approaches into health care?
- What are the significant issues for future research and applications?

The primary sponsors for this conference are the NIH Office of Alternative Medicine and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Cancer Institute; National Institute on Aging; National Institute of Arthritis and Musculoskeletal and Skin Diseases; National Institute of Dental Research; National Heart, Lung, and Blood Institute; National Institute of Mental

Health; National Institute of Neurological Disorders and Stroke; and National Institute of Nursing Research.

Advance information on the conference program and conference registration materials may be obtained from: Laura Hazan, Technical Resources International, Inc., 3202 Tower Oaks Blvd., suite 200, Rockville, Maryland 20852, (301) 770-3153.

The technology assessment statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning October 18, 1995, from the NIH Consensus Program Information Service, P.O. Box 2577, Kensington, Maryland 20891, phone 1-800-NIH-OMAR (1-800-644-6627).

Dated: August 28, 1995.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 95-22202 Filed 9-6-95; 8:45 am]

BILLING CODE 4140-01-M

Public Health Service; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HN (National Institutes of Health) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (40 FR 22859, May 27, 1975, as amended most recently at 60 FR 36299, July 14, 1995) is amended to reflect the reorganization and revision of function statements of the National Cancer Institute (NCI) (HNC) as follows: (1) Establish the Division of Basic Sciences (HNC7); Division of Clinical Sciences (HNC8); Division of Cancer Epidemiology and Genetics (HNC9); Division of Cancer Treatment, Diagnosis, and Centers (HNCB); Division of Cancer Biology (HNCC); and Office of Intramural Management (HNC17). (2) Abolish the Division of Cancer Biology, Diagnosis and Centers (HNC2); Division of Cancer Etiology (HNC3); and Division of Cancer Treatment (HNC6). (3) Retitle the Office of Administrative Management (HNC13) as the Office of Extramural Management. (4) Revise the functional statements for the Division of Cancer Prevention and Control (HNC4) and the Division of Extramural Activities (HNC5).

Section HN-B, Organization and Functions is amended as follows: (1) Under the heading *National Cancer Institute (HNC)*, insert the following:

Office of Extramural Management (HNC13)

(1) Plans, directs, and coordinates the administrative management activities of the Office of the Director and the extramural programs, with Institute wide responsibility for budget and grant and contract policy. Areas of management responsibility include grants management; contracts management; finance and budget; personnel; management analysis; financial data and statistics; office automation, automatic data processing, and management information systems; and other areas related to the general administration of the Institute; (2) advises the Institute Director and senior staff on the administrative management of the Institute and its programs; (3) develops and promulgates policies, guidelines, and procedures on matters relating to the administrative management of the Office of the Director and the extramural programs; and (4) formulates and executes action plans in response to administrative problems or initiatives, directives, regulations, legislation or anything else that might require administrative action or have administrative implications.

Office of Intramural Management (HNC17)

(1) Plans, directs, and coordinates the administrative management activities of the Office of Intramural Management and the intramural programs, with Institute wide responsibility for personnel and information resource management policy. Areas of management responsibility include contracts management; finance and budget; personnel; management analysis; financial data and statistics; office automation, automatic data processing, and management information systems; and other areas related to the general administration of the Institute; (2) advises the Institute Director and senior staff on the administrative management of the Institute and its programs (3) develops and promulgates policies, guidelines, and procedures on matters relating to the administrative management of the Intramural Program; and (4) formulates and executes action plans in response to administrative problems or initiatives, directives, regulations, legislation or other matters necessitating administrative action or having administrative implications.

Division of Basic Sciences (HNC7)

(1) Plans, directs, coordinates and evaluates the Institute's intramural programs in basic science relating to