

processing the payment of health insurance claims by performing data entry of customer provided information and information relating to the cost of medical treatment, and by utilizing the customer's database to match membership and provider information to facilitate payment between the provider and the insurer, and in collection of financial and other data from hard copies and electronic images of airline tickets that is provided to customers for billing purposes, pursuant to § 225.28(b)(14) of the Board's Regulation Y. *See, Banc One Corporation*, 80 Fed. Res. Bull. 139 (1994).

**B. Federal Reserve Bank of San Francisco** (Pat Marshall, Manager of Analytical Support, Consumer Regulation Group) 101 Market Street, San Francisco, California 94105-1579:

1. *BankAmerica Corporation*, San Francisco, California; to acquire all of the assets, and assume all of the liabilities of Robertson Stephens & Company Group ("Group"), and Robertson Stephen & Company, Inc. ("RS&Co., Inc."), and thereby engage worldwide in underwriting and dealing in, to a limited extent, all types of debt and equity securities other than interests in open end investment companies *See J.P. Morgan & Co., Inc., Citicorp and Security Pacific Corp.*, 75 Fed. Res. Bull. 192 (1989); in underwriting and dealing in obligations of the United States, general obligations of states and their political subdivisions, and other obligations that state members banks of the Federal Reserve System may be authorized to underwrite and deal in under 12 U.S.C. 24 and 335, pursuant to § 225.28(b)(8) of the Board's Regulation Y; in acting as investment or financial advisor, pursuant to § 225.28(b)(6) of the Board's Regulation Y; in providing securities brokerage services (including securities clearing and securities execution services on an exchange), alone and in combination with investment advisory services, and incidental activities (including related securities credit activities and custodial services), pursuant to § 225.28(b)(7) of the Board's Regulation Y; in buying and selling in the secondary market all types of securities on the order of customers as a riskless principal to the extent of engaging in a transaction in which the company, after receiving an order to buy (or sell) a security from a customer, purchases (or sells) the security for its own account to offset a contemporaneous sale to (or purchase from) the customer, pursuant to § 225.28(b)(76) of the Board's Regulation Y; in acting as agent for the private placement of securities in accordance

with the requirements of the Securities Act of 1933 and the rules of the Securities and Exchange Commission, pursuant to § 225.28(b)(7) of the Board's Regulation Y; and in providing administrative and other services to investment companies, including open-end investment companies ("mutual funds"). *See Bankers Trust* 83 Fed. Res. Bull. ——— (Order dated July 21, 1997); *Barclays PLC*, 82 Fed. Res. Bull. 158 (1996); *Bank of Ireland*, 82 Fed. Res. Bull. 1129 (1996). BankAmerica would engage in these activities in accordance with the limitations and conditions previously established by the Board by regulation or order, with certain exceptions relating to the proposed provision of advisory and administrative services to mutual funds that are discussed in the notice. BankAmerica also intends to acquire certain offshore subsidiaries, companies engaged in providing services to Group and RS & Co. and its affiliates, and proprietary investments currently owned by Group and RS & Co. Inc.

Board of Governors of the Federal Reserve System, August 20, 1997.

**Jennifer J. Johnson**,

*Deputy Secretary of the Board.*

[FR Doc. 97-22601 Filed 8-25-97; 8:45 am]

BILLING CODE 6210-01-F

## FEDERAL RESERVE SYSTEM

### Sunshine Act Meeting

**AGENCY HOLDING THE MEETING:** Board of Governors of the Federal Reserve System.

**TIME AND DATE:** 11:00 a.m., Tuesday, September 2, 1997.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 21st Streets, N.W., Washington, D.C. 20551.

**STATUS:** Closed.

**MATTERS TO BE CONSIDERED:**

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

**CONTACT PERSON FOR MORE INFORMATION:** Mr. Joseph R. Coyne, Assistant to the Board; (202) 452-3204. You may call (202) 452-3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: August 22, 1997.

**Jennifer J. Johnson**,

*Deputy Secretary of the Board.*

[FR Doc. 97-22867 Filed 8-22-97; 3:44 pm]

BILLING CODE 6210-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Means-Tested Public Benefit"

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice with comment period.

**SUMMARY:** This notice with comment period interprets the term "Federal means-tested public benefit[s]" as used in Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Pub. L. 104-193, to include only mandatory spending programs of the Federal Government in which eligibility for the programs' benefits, or the amount of such benefits, or both, are determined on the basis of income or resources of the eligibility unit seeking the benefit. At HHS, the benefit programs that fall within this definition (and are not explicitly excepted from the definition by Section 403(c)) are Medicaid and Temporary Assistance for Needy Families (TANF).

**DATES:** *Effective Date:* This notice is effective on August 26, 1997.

**COMMENT PERIOD:** Written comments will be considered if we receive them at the appropriate address, as provided in the **ADDRESSES** section below, no later than 5 p.m. on October 27, 1997.

**ADDRESSES:** Mail comments (1 original and 3 copies) to the following address: Division of Economic Support for Families, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, Room 404E, 200 Independence Ave., SW, Washington, DC 20201, Attention: David Nielsen.

**FOR FURTHER INFORMATION CONTACT:** David Nielsen, (202) 690-7148.

Copies of comments may be inspected at the above address. Inquiries regarding how a particular program is affected by this notice should be submitted to DHHS program staff responsible for managing the program at either the appropriate Regional Office, or Headquarters in Washington, DC. The above contact should be used only to submit general comments regarding the policy interpretation contained in this notice.

## SUPPLEMENTARY INFORMATION:

**I. Background**

Title IV of PRWORA contains several references to the term "Federal means-tested public benefit[s]." The most significant of these references are found in Sections 403 and 421. Section 403 denies "Federal means-tested public benefit[s]" to aliens who entered the United States with a qualified alien status "on or after the date of the enactment of this Act" for 5 years beginning on the date of the aliens' entry into the United States. Section 421 provides that new sponsor-to-alien deeming rules apply to "any Federal means-tested public benefits program." In the absence of a statutory definition of "Federal means-tested public benefit", HHS is interpreting the term to include only benefits provided by means-tested, mandatory spending programs.

Early versions of PRWORA contained a definition of "Federal means-tested public benefit" that could have encompassed benefits provided by both discretionary spending programs and mandatory spending programs. (These early versions provided that, with certain exceptions, "the term 'Federal means-tested public benefit' meant a public benefit (including cash, medical, housing, and food assistance and social services) of the Federal Government in which the eligibility of an individual, household, or family eligibility unit for benefits, or the amount of such benefits, or both are determined on the basis of income, resources, or financial need of the individual, household, or unit." 142 Cong. Rec. S8481 (daily ed. July 22, 1996).) During debate over the bill in the Senate, a member of the Senate raised a point of order pursuant to the Byrd Rule, and the definition was struck. The Senate Parliamentarian upheld the Byrd Rule objection, the Senate did not appeal the ruling, and PRWORA was ultimately enacted without defining the term.

PRWORA was subject to Section 313 of the Congressional Budget Act of 1974, also known as the "Byrd Rule," because it was enacted as a budget reconciliation bill. Under the Byrd Rule, a Senator may raise a point of order to strike or prevent the incorporation of "extraneous" material. A provision in a reconciliation bill will be considered "extraneous" and subject to a point of order if, among other things, "it produces changes in outlays or revenues which are merely incidental to the non-budgetary components of the provision." 2 U.S.C. § 644(b)(1)(D). The legislative history of PRWORA indicates that the Senate understood the significance of the Byrd

Rule objection in terms of limiting the scope of the definition of "Federal means-tested public benefit" to mandatory spending programs, while leaving discretionary programs unaffected. See 142 Cong. Rec. at S9403 (daily ed. August 1, 1996) (statement of Senator Chafee); 142 Cong. Rec. at S9400 (statements of Senators Graham, Kennedy and Exon). Therefore, to the extent the definition of "Federal means-tested public benefit" included benefits provided by discretionary spending programs, it was subject to a Byrd Rule objection.

**II. Interpretation**

In light of the statutory language and legislative history, HHS is defining "Federal means-tested public benefit" to apply only to benefits provided by Federal means-tested, mandatory spending programs, and not to any discretionary spending programs or to any mandatory spending programs that are not means-tested. For purposes of this **Federal Register** notice, a program is considered "means-tested" if eligibility for the program's benefits, or the amount of such benefits, or both, are determined on the basis of income or resources of the eligibility unit seeking the benefit.

The following HHS programs are means-tested, mandatory spending programs: Medicaid, Temporary Assistance for Needy Families (TANF), Foster Care, Adoption Assistance, and part of the Child Care Development Block Grant. Foster Care and Adoption Assistance, however, are explicitly exempted from the term "Federal means-tested public benefit" under Section 403(c)(2)(F). The Child Care Development Block Grant program is unique in that it is funded from both mandatory and discretionary parts of the budget. Since the funds are operationally commingled at the state and local level, and since the mixed nature of the funding results in budgetary effects more closely akin to those of a discretionary spending program, we are treating Child Care as a discretionary spending program for purposes of interpreting "Federal means-tested public benefit." Therefore, the HHS programs that constitute "Federal means-tested public benefits" under PRWORA are Medicaid and TANF.

This interpretation pertains only to HHS and its benefit programs. Other Executive Branch agencies whose programs may be subject to PRWORA will make independent determinations about the scope of the term.

**III. Comment Period and Effective Date**

Although HHS is soliciting public comment on this interpretation, we believe that it is necessary to apply this interpretation to HHS programs immediately, prior to receipt and consideration of any comments.

PRWORA was enacted in August, 1996, and since that time HHS has received numerous inquiries regarding the application of the term "Federal means-tested public benefit." Additional delay will cause unnecessary or incorrect administrative actions by agencies or entities that administer our programs. We also believe it is possible that due to confusion about the application of the term "Federal means-tested public benefit" people may have been denied critical benefits and services who, according to the interpretation in this notice, are otherwise eligible. Without prompt issuance of this interpretation, state and local governments and other public and private benefit providers will remain confused over how to implement the requirements of Title IV of PRWORA. Finally, some states have indicated their intention to define the term "Federal means-tested public benefit" on their own if Federal guidance is not forthcoming soon. Independent interpretations by states will only compound the confusion on this issue since there is no certainty that each state will arrive at the same definition of the term. In sum, although we are providing a 60-day period for public comment, as indicated at the beginning of this notice, this interpretation is effective immediately.

**IV. Economic Impact**

The Department has analyzed the costs and benefits of this notice to determine whether it has a substantial economic effect on the economy as a whole, on states, or on small entities. The purpose of this analysis was to identify less burdensome or more beneficial alternatives and thereby to influence the requirements imposed by the notice.

PRWORA creates major economic effects, a large portion of which results from changes in the law relating to immigrants' eligibility for Federal benefits. We estimated the 1997-2002 Federal budget savings to Medicaid due to the immigrant restrictions would be \$5.1 billion. There were no Federal budget savings estimated for TANF because, as a block grant, its spending levels were fixed regardless of caseload size. These Medicaid budget effects are essentially due to the eligibility restrictions contained in the statute.

This notice provides HHS' interpretation as to whether any other HHS programs are subject to the PRWORA requirements regarding immigrants' eligibility for "Federal means-tested" benefits, and thereby serves to prevent confusion among administering agencies, grantee agencies, benefit providers, and the public. This interpretation has no effect on overall spending levels for any discretionary-funded HHS programs. Nor does this interpretation create burdens or mandates on states or small entities.

As a result of the PRWORA eligibility restrictions, this notice is classified as economically "significant" under Executive Order 12866's criterion of an economic effect of more than \$100 million. For the same reason, it is classified as a "major rule" for purposes of Congressional review under 5 U.S.C. § 801 et. seq., Subtitle E of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104-121). And, for the same reasons noted in section III above, this notice is effective immediately under the exception procedures of § 808 of that statute because we have determined for good cause that delayed implementation is impractical and contrary to the public interest.

Dated: August 21, 1997.

**Donna E. Shalala,**  
Secretary.

[FR Doc. 97-22683 Filed 8-25-97; 8:45 am]  
BILLING CODE 4150-04-M

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Health Care Policy and Research

#### Contract Review Meeting

In accordance with Section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), announcement is made of the following technical review committee to meet during the month of September 1997:

*Name:* Committee on the Agency for Health Care Policy and Research Health Insurance Plan Abstraction Data Base Project.

*Date and Time:* September 3, 1997, 10:00-12:00 p.m.

*Place:* Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 500, Rockville, Md 20852.

This meeting will be closed to the public.

*Purpose:* The Technical Review Committee's charge is to provide, on behalf of the Agency for Health Care Policy and Research (AHCPR) Contracts Review Committee, recommendations to the

Administrator, AHCPR, regarding the technical merit of the contract proposals submitted in response to a specific Request for Proposals regarding the AHCPR Health Insurance Plan Abstraction Data Base Project.

The purpose of this contract is to create a data base of health insurance benefits information. These data describe the health benefits included in health insurance policy booklets that are collected as part of the Medical Expenditure Panel Survey. In order to develop a uniform set of benefits data, policy booklets are read, reviewed for completeness, and information is abstracted into an electronic data base. To support this effort, the contract also provides support for programming the required software and for implementing a training component. The training component is needed to instruct personnel in a uniform set of standards to be applied during the abstraction of information from health insurance policy booklets.

*Agenda:* The Committee meeting will be devoted entirely to the technical review and evaluation of the contract proposals submitted in response to the above referenced Request for Proposals. The Administrator, AHCPR, has made a formal determination that this meeting will not be open to the public. This action is necessary to protect the free and full exchange of views in the contract evaluation process and safeguard confidential proprietary information, and personal information concerning individuals associated with the proposals that may be revealed during the meeting. This action is taken in accordance with section 10(d) of the Federal Advisory Committee Act, 5 U.S.C., Appendix 2, 5 USC (b)(c)(6), 41 CFR Section 101-6.1023 and Department procurement regulations, 48 CFR section 315.604(d).

Anyone wishing to obtain information regarding this meeting should contact Jessica Vistnes, Center for Cost and Financing Studies, Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 500, Rockville, Maryland 20852, 301/594-1406.

Dated: August 20, 1997.

**John M. Eisenberg,**  
Administrator.

[FR Doc. 97-22620 Filed 8-25-97; 8:45 am]  
BILLING CODE 4160-90-M

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-22-97]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

#### Proposed Projects

*1998 National Health Interview Survey, Basic Module (0920-0214)—Revision*—The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated "Health US" and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, "Healthy People 2000."

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the second full year of data collection using the Basic Module on CAPI, and for implementation of the first "Topical Module" (or supplement), which is on Health People 2000 Objectives. Ad hoc Topical Modules on various health issues are provided for in the redesigned NHIS. This data collection, planned for January-December 1998, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. In