that covered entities not reveal confidential drug pricing information.

VIII. Nonrenewal and Termination Provisions

Unless otherwise terminated by either party, the Agreement will be effective for a period of one year and will be renewed automatically for additional successive terms of one year, unless the manufacturer gives written notice of intent not to renew. The manufacturer may terminate the Agreement for any reason, and the Secretary, after notice and hearing, may terminate the Agreement for good cause or a violation of the Agreement.

Dated: February 11, 1993.

Robert G. Harmon,

Administrator, Health Resources and Services Administration.

[FR Doc. 93–10816 Filed 5–6–93; 8:45 am]

BILLING CODE 4160–15–M

Notice Regarding Section 602 of the Veterans Health Care Act of 1992, Duplicate Discounts and Rebates on Drug Purchases

AGENCY: Public Health Service, HHS.

ACTION: Notice.

SUMMARY: Section 602 of Public Law 102–585, the "Veterans Health Care Act of 1992" (the "Act"), enacted section 340B of the Public Health Service Act ("PHS Act"), "Limitation on Prices of Drugs Purchased by Covered Entities." Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible entities must sign a pharmaceutical pricing agreement with the Secretary of Health and Human Services in which the manufacturer agrees to charge a price for covered outpatient drugs that will not exceed the amount determined under a statutory formula.

Section 340B(a)(5)(A) of the PHS Act provides that a drug purchase shall not be subject to both the discount under section 340B and a Medicaid rebate under section 1927 of the Social Security Act. The Department is directed to establish a mechanism to assure that covered entities comply with this prohibition. The purpose of this notice is to announce the mechanism that the Department is proposing and to invite public comment on the proposal.

DATES: The Health Resources and Services Administration is soliciting comments from the public on this proposed mechanism by June 7, 1993.

The Department will consider the comments and issue a final notice of the mechanism to be established. The Department presently intends that State Medicaid agencies will implement the procedures outlined below for outpatient drug claims paid by Medicaid beginning July 1, 1993, if PHS provides State Medicaid agencies with the Medicaid provider numbers for all covered entities by July 1, 1993.

With a July 1, 1993, effective date, all State Medicaid drug utilization data for the third calendar quarter due to manufacturers by November 30, 1993, would exclude rebates for discounted drugs sold to PHS covered entities. For claims paid by Medicaid prior to July 1, 1993, State agencies will bill manufacturers for rebates on all drugs paid by Medicaid.

ADDRESSES: Comments should be submitted to: Marsha Alvarez, R.Ph., Director, Drug Pricing Program, Bureau of Primary Health Care, Health Resources and Services Administration, Rm. 7A–55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, Phone: (301) 443–0004

FOR FURTHER INFORMATION CONTACT: For further information please contact Marsha Alvarez, as cited above.

SUPPLEMENTARY INFORMATION:

Section 1927 of the Social Security Act provides that in order to receive payment under the Medicaid program for covered outpatient drugs, drug manufacturers must enter into and comply with rebate agreements with the Secretary on behalf of States or with States directly. Section 1927 was enacted by the Omnibus Budget Reconciliation Act of 1990 and was amended by section 601 of the Act. Section 602 of the Act creates a program under which drug manufacturers must provide discounts to "covered entities," which consist primarily of certain grantees of the Public Health Service and "disproportionate share" hospitals.

Section 340B(a)(5)(A) of the PHS Act reflects Congress' recognition that there is a potential for drugs purchased by a covered entity with a discount to be subject to a Medicaid rebate, if the drug is reimbursed by the Medicaid program. Accordingly, this section directs the Department to establish a mechanism to avoid the combination of the discount and the Medicaid rebate for the same drug purchases.

The Public Health Service has consulted with the Health Care Financing Administration (HCFA), which is responsible for the Federal administration of the Medicaid program, and proposes the following as the mechanism to comply with section 340B(a)(5)(A).

I. All-Inclusive Rates Per Encounter or Visit

Under "all-inclusive rates" (either per encounter or visit), drug purchases are not billed as separate cost items, and, therefore, there is no opportunity for a Medicaid rebate to be sought for the drugs, even if purchased with a section 340B discount. (See, for example, the reimbursement methodology for Federally Qualified Health Centers, sections 1861(aa) and 1905(l)(2) of the Social Security Act.) Accordingly, to the extent that covered entities develop all-inclusive rates, there is no possibility that the duplicate discount and rebate can occur.

II. Drug Purchases Not Reimbursed Under All-Inclusive Rate

For those drug purchases which are not reimbursed by Medicaid under all-inclusive rates, the Department proposes the following mechanism to avoid the duplicate discount and rebate. PHS has provided manufacturers a list of covered entities eligible for the discounts. (This list will be updated periodically.) PHS will provide the list to State Medicaid agencies with the Medicaid provider numbers for each covered entity in the respective State. The covered entities will provide these numbers to the PHS.

When a covered entity submits a bill to the State Medicaid agency for a drug purchase by or on behalf of a Medicaid beneficiary, the amount billed shall not exceed the entity's actual acquisition cost for the drug, as charged by the manufacturer at a price consistent with the Veterans Health Care Act of 1992, plus a dispensing fee established by the State Medicaid agency. This will assure that the discount to the covered entity will be passed on to the State Medicaid agency.

Based on the Medicaid provider number information furnished by PHS, the State Medicaid agency will create a separate provider file for claims from covered entities which are billing on a cost basis for drug purchases. The State Medicaid agency will exclude data from these provider files when generating the rebate bills to the manufacturers under the section 1927 program. Thus, the payment of duplicate discounts and rebates by the drug manufacturer will be prevented.

This mechanism is consistent with the Veterans Health Care Act and the limitations established in the Medicaid regulations, 42 CFR sections 447.331–447.334, which limit the amount the Medicaid State agency may reimburse providers. These regulations are designed to give States a certain amount

of flexibility in administering their drug payment programs, while encouraging prudent purchasing. A mechanism whereby the amount billed by covered entities for prescription drugs cannot exceed the actual acquisition cost plus a reasonable dispensing fee allows States to retain flexibility in their drug payment programs and to obtain the benefit of the cost savings established under the Act.

Dated: May 3, 1993.

Robert G. Harmon,

Administrator, Health Resources and Services Administration.

[FR Doc. 93–10817 Filed 5–6–93; 8:45 am]

BILLING CODE 4160–15–M

National Institutes of Health

National Center for Research Resources

AGENCY: National Center for Research Resources, NIH.

ACTION: Notice.

SUMMARY: The National Center for Research Resources (NCRR), NIH, is developing a strategic plan for critical research resources and technologies for biomedical and behavioral research supported by the NIH. As part of this effort, Dr. Judith L. Vaitukaitis, Director, NCRR, is requesting input from the broad scientific community to define the current state of research resources and technologies and to identify gaps and future needs.

DATES: Submit responses to Dr. Caroline Holloway (see below) on or before June 15, 1993.

FOR FURTHER INFORMATION CONTACT: Caroline Holloway, Ph.D., Director, Office of Science Policy, NCRR/NIH, 9000 Rockville Pike, Bldg. 12A, room 4047, Bethesda, MD 20892–1012, 301–496–2992, FAX 301–402–1775, E-Mail SPE@NIH.CU.GOV.

SUPPLEMENTARY INFORMATION: The NCRR's mission is to be a "catalyst for discovery" for NIH-supported investigators throughout the nation. To achieve advances that improve human health, these scientists require a broad range of technologies and other resources that enable research to thrive. Recognizing this need, the NCRR supports primary research to create and develop these critical technologies and resources, and provides them to researchers supported by other NIH components. The multidisciplinary nature of the NCRR's programs promotes collaborations within and across scientific disciplines, and provides quick, flexible approaches to new and emerging needs of both biomedical and behavioral investigators.

In its efforts to enhance the nation's research capacity, the NCRR addresses major research needs and issues including the following:

(1) Development of and access to cost-effective resources, sophisticated technologies, and state-of-the-art instrumentation, research facilities, devices, and materials that make possible major breakthroughs in basic and clinical research.

(2) Development of and access to well-defined experimental research models that include vertebrate and invertebrate animals, cellular systems, and nonanimal models such as mathematical models generated by high performance computers.

(3) Limits to the research capacity of the nation due to:

(a) The shortage of well-trained, independent clinical investigators;

(b) The underrepresentation of minority investigators and institutions in biomedical research, especially for research on diseases that disproportionately affect minority populations;

(c) The need for improvements in the public understanding of science and in the preparation of young students—especially minorities—to pursue careers in science; and

(d) The deterioration of research facilities and the demand for construction of new facilities to meet unusual or unique research needs.

In order to develop a strategic plan for critical resources and research technologies, the NCRR seeks answers to the following questions as they relate to the issues described above:

(A) Which research resources and technologies are most vital to your present research? How well do these meet your current needs?

(B) What are the most important basic and clinical research trends that will drive NCRR's future research portfolio? Which research technologies and resources will be critical? Why?

(C) Who would you recommend (including yourself) to serve as a panel member for NCRR's strategic planning process? Please list name, address, phone number, and specific area of expertise.

All interested parties are encouraged to respond. For comments prepared in writing, please limit the answers for each question to one single-spaced typed page. For questions A and B, use the following format:

- *Name, Affiliation, and Question Letter* (top of each page)
- *Abstract* (2–3 sentences)
- *Statement of the Issue*
- *Recommendations*
- *Rationale for Assigning High Priority*

Please send two copies of your response to Dr. Holloway (see address above). Pertinent information that supports your responses may be included as an appendix.

Dated: April 29, 1993.

Bernadine Healy,

Director, NIH.

[FR Doc. 93–10830 Filed 5–6–93; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Community Planning and Development

[Docket No. N–93–1917; FR–3350–N–30]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

ADDRESSES: For further information, contact James N. Forsberg, room 7262, Department of Housing and Urban Development, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708–4300; TDD number for the hearing- and speech-impaired, (202) 708–2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with 56 FR 23789 (May 24, 1991) and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1988 Court Order in *National*