and policy statements for use by Agency employees in responding to print media questions; tracks issues of potential interest to the media.

Coordinates the research and drafting of major public statements by the Commissioner, including transmittal documents and supportive statements for use in transactions with the Department, other agencies, and the White House; provides editorial consultation and review for manuscripts, articles, and speeches written by the staff offices serving the Commissioner to ensure consistency of information and policy interpretation and maintains mailing lists for these documents.

Compiles, publishes, and distributes the weekly FDA Enforcement Report and the FDA Public Calendar; maintains the FDA Daily Clipping Service and FDA's electronic bulletin board; and coordinates the Daily Media Report.

# Broadcast Media Staff (HFAJG)

Advises and assists top level Agency officials on electronic media matters involving mass media communications.

Plans, develops, and implements Agencywide broadcast media strategies for disseminating regulatory and educational materials to the public through the mass media.

Serves as the Agency focal point for preparing, clearing, and disseminating electronic media requests representing Agency policy and responding to electronic media inquiries; maintains liaison with broadcast media contacts.

Establishes policy for and coordinates all braodcast media information activities, including on-camera interviews and responses to media inquiries; prepares position and policy statements for use by Agency employees in responding to broadcast media questions; tracks issues of potential interest to the media.

Plans and coordinates all broadcast media training for the Agency.

# Under Section HF–D, Delegation of Authority

Pending further delegations, directives, or orders by the Commissioner of Food and Drugs, all delegations of authority to officers or employees of the Office of Public Affairs in effect prior to this date shall continue in effect in them or their successors.

Dated: February 10, 1995.

#### David A. Kessler,

Commissioner of Food and Drugs. [FR Doc. 95–4796 Filed 2–27–95; 8:45 am] BILLING CODE 4160–01–M

### National Institutes of Health

### Consensus Development Conference on Cochlear Implants in Adults and Children

Notice is hereby given of the NIH Consensus Development Conference on "Cochlear Implants in Adults and Children," which will be held May 15– 17, 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 May 15, at 8 a.m. on May 16, and at 9 a.m. on May 17.

Cochlear implants are effective options in habilitation and rehabilitation of individuals with profound hearing impairment. The vast majority of adults who are deaf and have cochlear implants derive substantial benefit from them when they are used in conjunction with speechreading, and a considerable number of implanted individuals can understand speech without visual clues. Benefits have also been observed in children including those who lost their hearing prelingually.

The NIH sponsored a Consensus Development Conference on Cochlear Implants in 1988. Since then, implant technology has been continually improved. Questions unanswered at this time have now been resolved. However, new issues have emerged that must be addressed. For example, the performance of some severely to profoundly hearing-impaired adults using hearing aids is poorer than that of even more severely hearing-impaired individuals using cochlear implants with advanced speech processing strategies. Therefore, the criteria for implantation should be re-examined. Prediction of implant efficacy in a specific individual remains a problem, and agreement does not exist on the definition of a successful implant user. Surgical and other risks and possible long-term effects of cochlear implants require evaluation.

Implantation of individuals with multiple disabilities, the elderly, and children, particularly children who are prelingually deaf, engender special questions. What educational setting is best for the development of speech and language in children who are deaf and have a cochlear implant? Are cochlear implants efficacious in children who are prelingually deaf?

This conference will bring together specialists in auditory anatomy and physiology, otolaryngology, audiology, aural rehabilitation, education, speech and language pathology and other related disciplines as well as representatives from the public.

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

\* What factors affect the auditory performance of cochlear implant recipients?

\* What are the benefits and limitations of cochlear implantation?

\* What are the technical and safety considerations of cochlear

implantation?

\* Who is a candidate for cochlear implantation?

\* What are the directions for future research on cochlear implantation?

The primary sponsors for this conference are the National Institute on Deafness and Other Communication Disorders and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Institute on Aging, the National Institute of Child Health and Human Development, and the National Institute of Neurological Disorders and Stroke. This is the 100th Consensus Development Conference held by NIH since the establishment of the Consensus Development Program in 1977.

On the second day of the conference, time has been allocated for 5-minute formal oral presentations by concerned individuals or organizations. Those individuals or groups wishing to send a representative to contribute during this session must contact Ms. Elsa Bray by 5 p.m. eastern time, May 1, 1995 at: Office of Medical Applications of Research, National Institutes of Health, Federal Building, Room 618, 7550 Wisconsin Avenue MSC9120, Bethesda, Maryland 20892-9120, phone (301) 496–1144. If the number of requests exceeds the slots available, presenters will be chosen by lot, and those selected will be notified by May 5, 1995.

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

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the consensus statement will be available beginning May 17, 1995 from the NIH Consensus Program Information Service, P.O. Box 2577, Kensington, Maryland 20891,