groups. A Medicare beneficiary can obtain the Medpard for his or her State from the Medicare carrier.

Suppliers who do not accept assignment and charge more than the Medicare-approved amount can collect the actual charge minus Medicare payment from the beneficiary. Therefore, beneficiaries who receive services from suppliers who do not accept assignment are exposed to greater financial liability than those who receive services from a supplier taking assignment. As a result, Medicare beneficiaries may choose to deal with participating suppliers or purchase less expensive home blood glucose monitors in order to reduce their financial liability.

Manufacturers of more expensive home blood glucose monitors may be affected if, as a result of this notice, suppliers choose to provide less expensive monitors or Medicare beneficiaries decide to purchase less expensive monitors. We expect that this notice will have minimal effects on the quality of monitors furnished to beneficiaries or on beneficiary access to quality monitors. As we demonstrated in the proposed notice, four of the six home blood glucose monitors listed in the Bruce Medical Supply catalog could be purchased in CY 1993 from anywhere in the continental U.S. for less than \$57.

Though the decrease in the allowed limit from \$185.79 (the 1994 fee schedule ceiling) to \$58.71 for monitors purchased in the continental U.S. appears large, the net decrease is not large, given the size and prevalence of the rebates manufacturers have been refunding to beneficiaries. Three of the five manufacturers are giving rebates ranging from 45 percent to 67 percent of the purchase price. In addition, the glucose test strips used with the monitors are manufactured to be used with a specific brand of monitor. The 1994 fee schedule ceiling for blood glucose test strips, per 50 strips, is \$37.41 or \$.75 each and a beneficiary may use 4 or more each day. Therefore, once the beneficiary obtains a home blood glucose monitor, Medicare could pay an additional \$90 each month the beneficiary uses the medically necessary monitor. The income generated in 1 month from the sale of the test strips could exceed the total income generated from the sale of the monitors. A manufacturer has an enormous incentive to promote the sale of its brand of monitors in order to ensure the future sale of its brand of test strips. For these reasons, we believe that manufacturers and suppliers will

continue to provide their services to Medicare beneficiaries.

If a manufacturer's rebate is not reported on a Medicare claim for code E0607 and the beneficiary subsequently mails in the rebate form and receives the rebate, then the beneficiary receives a kickback in the amount of the rebate and the Medicare program is not benefiting from the rebate. This notice will effectively eliminate some of the kickback that beneficiaries may receive from manufacturer rebates that are not reported on Medicare claims for code E0607.

This notice may eliminate some of the manufacturer's incentive to provide beneficiary rebates. However, because a manufacturer realizes more income from the cumulative sale of its test strips than the one-time sale of a monitor, there remains a strong incentive to offer the beneficiary inducements to purchase its monitor. If the inducement involves a rebate or discount, that price reduction must be reported to the Medicare program by the supplier. The failure to disclose such discounts may implicate the Medicare anti-kickback statute. Medicare payment for DME is based on the lower of the actual charge (less any rebate amount) or the fee schedule amount.

We are not preparing analyses for either the RFA or section 1102(b) of the Act because we have determined, and the Secretary certifies, that this notice will not have a significant economic impact on a substantial number of small entities or a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

## **IV. Paperwork Reduction Act**

This notice does not impose any information collection requirements. Consequently, it need not be reviewed by the Executive Office of Management and Budget under the authority of the Paper Reduction Act of 1980 (44 U.S.C. 3501 through 3511).

(Section 1834(a)(10)(B) of the Social Security Act (42 U.S.C. 1395m(a)(10)(B)); 42 C.F.R. 405.502(g))

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare— Supplementary Medical Insurance Program) Dated: December 5, 1994. **Bruce C. Vladeck,** Administrator, Health Care Financing Administration. **Donna E. Shalala,** Secretary. [FR Doc. 95–1047 Filed 1–13–95; 8:45 am] BILLING CODE 4120–01–P

## National Institutes of Health

## John E. Fogarty International Center for Advanced Study in the Health Sciences; Notice of Meeting of the Fogarty International Center Advisory Board

Pursuant to Public Law 92–463, notice is hereby given of the twentyninth meeting of the Fogarty International Center (FIC) Advisory Board, February 7, 1995, in the Lawton Chiles International House (Building 16), at the National Institutes of Health.

The meeting will be open to the public from 8:30 a.m. to noon. The agenda will begin with a report by the Director, FIC. Presentations will include a report on the role of the NIH ombudsman; the December meeting of the Advisory Committee to the Director, NIH; and a report by the Director, NIH, on the present priorities of the Office of the Director. There will also be a report on new directions for the Scholars-in-Residence Program and a presentation on the FIC Young Investigator Award.

In accordance with the provisions of sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and section 10(d) of Public Law 92–463, the meeting will be closed to the public from 1:15 p.m. to adjournment for the review of applications to the International Research Fellowship and Senior International Fellowship, nominations to the Scholars-in-Residence Program, and proposals for Scholar's conferences.

Paula Cohen, Committee Management Officer, Fogarty International Center, Building 31, Room B2C08, National Institutes of Health, Bethesda, Maryland 20892 (301–496–1491), will provide a summary of the meeting and a roster of the committee members upon request.

Irene Edwards, Executive Secretary, Fogarty International Center Advisory Board, Building 31, Room B2C08, telephone 301–496–1491, will provide substantive program information.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Cohen at least 2 weeks in advance of the meeting.