Dated: July 22, 1998.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 98–20076 Filed 7–27–98; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98F–0567]

The Dow Chemical Co.; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that The Dow Chemical Co. has filed a petition proposing that the food additive regulations be amended to provide for the expanded safe use of copolymers of ethylene and octene-1 as articles or components of articles contacting food.

DATES: Written comments on the petitioner's environmental assessment by August 27, 1998.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Julius Smith, Center for Food Safety and Applied Nutrition (HFS–215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3091.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (sec. 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 8B4601) has been filed by The Dow Chemical Co., 2030 Dow Center, Midland, MI 48674. The petition proposes to amend the food additive regulations in § 177.1520 *Olefin polymers* (21 CFR 177.1520) to expand the safe use of ethylene-octene-1 copolymers as articles or components of articles contacting food by lowering the required level of polymer units derived from ethylene to not less than 50 weight percent.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations promulgated under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Dockets Management Branch (address above) for public review and comment. Interested persons may, on or before August 27, 1998, submit to the Dockets Management Branch (address above) written comments. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.40(c).

Dated: July 6, 1998.

Laura M. Tarantino,

Acting Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 98–20038 Filed 7–27–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Privacy Act of 1974; Report of New System

AGENCY: Department of Health and Human Services (HHS), Health Care Financing Administration (HCFA).

ACTION: Notice of new system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system of records, called the ''National Provider System (NPS),'' HHS/HCFA/OIS No. 09–70–0008. We have provided background information about the proposed system in the ''Supplementary Information'' section below. Both institutional (e.g., hospitals, skilled nursing facilities) and individually identifiable (e.g., physicians and other practitioners) providers are included in the NPS database. The institutional providers' data are covered by section 1106 of the Social Security Act and the Freedom of Information Act, while the individually identifiable providers' data are also covered by the Privacy Act of 1974. Although the Privacy Act requires only that the ''routine uses'' portion of the system be published for comment, HCFA invites comments on all portions of this notice. See ''Effective Dates'' for comment period.

EFFECTIVE DATES: HCFA filed a new system report with the Chairman of the Committee on Government Reform and Oversight of the House of Representatives, the Chairman of the Committee on Governmental Affairs of the Senate, and the Acting Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), on July 8, 1998. The new system of records, including routine uses, will become effective 40 days from the date submitted to OMB and the Congress, unless HCFA receives comments which require alteration to this notice. HCFA will also consider revisions to this notice based upon comments received on the National Provider Identifier (NPI) notice of proposed rulemaking (FR/Vol. 63, No. 88/May 7, 1998). The NPS will not become operational until sometime after the NPI final rule is published and the system is in full compliance with the requirements of the final rule.

ADDRESSES: The public should address comments to the HCFA Privacy Act Officer, Division of Freedom of Information & Privacy, Office of Information Services, Health Care Financing Administration, 7500 Security Boulevard, C2–01–11, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location by appointment during regular business hours, Monday through Friday 9 a.m.—3 p.m. Eastern Time Zone.

FOR FURTHER INFORMATION CONTACT: Patricia Peyton, Office of Information Services, Health Care Financing Administration, 7500 Security Boulevard, N3–09–16, Baltimore, Maryland 21244–1850. The telephone number is (410) 786–1812.

SUPPLEMENTARY INFORMATION: This system will allow better administration of all health care programs. Currently, there is no standard health care provider identifier in use in the health care industry. Health care providers are assigned multiple identifiers by the health plans in which they participate; such assignments are made routinely and independently of each other. The identifiers are frequently not standardized within a single health plan or across plans. A single health care provider may have different identification numbers for each health program, and often multiple billing numbers issued within the same program.